

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND - NON-LENDING
1b Three-digit plan number (PN): 003
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN TRUST INVESTMENTS, INC.
2b Employer Identification Number (EIN): 45-6138589
2c Plan Sponsor's telephone number: 312-630-6000
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>NORTHERN TRUST COLLECTIVE S&amp;P 500 INDEX FUND - NON-LENDING</b>	<b>B</b> Three-digit plan number (PN)	<b>003</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN TRUST INVESTMENTS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6138589</b>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>COLLECTIVE STIF</b>	
<b>b</b> Name of sponsor of entity listed in (a):	<b>NORTHERN TRUST INVESTMENTS, INC.</b>	
<b>c</b> EIN-PN <b>45-6138589-084</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>88091968</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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**d** Entity code

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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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A&E TELEVISION NETWORKS, LLC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A&E TELEVISION NETWORKS, LLC.	<b>c</b> EIN-PN 13-3091639-002
<b>a</b>	Plan name	ABX AIR, INC. DEFINED BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	ABX AIR, INC.	<b>c</b> EIN-PN 91-1091619-008
<b>a</b>	Plan name	ALCON MASTER TRUST	
<b>b</b>	Name of plan sponsor	ALCON VISION LLC	<b>c</b> EIN-PN 75-2252369-015
<b>a</b>	Plan name	ALLISON TRANSMISSION HOURLY-RATE EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	ALLISON TRANSMISSION, INC.	<b>c</b> EIN-PN 26-0413897-004
<b>a</b>	Plan name	ALLISON TRANSMISSION RETIREMENT PROGRAM FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	ALLISON TRANSMISSION, INC.	<b>c</b> EIN-PN 26-0413897-003
<b>a</b>	Plan name	AMPHENOL CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	AMPHENOL CORPORATION & AFFILIATED COMPANIES	<b>c</b> EIN-PN 22-2785165-099
<b>a</b>	Plan name	AUTOMATIC DATA PROCESSING INC PENSION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATIC DATA PROCESSING, INC.	<b>c</b> EIN-PN 22-1467904-001
<b>a</b>	Plan name	BAXTER INTERNATIONAL INC. AND SUBSIDIARIES PENSION MASTER TRUST	
<b>b</b>	Name of plan sponsor	BAXTER INTERNATIONAL INC.	<b>c</b> EIN-PN 36-0781620-001
<b>a</b>	Plan name	BEAUMONT HEALTH MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	BEAUMONT HEALTH	<b>c</b> EIN-PN 47-4896200-100
<b>a</b>	Plan name	BEER INDUSTRY-LOCAL UNION NO. 703 PENSION FUND	
<b>b</b>	Name of plan sponsor	BEER INDUSTRY-LOCAL UNION NO. 703 FUND TRUSTEES	<b>c</b> EIN-PN 36-6522619-001
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MINNESOTA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD OF MINNESOTA	<b>c</b> EIN-PN 41-0984460-001
<b>a</b>	Plan name	BLUE SHIELD OF CALIFORNIA EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA PHYSICIANS SERVICE D/B/A BLUE SHIELD OF CALIFORNIA	<b>c</b> EIN-PN 94-0360524-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BWXT MASTER TRUST	
<b>b</b>	Name of plan sponsor	BWXT INVESTMENT COMPANY	<b>c</b> EIN-PN 72-1172705-003
<b>a</b>	Plan name	CAPE CORAL MEDICAL CENTER, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	CAPE CORAL MEDICAL CENTER	<b>c</b> EIN-PN 65-6165099-001
<b>a</b>	Plan name	CENTERPOINT ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTERPOINT ENERGY, INC	<b>c</b> EIN-PN 74-0694415-001
<b>a</b>	Plan name	COCA-COLA BOTTLING COMPANY UNITED, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COCA-COLA BOTTLING COMPANY UNITED, INC	<b>c</b> EIN-PN 58-0148710-001
<b>a</b>	Plan name	CONSUMERS ENERGY COMPANY EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONSUMERS ENERGY COMPANY	<b>c</b> EIN-PN 38-0442310-002
<b>a</b>	Plan name	CORTEVA AGRISCIENCE DEFINED CONTRIBUTION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	EIDP, INC.	<b>c</b> EIN-PN 51-0405321-001
<b>a</b>	Plan name	CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CROWN EQUIPMENT CORPORATION RETIREMENT PLAN	<b>c</b> EIN-PN 34-4412691-001
<b>a</b>	Plan name	DANAHER CORPORATION & SUBSIDIARIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	DANAHER CORPORATION	<b>c</b> EIN-PN 59-1995548-003
<b>a</b>	Plan name	DAVIS POLK PENSION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	DAVIS POLK & WARDWELL LLP	<b>c</b> EIN-PN 13-5023295-007
<b>a</b>	Plan name	DOW RETIREMENT GROUP TRUST - US LARGE CAP EQUITY (PASSIVE)	
<b>b</b>	Name of plan sponsor	THE DOW CHEMICAL COMPANY	<b>c</b> EIN-PN 38-1285128-020
<b>a</b>	Plan name	DUPONT SPECIALTY PRODUCTS AND RELATED CO. SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	DUPONT DE NEMOURS, INC.	<b>c</b> EIN-PN 83-3846995-001
<b>a</b>	Plan name	DUREZ KENTON UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	DUREZ CORPORATION	<b>c</b> EIN-PN 52-2004847-310

