

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 EXTENDED MARKET 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): 81-6324211
2c Plan Sponsor's telephone number: 610-669-9100
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;"></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;"></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 EXTENDED MARKET INDEX TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>81-6324211</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):		
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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 ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADOBE INC.	c EIN-PN 77-0019522-001
a	Plan name ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED MICRO DEVICES, INC.	c EIN-PN 94-1692300-003
a	Plan name AECOM CARIBE RETIREMENT PLAN	
b	Name of plan sponsor AECOM GLOBAL II, LLC	c EIN-PN 47-1336341-102
a	Plan name AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST	
b	Name of plan sponsor AECOM	c EIN-PN 81-6281769-108
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
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

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 GMP AND ALLIED WORKERS, LOCAL 210 UHRICHSVILLE, OH	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-009
a	Plan name ALERIS 401(K) PLAN FOR 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 AMCOR 401(K) PLAN	
b	Name of plan sponsor AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-003
a	Plan name AMCOR 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-007
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

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 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 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 EXPRESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN EXPRESS COMPANY AND ITS PARTICIPATING SUBSIDIARIES	c EIN-PN 13-4922250-002
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 APPLIED MATERIALS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor APPLIED MATERIALS, INC.	c EIN-PN 94-1655526-333
a	Plan name ARAMCO U.S. SAVINGS PLAN	
b	Name of plan sponsor ARAMCO SHARED BENEFITS COMPANY	c EIN-PN 84-4364434-002
a	Plan name ASHLAND 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

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	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	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 CORPORATION SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	BASF CORPORATION	c EIN-PN 84-5171020-102
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

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	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	BJC 401(K) PLAN	
b	Name of plan sponsor	BJC HEALTH SYSTEM	c EIN-PN 43-1617558-003
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	BORGWARNER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BORGWARNER INC.	c EIN-PN 13-3404508-066
a	Plan name	BORGWARNER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BORGWARNER INC.	c EIN-PN 13-3404508-066
a	Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION	c EIN-PN 04-2695240-001
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	BRFHH RETIREMENT PLAN	
b	Name of plan sponsor	BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	c EIN-PN 46-3179229-003
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

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 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
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 CFG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CITIZENS FINANCIAL GROUP, INC	c EIN-PN 05-0412693-002

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	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMEN 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
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	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	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN	
b Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	c EIN-PN 95-4715639-001
a Plan name	COVESTRO LLC SAVINGS AND RETIREMENT PLAN	
b Name of plan sponsor	COVESTRO LLC	c EIN-PN 06-1653740-002
a Plan name	DAVITA RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DAVITA INC.	c EIN-PN 51-0354549-001
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	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

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	DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOVER CORPORATION	c EIN-PN 53-0257888-030
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	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	ATH HOLDING COMPANY, LLC	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	FEDERAL EXPRESS CORPORATION PILOTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FEDERAL EXPRESS CORPORATION	c EIN-PN 71-0427007-007
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

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	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
a	Plan name	FPI RETIREMENT PLAN	
b	Name of plan sponsor	BERTELSMANN, INC.	c EIN-PN 13-3621012-001
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	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	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	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

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	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	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
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	JETBLUE AIRWAYS RETIREMENT PLAN	
b	Name of plan sponsor	JETBLUE AIRWAYS CORPORATION	c EIN-PN 87-0617894-001
a	Plan name	JONES DAY DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	JONES DAY	c EIN-PN 46-7282554-009
a	Plan name	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
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	LEIDOS BIOMEDICAL RESEARCH, INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	c EIN-PN 33-0653185-003

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	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	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	MCGEE RETIREMENT READINESS PLAN	
b	Name of plan sponsor	MCGEE AIR SERVICES, INC.	c EIN-PN 81-2044238-001
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	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	MILLIMAN, INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	MILLIMAN, INC.	c EIN-PN 91-0675641-001
a	Plan name	MORGAN, LEWIS & BOCKIUS LLP 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	MUFG BANK LTD 401(K) PLAN	
b	Name of plan sponsor	MUFG BANK, LTD	c EIN-PN 13-5611741-015
a	Plan name	MUFG UNION BANK, N.A. RETIREMENT PLAN	
b	Name of plan sponsor	MUFG UNION BANK, N.A.	c EIN-PN 94-0304228-016

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	MUNICH RE U.S. SAVINGS PLAN
b	Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.
c	EIN-PN	13-4924125-003
a	Plan name	NATIONAL GRID USA COMPANIES' INCENTIVE THRIFT PLAN
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	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	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	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

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	OCHSNER CLINIC FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	OCHSNER CLINIC FOUNDATION	c EIN-PN 72-0502505-002
a	Plan name	OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.	c EIN-PN 23-1873471-003
a	Plan name	OHIO GAS COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OHIO GAS CO.	c EIN-PN 34-4320120-002
a	Plan name	ORACLE CORPORATION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORACLE CORPORATION	c EIN-PN 54-2185193-001
a	Plan name	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	PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-075
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	PROVIDENCE ST JOSEPH HEALTH MASTER TRUST	
b	Name of plan sponsor	PROVIDENCE ST JOSEPH HEALTH	c EIN-PN 84-3087403-001
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	REUTERS GUILD 401(K) PENSION PLAN	
b	Name of plan sponsor	REUTERS AMERICA LLC	c EIN-PN 13-3320829-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	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	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	c EIN-PN 30-6419427-001
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	STATE FARM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANIES	c EIN-PN 37-0533100-002
a	Plan name	SYNOPSISYS 401(K) PLAN	
b	Name of plan sponsor	SYNOPSISYS INC	c EIN-PN 56-1546236-001
a	Plan name	SYSCO CORPORATION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	SYSCO CORPORATION	c EIN-PN 74-1648137-015
a	Plan name	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	TEXTRON SAVINGS PLAN	
b	Name of plan sponsor	TEXTRON INC.	c EIN-PN 05-0315468-030

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 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
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 LONG ISLAND HOME 401(K) PLAN	
b	Name of plan sponsor NORTHWELL HEALTH, INC.	c EIN-PN 11-2837244-003

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 THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PL	
b	Name of plan sponsor THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-014
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 SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor WPP GROUP USA, INC.	c EIN-PN 20-4031493-001
a	Plan name THOMSON REUTERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor THOMSON REUTERS HOLDINGS INC.	c EIN-PN 06-1497995-002
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
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 U.S. BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor U.S. BANCORP	c EIN-PN 41-0255900-004

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	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
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) RETIREME 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	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	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

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	WEYERHAEUSER 401(K) PLAN	
b Name of plan sponsor	WEYERHAEUSER COMPANY	c EIN-PN 91-0470860-035
a Plan name	WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
b Name of plan sponsor	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	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	ZEBRA 401(K) PLAN	
b Name of plan sponsor	ZEBRA TECHNOLOGIES CORPORATION	c EIN-PN 36-2675536-002
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

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 EXTENDED MARKET INDEX TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 81-6324211

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
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)	28367562000	34438981000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28367562000	34438981000
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	28367562000	34438981000

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)	380169000	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		380169000
(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)		4518532000
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4898701000

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		4898701000
l Transfers of assets:			
(1) To this plan	2l(1)		7125943000
(2) From this plan	2l(2)		5953225000

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 _____.