

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) 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: VFTC INSTITUTIONAL 500 INDEX TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): VANGUARD FIDUCIARY TRUST COMPANY
2b Employer Identification Number (EIN): 81-6327546
2c Plan Sponsor's telephone number: 610-669-1000
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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>VFTC INSTITUTIONAL 500 INDEX TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>81-6327546</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)
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d Entity code

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d Entity code

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d Entity code

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d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 401(A) DEF CONT RET PLAN FOR DARTMOUTH COLLEGE FACULTY/STAFF	
b	Name of plan sponsor TRUSTEES OF DARTMOUTH COLLEGE	c EIN-PN 02-0222111-005
a	Plan name 401(K) SAVINGS PLAN OF FISERV, INC. AND ITS PARTICIPATING SUBSIDI	
b	Name of plan sponsor FISERV, INC.	c EIN-PN 39-1506125-014
a	Plan name ACCENTURE UNITED STATES PROFIT SHARING AND 401(K) TRUST	
b	Name of plan sponsor ACCENTURE LLP	c EIN-PN 36-7274695-001
a	Plan name ADM 401K ESOP	
b	Name of plan sponsor ARCHER DANIELS MIDLAND COMPANY	c EIN-PN 41-0129150-029
a	Plan name ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADOBE INC.	c EIN-PN 77-0019522-001
a	Plan name ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADOBE INC.	c EIN-PN 77-0019522-001
a	Plan name AGILENT TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES, INC.	c EIN-PN 77-0518772-003
a	Plan name AIG INSURANCE COMPANY - PUERTO RICO CAPITAL GROWTH PLAN	
b	Name of plan sponsor AIG INSURANCE COMPANY - PUERTO RICO	c EIN-PN 66-0319193-001
a	Plan name AIR LIQUIDE & AIRGAS 401(K) PLAN	
b	Name of plan sponsor AMERICAN AIR LIQUIDE HOLDINGS, INC.	c EIN-PN 75-3174747-008
a	Plan name ALASKA AIRLINES, INC. ALASKASAVER PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-017
a	Plan name ALASKA AIRLINES, INC. COPS, MRP & DISPATCH 401(K) PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-013
a	Plan name ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K) PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-012

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 ALERIS 401(K) PLAN FOR DAVENPORT UNION	
b	Name of plan sponsor NOVELIS ALR ALUMINUM, LLC	c EIN-PN 20-8451513-002
a	Plan name ALERIS 401(K) PLAN FOR GMP AND ALLIED WORKERS	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-009
a	Plan name ALERIS 401(K) PLAN FOR IAMAW LODGE 10 RICHMOND	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-006
a	Plan name ALERIS 401(K) PLAN FOR LINCOLNSHIRE UNION	
b	Name of plan sponsor NOVELIS ALR ALUMINUM, LLC	c EIN-PN 20-8451513-003
a	Plan name ALERIS 401(K) PLAN FOR UMW LOCAL 4994, UHRICHSVILLE	
b	Name of plan sponsor NOVELIS ALR RECYCLING OF OHIO, LLC	c EIN-PN 75-2421405-001
a	Plan name ALERIS 401(K) PLAN FOR USW, BUCKHANNON	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-010
a	Plan name ALERIS 401(K) PLAN FOR USW, LOCAL 7993, ASHVILLE	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-005
a	Plan name ALLIANZ ASSET ACCUMULATION PLAN	
b	Name of plan sponsor AZOA SERVICES CORPORATION	c EIN-PN 75-1723041-002
a	Plan name ALLY FINANCIAL INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLY FINANCIAL, INC.	c EIN-PN 38-0572512-001
a	Plan name ALTICE USA 401(K) SAVINGS PLAN	
b	Name of plan sponsor CSC HOLDINGS, LLC	c EIN-PN 27-0726696-010
a	Plan name AMAZON.COM 401(K) PLAN	
b	Name of plan sponsor AMAZON.COM SERVICES, INC.	c EIN-PN 91-1986545-001
a	Plan name AMCOR 401(K) PLAN	
b	Name of plan sponsor AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-003

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	AMCOR 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-007
a	Plan name	AMCOR AMERICAN CANYON LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMCOR AMERICAN CANYON LLC	c EIN-PN 84-3959068-002
a	Plan name	AMCOR DEFINED CONTRIBUTION PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-008
a	Plan name	AMCOR RIGID PACKAGING PENSION PLAN	
b	Name of plan sponsor	AMCOR RIGID PACKAGING, USA LLC	c EIN-PN 36-4126680-003
a	Plan name	AMCOR RIGID PACKAGING SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AMCOR RIGID PACKAGING USA, LLC	c EIN-PN 36-4126680-001
a	Plan name	AMCOR SPECIALTY CARTONS AMERICAS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMCOR SPECIALTY CARTONS AMERICAS LLC	c EIN-PN 98-0080783-004
a	Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. ENHANCED SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC.	c EIN-PN 75-3174747-007
a	Plan name	AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.	c EIN-PN 13-2592361-003
a	Plan name	ANHEUSER-BUSCH 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ANHEUSER-BUSCH COMPANIES, LLC	c EIN-PN 43-1162835-059
a	Plan name	APPLE 401(K) PLAN	
b	Name of plan sponsor	APPLE INC.	c EIN-PN 94-2404110-001
a	Plan name	ARAMCO U.S. SAVINGS PLAN	
b	Name of plan sponsor	ARAMCO SHARED BENEFITS COMPANY	c EIN-PN 84-4364434-002
a	Plan name	ARCHER DANIELS MIDLAND MASTER RETIREMENT TRUST	
b	Name of plan sponsor	ARCHER DANIELS MIDLAND COMPANY	c EIN-PN 27-1701181-004