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EMERSON ELECTRIC CO RETIREMENT MASTER TRUST	
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC COMPANY	<b>c</b> EIN-PN 43-0259330-121
<b>a</b>	Plan name	EMPLOYEE RETIREMENT PLAN OF S&P GLOBAL INC AND ITS SUBSIDIARIES	
<b>b</b>	Name of plan sponsor	S&P GLOBAL, INC.	<b>c</b> EIN-PN 13-1026995-001
<b>a</b>	Plan name	GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	GATX CORPORATION	<b>c</b> EIN-PN 36-1124040-003
<b>a</b>	Plan name	GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	GATX CORPORATION	<b>c</b> EIN-PN 36-1124040-001
<b>a</b>	Plan name	GENERAL DYNAMICS CORPORATION 401(K) PLAN MASTER TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	<b>c</b> EIN-PN 52-2456916-223
<b>a</b>	Plan name	GEORGIA GULF RETIREMENT PLAN MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	AXIALL CORPORATION	<b>c</b> EIN-PN 58-1563799-007
<b>a</b>	Plan name	GROUP RETIREMENT INCOME PLAN NO. 16	
<b>b</b>	Name of plan sponsor	GROWMARK INC.	<b>c</b> EIN-PN 37-0815318-334
<b>a</b>	Plan name	GROUP RETIREMENT INCOME PLAN NO. 8	
<b>b</b>	Name of plan sponsor	GROWMARK INC.	<b>c</b> EIN-PN 37-0815318-002
<b>a</b>	Plan name	HANFORD MULTI-EMPLOYER PENSION PLAN	
<b>b</b>	Name of plan sponsor	HANFORD PENSION & SAVINGS PLANS COMMITTEE	<b>c</b> EIN-PN 90-0501441-003
<b>a</b>	Plan name	HCSC PENSION MASTER TRUST	
<b>b</b>	Name of plan sponsor	HEALTH CARE SERVICE CORPORATION A MUTUAL RESERVE CO	<b>c</b> EIN-PN 83-1060209-008
<b>a</b>	Plan name	HONEYWELL SAVINGS AND OWNERSHIP PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	HONEYWELL INTERNATIONAL INC.	<b>c</b> EIN-PN 04-6736894-001
<b>a</b>	Plan name	HORACE MANN PENSION PLAN	
<b>b</b>	Name of plan sponsor	HORACE MANN SERVICE CORPORATION	<b>c</b> EIN-PN 37-0972590-005

