

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 TOTAL BOND 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): 81-6321044
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.

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

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

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

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

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

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

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

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

**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>VFTC INSTITUTIONAL TOTAL BOND MARKET INDEX TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>81-6321044</u>	

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



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	401(A) DEF CONT RET PLAN FOR DARTMOUTH COLLEGE FACULTY/STAFF	
<b>b</b>	Name of plan sponsor	TRUSTEES OF DARTMOUTH COLLEGE	<b>c</b> EIN-PN 02-0222111-005
<b>a</b>	Plan name	ACCENTURE UNITED STATES PROFIT SHARING AND 401(K) TRUST	
<b>b</b>	Name of plan sponsor	ACCENTURE LLP	<b>c</b> EIN-PN 36-7274695-001
<b>a</b>	Plan name	ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADOBE INC.	<b>c</b> EIN-PN 77-0019522-001
<b>a</b>	Plan name	ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED MICRO DEVICES, INC.	<b>c</b> EIN-PN 94-1692300-003
<b>a</b>	Plan name	ADVOCATE HEALTH CARE NETWORK MASTER RETIREMENT SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	ADVOCATE HEALTH CARE NETWORK	<b>c</b> EIN-PN 36-2167779-002
<b>a</b>	Plan name	AECOM CARIBE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AECOM GLOBAL II, LLC	<b>c</b> EIN-PN 47-1336341-102
<b>a</b>	Plan name	AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST	
<b>b</b>	Name of plan sponsor	AECOM	<b>c</b> EIN-PN 81-6281769-108
<b>a</b>	Plan name	AIG INSURANCE COMPANY - PUERTO RICO CAPITAL GROWTH PLAN	
<b>b</b>	Name of plan sponsor	AIG INSURANCE COMPANY - PUERTO RICO	<b>c</b> EIN-PN 66-0319193-001
<b>a</b>	Plan name	AIR LIQUIDE & AIRGAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC.	<b>c</b> EIN-PN 75-3174747-008
<b>a</b>	Plan name	ALASKA AIRLINES, INC. ALASKASAVER PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-017
<b>a</b>	Plan name	ALASKA AIRLINES, INC. COPS, MRP & DISPATCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-013
<b>a</b>	Plan name	ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-012

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR DAVENPORT UNION	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC	<b>c</b> EIN-PN 20-8451513-002
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR GMP AND ALLIED WORKERS, LOCAL 210, UHRICHS VILLE, OH	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	<b>c</b> EIN-PN 27-1539745-009
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR IAMAW LODGE 10 RICHMOND	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	<b>c</b> EIN-PN 27-1539745-006
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR LINCOLNSHIRE UNION	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC	<b>c</b> EIN-PN 20-8451513-003
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR UMW LOCAL 4994, UHRICHSVILLE	
<b>b</b>	Name of plan sponsor	NOVELIS ALR RECYCLING OF OHIO, LLC	<b>c</b> EIN-PN 75-2421405-001
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR USW, BUCKHANNON	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	<b>c</b> EIN-PN 27-1539745-010
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR USW, LOCAL 7993, ASHVILLE	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	<b>c</b> EIN-PN 27-1539745-005
<b>a</b>	Plan name	ALLY FINANCIAL INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLY FINANCIAL, INC.	<b>c</b> EIN-PN 38-0572512-001
<b>a</b>	Plan name	ALTICE USA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CSC HOLDINGS, LLC	<b>c</b> EIN-PN 27-0726696-010
<b>a</b>	Plan name	AMAZON.COM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMAZON.COM SERVICES, INC.	<b>c</b> EIN-PN 91-1986545-001
<b>a</b>	Plan name	AMCOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	<b>c</b> EIN-PN 43-0178130-003
<b>a</b>	Plan name	AMCOR 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	<b>c</b> EIN-PN 43-0178130-007