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 ARTHUR J. GALLAGHER & CO. EMPLOYEES SAVINGS & THRIFT PLAN	
b	Name of plan sponsor ARTHUR J. GALLAGHER (ILLINIOS),LLC.	c EIN-PN 36-2481781-001
a	Plan name ASHLAND INC. MASTER TRUST	
b	Name of plan sponsor ASHLAND INC.	c EIN-PN 93-6421281-030
a	Plan name ASRC WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-006
a	Plan name ASSURANT 401(K) PLAN	
b	Name of plan sponsor ASSURANT, INC.	c EIN-PN 39-1126612-002
a	Plan name ASTRAZENECA SAVINGS & SECURITY PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	c EIN-PN 23-2967016-004
a	Plan name ASTRAZENECA SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	c EIN-PN 23-2967016-002
a	Plan name ATRIUS 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATRIUS MSO, LLC	c EIN-PN 87-1803974-001
a	Plan name AUTODESK 401(K) PLAN	
b	Name of plan sponsor AUTODESK, INC.	c EIN-PN 94-2819853-001
a	Plan name BAE SYSTEMS EMPLOYEES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BAE SYSTEMS, INC.	c EIN-PN 22-3537950-003
a	Plan name BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BAIN & COMPANY, INC.	c EIN-PN 04-2878322-005
a	Plan name BASF AGRICULTURAL PRODUCTS DE PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BASF AGROCHEMICAL PRODUCTS B.V.	c EIN-PN 66-0584515-002
a	Plan name BASF CORPORATION SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor BASF CORPORATION	c EIN-PN 84-5171020-102

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 BATTELLE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor BATTELLE MEMORIAL INSTITUTE	c EIN-PN 31-4379427-003
a	Plan name BAYER CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BAYER CORPORATION	c EIN-PN 25-1339219-051
a	Plan name BAYLOR AFFILIATED SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYLOR SCOTT & WHITE HOLDINGS	c EIN-PN 46-3130985-003
a	Plan name BAYLOR SCOTT & WHITE HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYLOR SCOTT & WHITE HOLDINGS	c EIN-PN 46-3130985-002
a	Plan name BCLP LLP US RETIREMENT PLAN	
b	Name of plan sponsor BRYAN CAVE LEIGHTON PAISNER (US) LLP	c EIN-PN 43-0602162-002
a	Plan name BERTELSMANN 401(K) SAVINGS PLAN	
b	Name of plan sponsor BERTELSMANN, INC.	c EIN-PN 95-2949493-004
a	Plan name BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-037
a	Plan name BNSF RAILWAY COMPANY NON-SALARIED EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BNSF RAILWAY COMPANY	c EIN-PN 41-6034000-006
a	Plan name BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN FOR PR AFFILIATES	
b	Name of plan sponsor GUIDANT PUERTO RICO, B.V.	c EIN-PN 66-0568625-001
a	Plan name BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BOSTON SCIENTIFIC CORPORATION	c EIN-PN 04-2695240-001
a	Plan name BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor ANHEUSER-BUSCH, LLC AND THE INT'L BROTHERHOOD OF TEAMSTERS	c EIN-PN 43-0161000-037
a	Plan name BRFHH RETIREMENT PLAN	
b	Name of plan sponsor BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	c EIN-PN 46-3179229-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BROADCOM U.S. 401(K) PLAN	
b	Name of plan sponsor AVAGO TECHNOLOGIES U.S. INC.	c EIN-PN 20-3387670-001
a	Plan name BROWN & ROOT INDUSTRIAL SERVICES 401(K) PLAN	
b	Name of plan sponsor BROWN & ROOT INDUSTRIAL SERVICES, LLC	c EIN-PN 47-3996049-013
a	Plan name BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN	
b	Name of plan sponsor BURLINGTON NORTHERN SANTA FE, LLC	c EIN-PN 27-1754839-002
a	Plan name BWXT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BWX TECHNOLOGIES, INC.	c EIN-PN 72-1172705-002
a	Plan name CABLEVISION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MID HUDSON CABLEVISION, INC.	c EIN-PN 06-0806388-001
a	Plan name CACI SMART PLAN	
b	Name of plan sponsor CACI INTERNATIONAL, INC	c EIN-PN 54-1345888-002
a	Plan name CADENCE DESIGN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor CADENCE DESIGN SYSTEMS INC	c EIN-PN 77-0148231-001
a	Plan name CAMPBELL SOUP COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-008
a	Plan name CANON BUSINESS PROCESS SERVICES RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor CANON BUSINESS PROCESS SERVICES, INC.	c EIN-PN 13-3978583-001
a	Plan name CANON EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CANON U.S.A., INC.	c EIN-PN 13-2561772-001
a	Plan name CANON NANOTECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CANON NANOTECHNOLOGIES, INC.	c EIN-PN 74-2994370-001
a	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-055

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	CARDINAL HEALTH 401(K) SAVINGS PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor	CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-062
a	Plan name	CAREMORE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAREMORE MEDICAL GROUP, INC.	c EIN-PN 14-1943214-001
a	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 41-0177680-018
a	Plan name	CARGILL INVESTMENT PLAN	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 41-0177680-013
a	Plan name	CDM SMITH INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	CDM SMITH INC.	c EIN-PN 04-2473650-002
a	Plan name	CEDARS-SINAI HEALTH SYSTEM DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-001
a	Plan name	CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-002
a	Plan name	CFG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITIZENS FINANCIAL GROUP, INC	c EIN-PN 05-0412693-002
a	Plan name	CHANGE HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CHANGE HEALTHCARE OPERATIONS, LLC	c EIN-PN 20-5731067-001
a	Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	c EIN-PN 94-6001323-002
a	Plan name	CHS INC. 401(K) PLAN	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-014
a	Plan name	CHS INC. 401(K) PLAN FOR UNION PRODUCTION EMPLOYEES	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-028