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	INGREDION INCORPORATED MASTER PENSION TRUST	
<b>b</b> Name of plan sponsor	INGREDION INCORPORATED	<b>c</b> EIN-PN 22-3514823-011
<b>a</b> Plan name	IRON WORKERS' MID-AMERICA PENSION PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF IW MID-AMERICAN PENSION PLAN	<b>c</b> EIN-PN 36-6488227-001
<b>a</b> Plan name	ITW DEFINED BENEFITS PLAN INVESTMENT ACCOUNT	
<b>b</b> Name of plan sponsor	ILLINOIS TOOL WORKS INC.	<b>c</b> EIN-PN 36-6029149-001
<b>a</b> Plan name	JOHN MUIR HEALTH RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	JOHN MUIR HEALTH	<b>c</b> EIN-PN 94-1461843-001
<b>a</b> Plan name	KAMAN CORPORATION EMPLOYEES' PENSION PLAN	
<b>b</b> Name of plan sponsor	KAMAN CORPORATION	<b>c</b> EIN-PN 06-0613548-008
<b>a</b> Plan name	KELLANOVA PENSION MASTER TRUST	
<b>b</b> Name of plan sponsor	KELLANOVA	<b>c</b> EIN-PN 38-0710690-009
<b>a</b> Plan name	LINDE U.S. PENSION PLAN	
<b>b</b> Name of plan sponsor	LINDE INC.	<b>c</b> EIN-PN 06-1249050-335
<b>a</b> Plan name	LOCAL 868 I. B. OF T. PENSION FUND	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 868 IBT PENSION FUND	<b>c</b> EIN-PN 13-2930439-001
<b>a</b> Plan name	LOCAL 917 PENSION FUND	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES LOCAL 917 PENSION FUND	<b>c</b> EIN-PN 13-6086164-001
<b>a</b> Plan name	MACYS INC DEFINED BENEFIT PLANS MASTER TRUST	
<b>b</b> Name of plan sponsor	MACYS INC	<b>c</b> EIN-PN 13-3324058-015
<b>a</b> Plan name	MARTIN MARIETTA MATERIALS, INC. DEFINED BENEFIT PLANS MASTER RETIREMENT TRUST	
<b>b</b> Name of plan sponsor	MARTIN MARIETTA MATERIALS, INC.	<b>c</b> EIN-PN 56-1848578-011
<b>a</b> Plan name	MASTER TRUST FOR SIEMENS PENSION PLANS	
<b>b</b> Name of plan sponsor	SIEMENS CORPORATION	<b>c</b> EIN-PN 13-3406827-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	MASTER TRUST FOR SIEMENS SAVINGS PLANS	
<b>b</b> Name of plan sponsor	SIEMENS CORPORATION	<b>c</b> EIN-PN 22-6712952-001
<b>a</b> Plan name	MASTERS, MATES & PILOTS ADJUSTABLE PENSION PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF MASTERS, MATES & PILOTS ADJUSTABLE PENSION PLAN	<b>c</b> EIN-PN 37-1719247-001
<b>a</b> Plan name	MASTERS, MATES & PILOTS PENSION PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF MASTERS, MATES & PILOTS PENSION PLAN	<b>c</b> EIN-PN 13-6372630-001
<b>a</b> Plan name	MCDONALD'S CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	MCDONALDS CORPORATION AND SUBSIDIARIES	<b>c</b> EIN-PN 36-2361282-001
<b>a</b> Plan name	MEA-MESSA-MEA FINANCIAL SERVICES STAFF RETIREMENT PLAN & TRUST	
<b>b</b> Name of plan sponsor	MICHIGAN EDUCATION ASSOCIATION	<b>c</b> EIN-PN 38-0827000-001
<b>a</b> Plan name	MEDSTAR HEALTH INC. AND AFFILIATES RETIREMENT MASTER TRUST	
<b>b</b> Name of plan sponsor	MEDSTAR HEALTH, INC.	<b>c</b> EIN-PN 52-2087445-099
<b>a</b> Plan name	METHODIST LE BONHEUR HEALTHCARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	METHODIST LE BONHEUR HEALTHCARE	<b>c</b> EIN-PN 58-1454711-002
<b>a</b> Plan name	METTLER TOLEDO RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	METTLER-TOLEDO, LLC	<b>c</b> EIN-PN 34-1538688-049
<b>a</b> Plan name	MONDELEZ GLOBAL LLC TIP PLAN	
<b>b</b> Name of plan sponsor	MONDELEZ GLOBAL LLC	<b>c</b> EIN-PN 38-3869170-001
<b>a</b> Plan name	NATIONAL HOCKEY LEAGUE PLAYERS' RETIREMENT BENEFIT PLAN	
<b>b</b> Name of plan sponsor	BENEFITS COMMITTEE OF THE NATIONAL HOCKEY LEAGUE RETIREMENT BENEFITS	<b>c</b> EIN-PN 46-2555356-001
<b>a</b> Plan name	NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN	
<b>b</b> Name of plan sponsor	NAVISTAR, INC.	<b>c</b> EIN-PN 36-1264810-038
<b>a</b> Plan name	NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN NO. 1	
<b>b</b> Name of plan sponsor	NAVISTAR, INC.	<b>c</b> EIN-PN 36-1264810-037