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AMCOR AMERICAN CANYON LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMCOR AMERICAN CANYON LLC	<b>c</b> EIN-PN 84-3959068-002
<b>a</b>	Plan name	AMCOR DEFINED CONTRIBUTION PENSION PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	<b>c</b> EIN-PN 43-0178130-008
<b>a</b>	Plan name	AMCOR RIGID PACKAGING PENSION PLAN	
<b>b</b>	Name of plan sponsor	AMCOR RIGID PACKAGING, USA LLC	<b>c</b> EIN-PN 36-4126680-003
<b>a</b>	Plan name	AMCOR SPECIALTY CARTONS AMERICAS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMCOR SPECIALTY CARTONS AMERICAS LLC	<b>c</b> EIN-PN 98-0080783-004
<b>a</b>	Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. ENHANCED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC.	<b>c</b> EIN-PN 75-3174747-007
<b>a</b>	Plan name	AMERICAN EXPRESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EXPRESS COMPANY AND ITS PARTICIPATING SUBSIDIARIES	<b>c</b> EIN-PN 13-4922250-002
<b>a</b>	Plan name	AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.	<b>c</b> EIN-PN 13-2592361-003
<b>a</b>	Plan name	ANHEUSER-BUSCH 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANHEUSER-BUSCH COMPANIES, LLC	<b>c</b> EIN-PN 43-1162835-059
<b>a</b>	Plan name	APPLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLE INC.	<b>c</b> EIN-PN 94-2404110-001
<b>a</b>	Plan name	ARAMCO U.S. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARAMCO SHARED BENEFITS COMPANY	<b>c</b> EIN-PN 84-4364434-002
<b>a</b>	Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY	<b>c</b> EIN-PN 68-0628477-009
<b>a</b>	Plan name	ASHLAND INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor	ASHLAND INC.	<b>c</b> EIN-PN 93-6421281-030

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.)	
<b>a</b>	Plan name ASRC WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-006
<b>a</b>	Plan name ASSURANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSURANT, INC.	<b>c</b> EIN-PN 39-1126612-002
<b>a</b>	Plan name ASTRAZENECA SAVINGS & SECURITY PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	<b>c</b> EIN-PN 23-2967016-004
<b>a</b>	Plan name ASTRAZENECA SAVINGS AND SECURITY PLAN	
<b>b</b>	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	<b>c</b> EIN-PN 23-2967016-002
<b>a</b>	Plan name AUTODESK 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTODESK, INC.	<b>c</b> EIN-PN 94-2819853-001
<b>a</b>	Plan name AVAYA INC. SAVINGS PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor AVAYA INC.	<b>c</b> EIN-PN 22-3713430-003
<b>a</b>	Plan name BAE SYSTEMS EMPLOYEES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor BAE SYSTEMS, INC.	<b>c</b> EIN-PN 22-3537950-003
<b>a</b>	Plan name BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAIN & COMPANY, INC.	<b>c</b> EIN-PN 04-2878322-005
<b>a</b>	Plan name BASF CORPORATION SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor BASF CORPORATION	<b>c</b> EIN-PN 84-5171020-102
<b>a</b>	Plan name BATTELLE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BATTELLE MEMORIAL INSTITUTE	<b>c</b> EIN-PN 31-4379427-003
<b>a</b>	Plan name BAYLOR AFFILIATED SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAYLOR SCOTT & WHITE HOLDINGS	<b>c</b> EIN-PN 46-3130985-003
<b>a</b>	Plan name BAYLOR SCOTT & WHITE HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAYLOR SCOTT & WHITE HOLDINGS	<b>c</b> EIN-PN 46-3130985-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BCLP LLP US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRYAN CAVE LEIGHTON PAISNER (US) LLP	<b>c</b> EIN-PN 43-0602162-002
<b>a</b>	Plan name	BERTELSMANN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BERTELSMANN, INC.	<b>c</b> EIN-PN 95-2949493-004
<b>a</b>	Plan name	BERTELSMANN PRINTING GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.	<b>c</b> EIN-PN 23-1873471-002
<b>a</b>	Plan name	BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-037
<b>a</b>	Plan name	BJC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BJC HEALTH SYSTEM	<b>c</b> EIN-PN 43-1617558-003
<b>a</b>	Plan name	BNSF RAILWAY COMPANY NON-SALARIED EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BNSF RAILWAY COMPANY	<b>c</b> EIN-PN 41-6034000-006
<b>a</b>	Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION	<b>c</b> EIN-PN 04-2695240-001
<b>a</b>	Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN FOR PR AFFILIATES	
<b>b</b>	Name of plan sponsor	GUIDANT PUERTO RICO, B.V.	<b>c</b> EIN-PN 66-0568625-001
<b>a</b>	Plan name	BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	ANHEUSER-BUSCH, LLC AND THE INT'L BROTHERHOOD OF TEAMSTERS	<b>c</b> EIN-PN 43-0161000-037
<b>a</b>	Plan name	BRFHH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	<b>c</b> EIN-PN 46-3179229-003
<b>a</b>	Plan name	BROADCOM U.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVAGO TECHNOLOGIES U.S. INC.	<b>c</b> EIN-PN 20-3387670-001
<b>a</b>	Plan name	BROWN & ROOT INDUSTRIAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN & ROOT INDUSTRIAL SERVICES, LLC	<b>c</b> EIN-PN 47-3996049-013