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 CITY NATIONAL BANK PROFIT SHARING PLAN	
b	Name of plan sponsor CITY NATIONAL BANK	c EIN-PN 95-1780067-001
a	Plan name CNH INDUSTRIAL U.S.A. DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor CNH INDUSTRIAL U.S.A. RETIREMENT BOARD	c EIN-PN 04-6766755-001
a	Plan name CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor CONAGRA BRANDS, INC.	c EIN-PN 90-6036918-002
a	Plan name CORDILLERA AND AFFILIATED COMPANIES 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CORDILLERA CORPORATION	c EIN-PN 84-0718345-334
a	Plan name CORDILLERA AND AFFILIATED COMPANIES MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor CORDILLERA CORPORATION	c EIN-PN 84-0718345-333
a	Plan name COVESTRO LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor COVESTRO LLC	c EIN-PN 06-1653740-002
a	Plan name CRANE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CRANE COMPANY	c EIN-PN 88-2846451-038
a	Plan name CROWE LLP RETIREMENT PLAN	
b	Name of plan sponsor CROWE HORWATH LLP	c EIN-PN 35-0921680-002
a	Plan name CSX CORPORATION 401(K) PLAN	
b	Name of plan sponsor CSX CORPORATION	c EIN-PN 62-1051971-003
a	Plan name CVS HEALTH FUTURE FUND 401(K) PLAN	
b	Name of plan sponsor CVS HEALTH CORPORATION	c EIN-PN 05-0494040-017
a	Plan name CVS HEALTH PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor CVS HEALTH CORPORATION	c EIN-PN 05-0494040-024
a	Plan name DAVITA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVITA INC.	c EIN-PN 51-0354549-001

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	DELOITTE 401(K) PLAN	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-268
a	Plan name	DELOITTE PROFIT SHARING PLAN	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-344
a	Plan name	DELOITTE PROFIT SHARING PLAN FOR PUERTO RICO	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-007
a	Plan name	DELOITTE SAVINGS PLAN FOR PUERTO RICO	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-006
a	Plan name	DENSO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DENSO INTERNATIONAL AMERICA, INC.	c EIN-PN 38-2651421-002
a	Plan name	DISNEY SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	THE WALT DISNEY COMPANY	c EIN-PN 95-4545390-003
a	Plan name	DIVERSIFIED BUSINESS GROUP PEO 401(K) PLAN	
b	Name of plan sponsor	CAREMORE MEDICAL GROUP OF TENNESSEE, P.C.	c EIN-PN 47-1878423-001
a	Plan name	DOMTAR US HOURLY 401(K) PLAN	
b	Name of plan sponsor	DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-008
a	Plan name	DOMTAR US SALARIED 401(K) PLAN	
b	Name of plan sponsor	DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-009
a	Plan name	DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOVER CORPORATION	c EIN-PN 53-0257888-030
a	Plan name	DTTS 401(K) PLAN	
b	Name of plan sponsor	DELOITTE TOUCHE TOHMATSU SERVICES, LLC	c EIN-PN 13-3086681-002
a	Plan name	DTTS PROFIT SHARING PLAN	
b	Name of plan sponsor	DELOITTE TOUCHE TOHMATSU SERVICES, LLC	c EIN-PN 13-3086681-003

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 E. & J. GALLO WINERY RETIREMENT PLAN	
b	Name of plan sponsor E. & J. GALLO WINERY	c EIN-PN 94-1009696-011
a	Plan name E. & J. GALLO WINERY UNION RETIREMENT PLAN	
b	Name of plan sponsor E. & J. GALLO WINERY	c EIN-PN 94-1009696-015
a	Plan name EATON SAVINGS TRUST	
b	Name of plan sponsor EATON CORPORATION	c EIN-PN 47-5346861-001
a	Plan name EDELMAN FINANCIAL ENGINES 401(K) PLAN	
b	Name of plan sponsor EDELMAN FINANCIAL ENGINES, LLC	c EIN-PN 94-3250323-001
a	Plan name ELEVANCE HEALTH 401(K) PLAN	
b	Name of plan sponsor ELEVANCE HEALTH, INC.	c EIN-PN 11-3713086-003
a	Plan name ELEVANCE HEALTH PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor ATH HOLDING COMPANY, LLC	c EIN-PN 66-0588600-001
a	Plan name EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-016
a	Plan name EMERSON ELECTRIC CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-101
a	Plan name EMERSON ELECTRIC CO. SAVINGS INVESTMENT PLAN FOR EMPLOYEES IN PUERTO RICO	
b	Name of plan sponsor EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-123
a	Plan name ENCOMPASS HEALTH CORPORATION RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor ENCOMPASS HEALTH	c EIN-PN 63-0860407-001
a	Plan name ENCOMPASS HEALTH RETIREMENT INVESTMENT PLAN OF PR	
b	Name of plan sponsor ENCOMPASS HEALTH CORPORATION	c EIN-PN 63-0860407-002
a	Plan name ENTERGY CORPORATION QUALIFIED PLAN MASTER TRUST	
b	Name of plan sponsor ENTERGY CORPORATION	c EIN-PN 41-2062510-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	ERICSSON US 401(K) PLAN
b	Name of plan sponsor	ERICSSON INC.
c	EIN-PN	06-1119960-006
a	Plan name	FEDERAL EXPRESS CORPORATION PILOTS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
c	EIN-PN	71-0427007-007
a	Plan name	FEDERAL NATIONAL MORTGAGE ASSOCIATION RETIREMENT SAVINGS PLAN FOR EMPLOYEES
b	Name of plan sponsor	FEDERAL NATIONAL MORTGAGE ASSOCIATION
c	EIN-PN	52-0883107-001
a	Plan name	FEDERATED MUTUAL INSURANCE COMPANY 401(K) PLAN
b	Name of plan sponsor	FEDERATED MUTUAL INSURANCE COMPANY
c	EIN-PN	41-0417460-002
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN FOR PUERTO RICO
b	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
c	EIN-PN	71-0427007-008
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN I
b	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
c	EIN-PN	62-1721435-001
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN II
b	Name of plan sponsor	FEDEX CORPORATION
c	EIN-PN	62-1721435-004
a	Plan name	FEDEX OFFICE AND PRINT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FEDEX OFFICE AND PRINT SERVICES, INC.
c	EIN-PN	77-0433330-001
a	Plan name	FERGUSON ENTERPRISES, LLC, 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FERGUSON ENTERPRISES, LLC
c	EIN-PN	54-1473338-002
a	Plan name	FINRA SAVINGS PLUS PLAN
b	Name of plan sponsor	FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
c	EIN-PN	53-0088710-003
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	FORD DEFINED CONTRIBUTION PLANS MASTER TRUST
b	Name of plan sponsor	FORD MOTOR COMPANY
c	EIN-PN	38-0549190-012