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES
<b>c</b>	EIN-PN	13-1764242-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF HAWAII MEDICAL SERVICE ASSOCIATION)
<b>b</b>	Name of plan sponsor	HAWAII MEDICAL SERVICE ASSOCIATION
<b>c</b>	EIN-PN	99-0040115-001
<b>a</b>	Plan name	NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS PENSION FUND
<b>b</b>	Name of plan sponsor	JOINT BOARD OF TRUSTEES OF NORTH CENTRAL STATES REGIONAL COUNCIL OF
<b>c</b>	EIN-PN	39-6079856-001
<b>a</b>	Plan name	NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND - DC - NON-LENDING
<b>b</b>	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.
<b>c</b>	EIN-PN	45-6138589-002
<b>a</b>	Plan name	NOVARTIS CORPORATION DC MASTER TRUST
<b>b</b>	Name of plan sponsor	NOVARTIS CORPORATION
<b>c</b>	EIN-PN	13-1834433-400
<b>a</b>	Plan name	PAINTMAKERS MONEY ACCUMULATION PENSION PLAN B
<b>b</b>	Name of plan sponsor	PAINTMAKERS PENSION TRUST FUND BOARD OF TRUSTEES
<b>c</b>	EIN-PN	93-6074503-002
<b>a</b>	Plan name	PCA MASTER RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	PACKAGING CORPORATION OF AMERICA
<b>c</b>	EIN-PN	14-1896937-002
<b>a</b>	Plan name	PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS
<b>c</b>	EIN-PN	13-6116950-001
<b>a</b>	Plan name	PENSION PLAN OF THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
<b>c</b>	EIN-PN	42-6086687-001
<b>a</b>	Plan name	PENSKE TRUCK LEASING CO., LP HOURLY PENSION PLAN
<b>b</b>	Name of plan sponsor	PENSKE TRUCK LEASING CO., LP
<b>c</b>	EIN-PN	23-2518618-008
<b>a</b>	Plan name	PRESBYTERIAN HEALTHCARE SERVICES EMPLOYEES' PENSION PLAN
<b>b</b>	Name of plan sponsor	PRESBYTERIAN HEALTHCARE SERVICES
<b>c</b>	EIN-PN	85-0105601-001
<b>a</b>	Plan name	PRICEWATERHOUSECOOPERS LLP RETIREMENT ACCUMULATION PLAN FOR PARTNERS
<b>b</b>	Name of plan sponsor	PRICEWATERHOUSECOOPERS LLP
<b>c</b>	EIN-PN	13-4008324-005

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRODUCER-WRITERS GUILD OF AMERICA PENSION PLAN	
<b>b</b>	Name of plan sponsor	PRODUCER WRITERS GUILD OF AMERICA PENSION PLAN	<b>c</b> EIN-PN 95-2216351-001
<b>a</b>	Plan name	PROTECTIVE LIFE CORPORATE PENSION PLAN	
<b>b</b>	Name of plan sponsor	PROTECTIVE LIFE CORPORATION	<b>c</b> EIN-PN 95-2492236-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR SALARIED EMPLOYEES OF COTTER CORPORATION	
<b>b</b>	Name of plan sponsor	COTTER CORPORATION	<b>c</b> EIN-PN 85-0125530-001
<b>a</b>	Plan name	RETIREMENT PLAN OF THE WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1D PENSION FUND	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES RETIREMENT PLAN OF WLDW UNION LOCAL 1D	<b>c</b> EIN-PN 51-0164380-001
<b>a</b>	Plan name	RR DONNELLEY PENSION PLAN	
<b>b</b>	Name of plan sponsor	R.R. DONNELLEY	<b>c</b> EIN-PN 36-1004130-022
<b>a</b>	Plan name	RUSH UNIVERSITY MEDICAL CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUSH UNIVERSITY MEDICAL CENTER	<b>c</b> EIN-PN 36-2174823-003
<b>a</b>	Plan name	SALT RIVER PROJECT EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SALT RIVER VALLEY WATER USERS ASSOCIATION	<b>c</b> EIN-PN 86-0053220-335
<b>a</b>	Plan name	SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF SCREEN ACTORS GUILD - PRODUCERS	<b>c</b> EIN-PN 95-2110997-001
<b>a</b>	Plan name	SDC-LEAGUE PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SDC - LEAGUE PENSION FUND	<b>c</b> EIN-PN 13-6634482-001
<b>a</b>	Plan name	SHRINERS HOSPITALS FOR CHILDREN EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHRINERS HOSPITALS FOR CHILDREN	<b>c</b> EIN-PN 36-2193608-001
<b>a</b>	Plan name	SIEMENS ENERGY, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	SIEMENS ENERGY, INC.	<b>c</b> EIN-PN 13-3987280-022
<b>a</b>	Plan name	SIEMENS ENERGY, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIEMENS ENERGY, INC.	<b>c</b> EIN-PN 13-3987280-021