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	FPI RETIREMENT PLAN	
b	Name of plan sponsor	BERTELSMANN, INC.	c EIN-PN 13-3621012-001
a	Plan name	FREEPORT MCMORAN INC EMPLOYEE CAPITAL ACCUMULATION PROGRAM	
b	Name of plan sponsor	FREEPORT MCMORAN INC	c EIN-PN 74-2480931-001
a	Plan name	G3 ENTERPRISES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	G3 ENTERPRISES, INC.	c EIN-PN 94-1081077-001
a	Plan name	GALLO PENSION PLAN FOR NON-UNION EMPLOYEES	
b	Name of plan sponsor	GALLO VINEYARDS, INC.	c EIN-PN 94-1409660-001
a	Plan name	GAP SHARE 401(K) PLAN	
b	Name of plan sponsor	GAP INC.	c EIN-PN 94-1697231-001
a	Plan name	GAPSHARE PUERTO RICO PLAN	
b	Name of plan sponsor	GAP INC.	c EIN-PN 94-1697231-002
a	Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GARTNER INC	c EIN-PN 04-3099750-002
a	Plan name	GEICO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GEICO CORPORATION	c EIN-PN 52-1135801-001
a	Plan name	GENERAL ATOMICS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENERAL ATOMICS	c EIN-PN 95-3735102-002
a	Plan name	GOOGLE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOOGLE LLC	c EIN-PN 77-0493581-001
a	Plan name	GROUP HEALTH PLAN, INC. 401(K) PLAN	
b	Name of plan sponsor	GROUP HEALTH PLAN, INC.	c EIN-PN 41-0797853-003
a	Plan name	HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN FOR HAMTC REPRESENTED EES	
b	Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE	c EIN-PN 90-0501441-004

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	HANFORD GUARDS UNION, LOCAL 21 SAVINGS PLAN	
b	Name of plan sponsor	HANFORD SITE	c EIN-PN 83-0947948-006
a	Plan name	HANFORD OPERATIONS AND ENGINEERING INVESTMENT PLAN	
b	Name of plan sponsor	HANFORD SITE	c EIN-PN 90-0501441-002
a	Plan name	HEALTHCARE AUTHORITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	c EIN-PN 63-0845288-002
a	Plan name	HEALTHPARTNERS SERVICES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEALTHPARTNERS SERVICES INC	c EIN-PN 41-1683568-004
a	Plan name	HOMESAFE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HOMESAFE ALLIANCE LLC	c EIN-PN 84-3133869-001
a	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	c EIN-PN 91-1201373-002
a	Plan name	HOSPITALITY VENTURES 401(K) PLAN	
b	Name of plan sponsor	HOSPITALITY VENTURES, LLC	c EIN-PN 20-1103957-001
a	Plan name	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	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUTCHINSON HEALTH	c EIN-PN 84-1715908-001
a	Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	BATTELLE ENERGY ALLIANCE, LLC AND IDAHO ENVIRONMENTAL COALITION, LLC	c EIN-PN 68-0588324-001
a	Plan name	IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	IDEXX LABORATORIES, INC.	c EIN-PN 01-0393723-001
a	Plan name	I-HEALTH REVO HEALTH RETIREMENT PLAN	
b	Name of plan sponsor	INFINITE HEALTH COLLABORATIVE, P.A.	c EIN-PN 41-1861374-007

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN
b	Name of plan sponsor	INTERMOUNTAIN HEALTHCARE INC.
c	EIN-PN	87-0269232-002
a	Plan name	INTERMOUNTAIN HEALTHCARE PENSION PLAN
b	Name of plan sponsor	INTERMOUNTAIN HEALTHCARE INC.
c	EIN-PN	87-0269232-001
a	Plan name	JACOBS 401(K) PLUS SAVINGS PLAN
b	Name of plan sponsor	JACOBS ENGINEERING GROUP INC.
c	EIN-PN	95-4081636-002
a	Plan name	JACOBS TECHNOLOGY INC. EMPLOYEES' SAVINGS PLAN
b	Name of plan sponsor	JACOBS TECHNOLOGY INC.
c	EIN-PN	62-0510412-003
a	Plan name	JACOBS UNION 401(K) PLUS SAVINGS PLAN
b	Name of plan sponsor	JACOBS ENGINEERING GROUP, INC.
c	EIN-PN	95-4081636-005
a	Plan name	JETBLUE AIRWAYS RETIREMENT PLAN
b	Name of plan sponsor	JETBLUE AIRWAYS CORPORATION
c	EIN-PN	87-0617894-001
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	JONES DAY DEFINED CONTRIBUTION MASTER TRUST
b	Name of plan sponsor	JONES DAY
c	EIN-PN	46-7282554-009
a	Plan name	JONES DAY PENSION PLAN
b	Name of plan sponsor	JONES DAY
c	EIN-PN	34-0319085-002
a	Plan name	JONES DAY QUALIFIED DEFINED BENEFIT PLAN
b	Name of plan sponsor	JONES DAY
c	EIN-PN	34-0319085-008
a	Plan name	KBRWYLE TECHNOLOGY 401(K) PLAN
b	Name of plan sponsor	KBRWYLE TECHNOLOGY SOLUTIONS, LLC
c	EIN-PN	52-0741967-014
a	Plan name	KELLOGG BROWN & ROOT, INC. RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	KELLOGG BROWN & ROOT LLC
c	EIN-PN	20-3897734-007