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SPX US PENSION PLAN	
<b>b</b>	Name of plan sponsor	SPX CORPORATION	<b>c</b> EIN-PN 38-1016240-003
<b>a</b>	Plan name	STE. MICHELLE WINE ESTATES LTD. RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	STE. MICHELLE WINE ESTATES LTD.	<b>c</b> EIN-PN 91-0897041-001
<b>a</b>	Plan name	STP NUCLEAR OPERATING COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STP NUCLEAR OPERATING COMPANY	<b>c</b> EIN-PN 76-0517597-001
<b>a</b>	Plan name	SUN HEALTH CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	BANNER HEALTH	<b>c</b> EIN-PN 45-0233470-001
<b>a</b>	Plan name	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	THE BOEING CO. AND CONSOLIDATED SUBSIDIARIES	<b>c</b> EIN-PN 91-0425694-062
<b>a</b>	Plan name	THE DUKE ENDOWMENT EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE DUKE ENDOWMENT	<b>c</b> EIN-PN 56-0529965-001
<b>a</b>	Plan name	THE GOODWIN AMMONIA COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GOODWIN AMMONIA COMPANY, LLC	<b>c</b> EIN-PN 95-2387575-001
<b>a</b>	Plan name	THE KROGER CO. DEFINED CONTRIBUTION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	THE KROGER CO.	<b>c</b> EIN-PN 31-0345740-009
<b>a</b>	Plan name	THE NEW YORK TIMES COMPANIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-010
<b>a</b>	Plan name	THE RETIREMENT PLAN OF CENTRAL GEORGIA HEALTH SYSTEMS, INC.	
<b>b</b>	Name of plan sponsor	NAVICENT HEALTH, INC.	<b>c</b> EIN-PN 58-2149127-001
<b>a</b>	Plan name	THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER	
<b>b</b>	Name of plan sponsor	RADY CHILDRENS HOSPITAL AND HEALTH CENTER	<b>c</b> EIN-PN 95-1691313-001
<b>a</b>	Plan name	TIFFANY AND COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	TIFFANY AND COMPANY	<b>c</b> EIN-PN 13-1387680-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b>	Plan name	TOPCO ASSOCIATES LLC PENSION PLAN	<b>c</b>	EIN-PN	36-4469052-001
<b>b</b>	Name of plan sponsor	TOPCO ASSOCIATES, LLC	<b>c</b>	EIN-PN	36-4469052-001
<b>a</b>	Plan name	WGM MASTER TRUST	<b>c</b>	EIN-PN	13-1456110-012
<b>b</b>	Name of plan sponsor	WEIL, GOTSHAL & MANGES LLP	<b>c</b>	EIN-PN	13-1456110-012
<b>a</b>	Plan name	WINTER HAVEN HOSPITAL PENSION PLAN	<b>c</b>	EIN-PN	59-0724462-001
<b>b</b>	Name of plan sponsor	WINTER HAVEN HOSPITAL, INC.	<b>c</b>	EIN-PN	59-0724462-001
<b>a</b>	Plan name	ZIMMER BIOMET MASTER RETIREMENT TRUST	<b>c</b>	EIN-PN	13-4151777-006
<b>b</b>	Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	<b>c</b>	EIN-PN	13-4151777-006
<b>a</b>	Plan name	AUTOMATIC DATA PROCESSING, INC. RETIREMENT AND SAVINGS PLAN	<b>c</b>	EIN-PN	22-1467904-002
<b>b</b>	Name of plan sponsor	AUTOMATIC DATA PROCESSING, INC.	<b>c</b>	EIN-PN	22-1467904-002
<b>a</b>	Plan name	FCA US LLC DEFINED CONTRIBUTION PLAN MASTER TRUST	<b>c</b>	EIN-PN	90-1076853-070
<b>b</b>	Name of plan sponsor	FCA US LLC	<b>c</b>	EIN-PN	90-1076853-070
<b>a</b>	Plan name	RETIREMENT BENEFIT ACCUMULATION PLAN FOR EMPLOYEES OF PWC LLP	<b>c</b>	EIN-PN	13-4008324-002
<b>b</b>	Name of plan sponsor	PRICEWATERHOUSECOOPERS LLP	<b>c</b>	EIN-PN	13-4008324-002
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>08/01/2023</b> and ending <b>07/31/2024</b>	
<b>A</b> Name of plan <b>NORTHERN TRUST COLLECTIVE S&amp;P 500 INDEX FUND - NON-LENDING</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN TRUST INVESTMENTS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6138589</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	3155
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	100853015	112582865
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	31997600	6718520
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	84453276093	90930774808
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	729865289	88091968
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	85315991997	91138171316
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	202219984	66796653
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	202219984	66796653
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	85113772013	91071374663

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	911014	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		911014
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	1286086178	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1286086178
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	13086123664	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	6356868507	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	9331726967	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		15015086
<b>(7)</b> Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		17362994402

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
<b>(2)</b> To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances.....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees.....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees.....	<b>2i(4)</b>	15600	
<b>(5)</b> Investment advisory and investment management fees.....	<b>2i(5)</b>		
<b>(6)</b> Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	3025562	
<b>(7)</b> Actuarial fees.....	<b>2i(7)</b>		
<b>(8)</b> Legal fees.....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees.....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses.....	<b>2i(10)</b>		
<b>(11)</b> Other expenses.....	<b>2i(11)</b>	12361	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3053523
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		3053523

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		17359940879
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		5224490309
<b>(2)</b> From this plan.....	<b>2l(2)</b>		16626828538

**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:

**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.

	Yes	No	Amount
<b>4a</b>			
<b>4b</b>			
<b>4c</b>			
<b>4d</b>			
<b>4e</b>			
<b>4f</b>			
<b>4g</b>			
<b>4h</b>			
<b>4i</b>			
<b>4j</b>			
<b>4k</b>			
<b>4l</b>			
<b>4m</b>			
<b>4n</b>			

**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 \_\_\_\_\_.