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	KEYSIGHT TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.
c	EIN-PN	46-4254555-003
a	Plan name	KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN
b	Name of plan sponsor	KIRKLAND & ELLIS LLP
c	EIN-PN	36-1326630-003
a	Plan name	KPMG PERSONAL ACCOUNT FOR RETIREMENT
b	Name of plan sponsor	KPMG LLP
c	EIN-PN	13-5565207-013
a	Plan name	KPMG PUERTO RICO CAPITAL ACCUMULATION PLAN
b	Name of plan sponsor	KPMG LLP
c	EIN-PN	13-5565207-021
a	Plan name	LAKEVIEW HEALTH 401(K) PLAN
b	Name of plan sponsor	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
c	EIN-PN	41-0811697-008
a	Plan name	LATHAM AND WATKINS 401(K) SAVINGS AND PROFIT SHARING PLAN
b	Name of plan sponsor	LATHAM AND WATKINS LLP
c	EIN-PN	95-2018373-001
a	Plan name	LEAR CORPORATION HOURLY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LEAR CORPORATION
c	EIN-PN	13-3386776-020
a	Plan name	LEAR CORPORATION SALARIED RETIREMENT PROGRAM
b	Name of plan sponsor	LEAR CORPORATION
c	EIN-PN	13-3386776-002
a	Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. CAPITAL ACCUMULATION PLAN
b	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.
c	EIN-PN	33-0653185-003
a	Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.
c	EIN-PN	33-0653185-002
a	Plan name	LEIDOS, INC. RETIREMENT PLAN
b	Name of plan sponsor	LEIDOS, INC.
c	EIN-PN	95-3630868-004
a	Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN 1
b	Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC
c	EIN-PN	45-4652143-002

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 LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN II	
b	Name of plan sponsor LONG ISLAND ELECTRIC UTILITY SERVCO LLC	c EIN-PN 45-4652143-003
a	Plan name M & T BANK CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MANUFACTURERS AND TRADERS TRUST CO.	c EIN-PN 16-0538020-004
a	Plan name MASTER TRUST AGREEMENT FOR THE ADM 401(K) AND EE STOCK OWNERSHIP PLANS	
b	Name of plan sponsor ARCHER DANIELS MIDLAND COMPANY	c EIN-PN 27-1701330-031
a	Plan name MCGEE RETIREMENT READINESS PLAN	
b	Name of plan sponsor MCGEE AIR SERVICES, INC.	c EIN-PN 81-2044238-001
a	Plan name MEASUREMENT SOLUTIONS PROFIT SHARING PLAN	
b	Name of plan sponsor MEASUREMENT SOLUTIONS	c EIN-PN 41-0766812-001
a	Plan name MEDLINE INDUSTRIES, LP RETIREMENT PLAN	
b	Name of plan sponsor MEDLINE INDUSTRIES, LP	c EIN-PN 36-2596612-001
a	Plan name MEMORIALCARE 401(K) PLAN	
b	Name of plan sponsor MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-003
a	Plan name MEMORIALCARE RETIREMENT PLAN	
b	Name of plan sponsor MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-001
a	Plan name MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor MGM RESORTS INTERNATIONAL	c EIN-PN 88-0215232-002
a	Plan name MICHELIN 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-003
a	Plan name MICHELIN AFFILIATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor OLIVER RUBBER COMPANY, LLC	c EIN-PN 26-1467411-001
a	Plan name MICROSOFT CORPORATION SAVINGS PLUS 401K PLAN	
b	Name of plan sponsor MICROSOFT CORPORATION	c EIN-PN 91-1144442-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MILLIMAN, INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	MILLIMAN, INC.	c EIN-PN 91-0675641-001
a	Plan name	MINUTECLINIC 401(K) PLAN	
b	Name of plan sponsor	MINUTECLINIC, LLC	c EIN-PN 41-1939629-001
a	Plan name	MONSANTO CARIBE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MONSANTO CARIBE, LLC	c EIN-PN 43-1782611-001
a	Plan name	MORGAN, LEWIS & BOCKIUS LLP DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	c EIN-PN 23-0891050-009
a	Plan name	MORGAN, LEWIS & BOCKIUS LLP TAX-SAVER RETIREMENT PLAN	
b	Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	c EIN-PN 23-0891050-005
a	Plan name	MTA 401K PLAN	
b	Name of plan sponsor	MTA DISTRIBUTORS, INC.	c EIN-PN 62-1089936-001
a	Plan name	MUFG BANK LTD 401(K) PLAN	
b	Name of plan sponsor	MUFG BANK, LTD	c EIN-PN 13-5611741-015
a	Plan name	MUFG BANK, LTD. RETIREMENT PLAN	
b	Name of plan sponsor	MUFG BANK, LTD	c EIN-PN 13-5611741-016
a	Plan name	MUNICH RE U.S. SAVINGS PLAN	
b	Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.	c EIN-PN 13-4924125-003
a	Plan name	NATIONAL GRID USA COMPANIES' INCENTIVE THRIFT PLAN	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-007
a	Plan name	NATWEST MARKETS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NATWEST MARKETS	c EIN-PN 13-3172275-002
a	Plan name	NEUBERGER BERMAN GROUP 401(K) PLAN	
b	Name of plan sponsor	NEUBERGER BERMAN GROUP LLC	c EIN-PN 61-1591182-001

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 NEW CENTURY ENERGIES, INC. EMPLOYEE INVESTMENT PLAN FOR BARGAINING UNI EMPLOYEE/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. EMPLOYEE'S SAVINGS AND STOCK OWNERSHIP PLAN FOR BARG. AND FORMER NON-BARG. EMPLOYEES	
b	Name of plan sponsor XCEL ENERGY INC.	c EIN-PN 41-0448030-005
a	Plan name NEW YORK LIFE AGENTS PROGRESS-SHARING INVESTMENT PLAN	
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-006
a	Plan name NISSAN EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor NISSAN NORTH AMERICA, INC.	c EIN-PN 95-2108010-006
a	Plan name NOG-E HOURLY EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor BABCOCK & WILCOX NUCLEAR OPERATIONS GROUP, INC.	c EIN-PN 26-1523776-001
a	Plan name NORDSTROM 401K PLAN	
b	Name of plan sponsor NORDSTROM, INC.	c EIN-PN 91-0515058-001
a	Plan name NORTHWELL HEALTH 401(K) PLAN	
b	Name of plan sponsor NORTHWELL HEALTH, INC.	c EIN-PN 11-3418133-001
a	Plan name NOVELIS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-034
a	Plan name NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor NUCLEAR FUEL SERVICES, INC.	c EIN-PN 52-0788632-005
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 NVIDIA CORPORATION 401(K) PLAN	
b	Name of plan sponsor NVIDIA CORP.	c EIN-PN 94-3177549-001
a	Plan name OCHSNER CLINIC FOUNDATION 401(K) PLAN	
b	Name of plan sponsor OCHSNER CLINIC FOUNDATION	c EIN-PN 72-0502505-002

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	OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.	c EIN-PN 23-1873471-003
a	Plan name	OHIO GAS COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OHIO GAS CO.	c EIN-PN 34-4320120-002
a	Plan name	OLD DOMINION 401K RETIREMENT PLAN	
b	Name of plan sponsor	OLD DOMINION FREIGHT LINE INC.	c EIN-PN 56-0751714-002
a	Plan name	ORACLE CORPORATION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORACLE CORPORATION	c EIN-PN 54-2185193-001
a	Plan name	OXY COMBINED RETIREMENT AND SAVINGS	
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT	c EIN-PN 13-3189949-210
a	Plan name	PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC LIFE INSURANCE COMPANY	c EIN-PN 95-1079000-007
a	Plan name	PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARK NICOLLET HEALTH SERVICES	c EIN-PN 36-3465840-002
a	Plan name	PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-075
a	Plan name	PAYPAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PAYPAL HOLDINGS, INC.	c EIN-PN 47-2989869-001
a	Plan name	PENSION PLAN FOR CERTAIN INACTIVE PARTICIPANTS OF AMERICAN WATER WORKS COMPANY, INC. AND ITS DESIGNATED SUBSIDIARIES	
b	Name of plan sponsor	AMERICAN WATER WORKS CO., INC.	c EIN-PN 51-0063696-004
a	Plan name	PENSION PLAN FOR EMPLOYEES OF AMERICAN WATER WORKS COMPANY INC ITS DES	
b	Name of plan sponsor	AMERICAN WATER WORKS COMPANY, INC.	c EIN-PN 51-0063696-001
a	Plan name	PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY	
b	Name of plan sponsor	GALLO GLASS COMPANY	c EIN-PN 94-1384142-001

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 PHILIPS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-005
a	Plan name PHILIPS NORTH AMERICA 401(K) PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-004
a	Plan name PHILLIPS 66 SAVINGS PLAN	
b	Name of plan sponsor PHILLIPS 66 COMPANY	c EIN-PN 37-1652702-002
a	Plan name PRESTONWOOD COUNTRY CLUB, INC. 401(K) PLAN	
b	Name of plan sponsor PRESTONWOOD COUNTRY CLUB, INC.	c EIN-PN 56-1750016-001
a	Plan name PROFIT SHARING RETIREMENT PLAN FOR DIVISIONS AND SUBSIDIARIES OF EMERSON ELECTRIC CO.	
b	Name of plan sponsor EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-114
a	Plan name PROVIDENCE ST JOSEPH HEALTH MASTER TRUST	
b	Name of plan sponsor PROVIDENCE ST JOSEPH HEALTH	c EIN-PN 84-3087403-001
a	Plan name PUBLIC SERVICE ENTERPRISE GROUP INC. THRIFT & TAX DEFERRED SAVINGS PLA	
b	Name of plan sponsor PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	c EIN-PN 22-2625848-004
a	Plan name QTC MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor QTC MANAGEMENT, INC.	c EIN-PN 95-3948968-003
a	Plan name QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor QUALCOMM INCORPORATED	c EIN-PN 95-3685934-001
a	Plan name RAMSEY CLINIC AND RAMSEY FOUNDATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor GROUP HEALTH PLAN, INC.	c EIN-PN 41-0797853-008
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 REPUBLIC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor REPUBLIC SERVICES, INC.	c EIN-PN 65-0716904-003

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	RETIREMENT CONTRIBUTION AND 403(B) MATCHING PLAN OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM	
b	Name of plan sponsor	TRUSTEES OF THE UNIVERSITY OF PA	c EIN-PN 23-1352685-039
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	RICOH USA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RICOH USA, INC.	c EIN-PN 23-0334400-099
a	Plan name	RVO HEALTH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RVO HEALTH, LLC	c EIN-PN 88-1570490-001
a	Plan name	SAP AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	SAP AMERICA, INC.	c EIN-PN 36-3556041-001
a	Plan name	SAS RETIREMENT PLAN	
b	Name of plan sponsor	SAS INSTITUTE INC.	c EIN-PN 56-1133017-001
a	Plan name	SAVS PL FOR EMPS OF AMER WTR WKS CO INC & ITS DESIG SUBS	
b	Name of plan sponsor	AMERICAN WATER WORKS COMPANY, INC.	c EIN-PN 51-0063696-003
a	Plan name	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	c EIN-PN 30-6419427-001
a	Plan name	SEAGATE 401(K) PLAN	
b	Name of plan sponsor	SEAGATE U.S. LLC	c EIN-PN 77-0545987-001
a	Plan name	SEDGWICK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SEDGWICK CLAIMS MANAGEMENT SERVICES INC	c EIN-PN 36-2685608-001
a	Plan name	SEMPRA ENERGY SAVINGS MASTER TRUST	
b	Name of plan sponsor	SEMPRA	c EIN-PN 33-0732627-006
a	Plan name	SKADDEN ARPS SLATE MEAGHER & FLOM CASH BALANCE PLAN	
b	Name of plan sponsor	SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP	c EIN-PN 13-1777230-005

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 SKADDEN ARPS SLATE MEAGHER & FLOM RETIREMENT PLAN	
b	Name of plan sponsor SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP	c EIN-PN 13-1777230-001
a	Plan name SKADDEN ARPS SLATE MEAGHER & FLOM SAVINGS PLAN	
b	Name of plan sponsor SKADDEN ARPS SLATE MEAGHER & FLOM, LLP	c EIN-PN 13-1777230-003
a	Plan name SMITH & NEPHEW U.S. SAVINGS PLAN	
b	Name of plan sponsor SMITH AND NEPHEW, INC.	c EIN-PN 51-0123924-008
a	Plan name SOLVAY USA LLC SAVINGS PLUS PLAN	
b	Name of plan sponsor SOLVAY USA LLC	c EIN-PN 22-3539954-010
a	Plan name SOUTHWEST AIRLINES CO. 401K PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-004
a	Plan name SOUTHWEST AIRLINES PILOTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES COMPANY	c EIN-PN 74-1563240-003
a	Plan name STARBUCKS CORPORATION 401(K) PLAN	
b	Name of plan sponsor STARBUCKS CORPORATION	c EIN-PN 91-1325671-001
a	Plan name STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor STRYKER CORPORATION	c EIN-PN 38-1239739-002
a	Plan name STRYKER PUERTO RICO SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor STRYKER PUERTO RICO, LLC	c EIN-PN 66-0604112-001
a	Plan name SYNOPSISYS 401(K) PLAN	
b	Name of plan sponsor SYNOPSISYS INC	c EIN-PN 56-1546236-001
a	Plan name SYSCO CORPORATION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor SYSCO CORPORATION	c EIN-PN 74-1648137-015
a	Plan name TD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TD BANK US HOLDING COMPANY	c EIN-PN 01-0437984-003

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	TECHNICAL STAFFING RESOURCES, LLC 401(K) PLAN
b	Name of plan sponsor	KELLOGG BROWN & ROOT LLC
c	EIN-PN	20-3897734-001
a	Plan name	TELEPHONE AND DATA SYSTEMS, INC TAX-DEFERRED SAVINGS PLAN
b	Name of plan sponsor	TELEPHONE AND DATA SYSTEMS INC
c	EIN-PN	36-2669023-003
a	Plan name	TEXTRON INC. MASTER TRUST
b	Name of plan sponsor	TEXTRON INC.
c	EIN-PN	13-3380685-001
a	Plan name	TEXTRON SAVINGS PLAN
b	Name of plan sponsor	TEXTRON INC.
c	EIN-PN	05-0315468-030
a	Plan name	THE 401(K) PLAN AND TRUST OF PHYSICIANS ENDOSCOPY, LLC
b	Name of plan sponsor	PHYSICIANS ENDOSCOPY, LLC
c	EIN-PN	91-1882702-001
a	Plan name	THE BANK OF AMERICA 401(K) PLAN
b	Name of plan sponsor	BANK OF AMERICA CORPORATION
c	EIN-PN	56-0906609-003
a	Plan name	THE BANK OF AMERICA PENSION PLAN
b	Name of plan sponsor	BANK OF AMERICA CORPORATION
c	EIN-PN	56-0906609-001
a	Plan name	THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN
b	Name of plan sponsor	BANK OF AMERICA CORPORATION
c	EIN-PN	56-0906609-007
a	Plan name	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN
b	Name of plan sponsor	MUFG BANK, LTD.
c	EIN-PN	13-5611741-001
a	Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' PROFIT SHARING RETIREMENT FUND
b	Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.
c	EIN-PN	04-2432614-001
a	Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' SAVINGS PLAN AND PROFIT SHARING RETIREMENT FUND
b	Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.
c	EIN-PN	04-2432614-004
a	Plan name	THE CARGILL PARTNERSHIP PLAN
b	Name of plan sponsor	CARGILL, INCORPORATED
c	EIN-PN	41-0177680-015

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	THE CLOROX COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CLOROX COMPANY	c EIN-PN 31-0595760-001
a	Plan name	THE CLOROX COMPANY EE RETIREMENT INVESTMENT PLAN FOR PUERTO RICO	
b	Name of plan sponsor	THE CLOROX COMPANY	c EIN-PN 31-0595760-007
a	Plan name	THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
b	Name of plan sponsor	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	c EIN-PN 13-5009340-004
a	Plan name	THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
b	Name of plan sponsor	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	c EIN-PN 13-5009340-004
a	Plan name	THE DUN AND BRADSTREET CORPORATION 401(K) PLAN	
b	Name of plan sponsor	THE DUN AND BRADSTREET CORPORATION	c EIN-PN 22-3725387-002
a	Plan name	THE EATON PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUTLER-HAMMER ELECTRICAL CO	c EIN-PN 98-0474648-002
a	Plan name	THE GUARDIAN MASTER INVESTMENT TRUST PLAN	
b	Name of plan sponsor	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	c EIN-PN 13-5123390-026
a	Plan name	THE HERSHEY COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE HERSHEY COMPANY	c EIN-PN 23-0691590-010
a	Plan name	THE HERSHEY COMPANY PUERTO RICO 401(K) PLAN	
b	Name of plan sponsor	THE HERSHEY COMPANY	c EIN-PN 23-0691590-011
a	Plan name	THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY PENSION PLAN A	
b	Name of plan sponsor	THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY LLC JHU/APL	c EIN-PN 52-0595111-001
a	Plan name	THE LONG ISLAND HOME 401(K) PLAN	
b	Name of plan sponsor	NORTHWELL HEALTH, INC.	c EIN-PN 11-2837244-003
a	Plan name	THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor	THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-014

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 NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN	
b	Name of plan sponsor THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-012
a	Plan name THE NEW YORK TIMES SAVINGS PLAN	
b	Name of plan sponsor THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-020
a	Plan name THE OFFICIALS, BUSINESS REPRESENTATIVES OFFICE & CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, IBEW, AFL-CIO 401(K) PLAN	
b	Name of plan sponsor LOCAL UNION NO. 3, IBEW, AFL-CIO	c EIN-PN 13-5574127-099
a	Plan name THE SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor WPP GROUP USA, INC.	c EIN-PN 20-4031493-001
a	Plan name THE SHERWIN-WILLIAMS COMPANY 401(K) PLAN	
b	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	c EIN-PN 34-0526850-001
a	Plan name THE SHERWIN-WILLIAMS COMPANY HOURLY 401(K) PLAN	
b	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	c EIN-PN 34-0526850-022
a	Plan name THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PEN SION INVESTMENT PLAN	
b	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	c EIN-PN 34-0526850-010
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 THE TJX COMPANIES INC GENERAL SAVINGS PROFIT SHARING PLAN	
b	Name of plan sponsor THE TJX COMPANIES INC	c EIN-PN 04-2207613-004
a	Plan name THE TJX COMPANIES, INC. GENERAL SAVINGS/PROFIT SHARING PLAN (P. R.)	
b	Name of plan sponsor THE TJX COMPANIES, INC.	c EIN-PN 04-2207613-005
a	Plan name THOMSON REUTERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor THOMSON REUTERS HOLDINGS INC.	c EIN-PN 06-1497995-002
a	Plan name THRIVENT FINANCIAL FOR LUTHERANS DEFINED CONTRIBUTION PLAN TRUST	
b	Name of plan sponsor THRIVENT FINANCIAL FOR LUTHERANS	c EIN-PN 39-0123480-200

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	T-MOBILE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor	T-MOBILE PUERTO RICO LLC	c EIN-PN 66-0649631-001
a	Plan name	T-MOBILE USA, INC. 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	T-MOBILE USA, INC.	c EIN-PN 91-1983600-001
a	Plan name	TOYOTA DE PUERTO RICO CORP. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	TOYOTA DE PUERTO RICO, CORP.	c EIN-PN 66-0503300-001
a	Plan name	TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOYOTA MOTOR NORTH AMERICA, INC	c EIN-PN 95-3141669-002
a	Plan name	TRANSUNION 401K & SAVINGS PLAN	
b	Name of plan sponsor	TRANSUNION CORP.	c EIN-PN 74-3135689-001
a	Plan name	TRINITY HEALTH 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRINITY HEALTH CORPORATION	c EIN-PN 35-1443425-012
a	Plan name	TRINITY HEALTH CORPORATION ERISA 403(B) RETIREMENT PLAN (FROZEN)	
b	Name of plan sponsor	TRINITY HEALTH CORPORATION	c EIN-PN 35-1443425-014
a	Plan name	U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	U.S. ANESTHESIA PARTNERS, INC.	c EIN-PN 46-0872971-001
a	Plan name	U.S. BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	U.S. BANCORP	c EIN-PN 41-0255900-004
a	Plan name	U.S. DEFINED CONTRIBUTION PLAN TRUST	
b	Name of plan sponsor	MARS, INCORPORATED	c EIN-PN 22-1594774-005
a	Plan name	UNION BEMIS INVESTMENT PROFIT SHARING PLAN	
b	Name of plan sponsor	BEMIS COMPANY INC.	c EIN-PN 43-0178130-009
a	Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	c EIN-PN 94-6001323-015

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	UNION PACIFIC CORPORATION THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC CORPORATION	c EIN-PN 13-2626465-004
a	Plan name	UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC FRUIT EXPRESS COMPANY	c EIN-PN 47-0600268-001
a	Plan name	UNITEDHEALTH GROUP 401(K) SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	UNITED HEALTHCARE SERVICES INC.	c EIN-PN 30-0993007-001
a	Plan name	UNITEDHEALTH GROUP PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor	OPTUM SERVICES (PUERTO RICO) LLC	c EIN-PN 66-0870003-001
a	Plan name	UNITEDHEALTH GROUP VENTURES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITEDHEALTH GROUP VENTURES, LLC	c EIN-PN 46-3311984-001
a	Plan name	UNIVERSITY OF PENNSYLVANIA BASIC PLAN	
b	Name of plan sponsor	TRUSTEES OF THE UNIVERSITY OF PA	c EIN-PN 23-1352685-028
a	Plan name	VERITIV RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VERITIV CORPORATION	c EIN-PN 46-3234977-002
a	Plan name	VISA RETIREMENT PLAN	
b	Name of plan sponsor	VISA INC.	c EIN-PN 26-0267673-334
a	Plan name	VOLVO GROUP NORTH AMERICA, LLC TARGET RETIREMENT FUND TRUST	
b	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	c EIN-PN 58-2431188-015
a	Plan name	WEIL, GOTSHAL & MANGES SECTION 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WEIL, GOTSHAL & MANGES LLP	c EIN-PN 13-1456110-006
a	Plan name	WESTLAKE SAVINGS PLAN	
b	Name of plan sponsor	WESTLAKE MANAGEMENT SERVICES, INC.	c EIN-PN 76-0321065-004
a	Plan name	WEYERHAEUSER 401(K) PLAN	
b	Name of plan sponsor	WEYERHAEUSER COMPANY	c EIN-PN 91-0470860-035

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 WHIRLPOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WHIRLPOOL CORPORATION	c EIN-PN 38-1490038-001
a	Plan name WHIRLPOOL CORPORATION PUERTO RICO SALARY SAVINGS PLAN	
b	Name of plan sponsor WHIRLPOOL CORPORATION	c EIN-PN 38-1490038-052
a	Plan name WHOLE FOODS MARKET GROWING YOUR FUTURE 401(K) PLAN	
b	Name of plan sponsor WHOLE FOODS MARKET, INC.	c EIN-PN 74-1989366-002
a	Plan name WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor TOWERS WATSON DELAWARE INC.	c EIN-PN 53-0181291-005
a	Plan name WOODSIDE ENERGY USA SERVICES INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WOODSIDE ENERGY USA SERVICES INC.	c EIN-PN 94-3144067-333
a	Plan name WORKDAY INC 401K PLAN	
b	Name of plan sponsor WORKDAY INC	c EIN-PN 20-2480422-001
a	Plan name WORLEY GROUP INC. 401(K) PLAN	
b	Name of plan sponsor WORLEY GROUP INC.	c EIN-PN 94-2624994-001
a	Plan name WSP USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WSP USA BUILDINGS INC.	c EIN-PN 13-1730785-001
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 YUMMLY.COM 401K RETIREMENT PLAN	
b	Name of plan sponsor YUMMLY, INC.	c EIN-PN 26-4107766-001
a	Plan name ZEBRA 401(K) PLAN	
b	Name of plan sponsor ZEBRA TECHNOLOGIES CORPORATION	c EIN-PN 36-2675536-002
a	Plan name ZOOX, INC. 401(K) PLAN	
b	Name of plan sponsor ZOOX, INC.	c EIN-PN 47-1523316-001

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 VFTC INSTITUTIONAL 500 INDEX TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 81-6327546

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(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)	141857821000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	183452877000
(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	141857821000	183452877000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	141857821000	183452877000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	2283540000	
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)	34732152000
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	37015692000

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	37015692000
l Transfers of assets:		
(1) To this plan	2l(1)	6533405000
(2) From this plan	2l(2)	1954041000

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 _____.