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BRUNSWICK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRUNSWICK CORPORATION	<b>c</b> EIN-PN 36-0848180-154
<b>a</b>	Plan name BRUNSWICK REWARDS PLAN	
<b>b</b>	Name of plan sponsor BRUNSWICK CORPORATION	<b>c</b> EIN-PN 36-0848180-170
<b>a</b>	Plan name BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BURLINGTON NORTHERN SANTA FE, LLC	<b>c</b> EIN-PN 27-1754839-002
<b>a</b>	Plan name BWXT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BWX TECHNOLOGIES, INC.	<b>c</b> EIN-PN 72-1172705-002
<b>a</b>	Plan name CACI SMART PLAN	
<b>b</b>	Name of plan sponsor CACI INTERNATIONAL, INC	<b>c</b> EIN-PN 54-1345888-002
<b>a</b>	Plan name CADENCE DESIGN SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CADENCE DESIGN SYSTEMS INC	<b>c</b> EIN-PN 77-0148231-001
<b>a</b>	Plan name CAMPBELL SOUP COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL SOUP COMPANY	<b>c</b> EIN-PN 21-0419870-008
<b>a</b>	Plan name CANON BUSINESS PROCESS SERVICES RETIREMENT AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CANON BUSINESS PROCESS SERVICES, INC.	<b>c</b> EIN-PN 13-3978583-001
<b>a</b>	Plan name CANON EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CANON U.S.A., INC.	<b>c</b> EIN-PN 13-2561772-001
<b>a</b>	Plan name CANON NANOTECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CANON NANOTECHNOLOGIES, INC.	<b>c</b> EIN-PN 74-2994370-001
<b>a</b>	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARDINAL HEALTH, INC.	<b>c</b> EIN-PN 31-0958666-055
<b>a</b>	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN FOR EMPLOYEES OF PUERTO RICO	
<b>b</b>	Name of plan sponsor CARDINAL HEALTH, INC.	<b>c</b> EIN-PN 31-0958666-062

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CAREMORE MEDICAL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAREMORE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 14-1943214-001
<b>a</b>	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	CARGILL, INCORPORATED	<b>c</b> EIN-PN 41-0177680-018
<b>a</b>	Plan name	CARGILL INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	CARGILL, INCORPORATED	<b>c</b> EIN-PN 41-0177680-013
<b>a</b>	Plan name	CDM SMITH INC. CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	CDM SMITH INC.	<b>c</b> EIN-PN 04-2473650-002
<b>a</b>	Plan name	CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	<b>c</b> EIN-PN 95-1644600-002
<b>a</b>	Plan name	CFG RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CITIZENS FINANCIAL GROUP, INC	<b>c</b> EIN-PN 05-0412693-002
<b>a</b>	Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	<b>c</b> EIN-PN 94-6001323-002
<b>a</b>	Plan name	CHS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHS INC.	<b>c</b> EIN-PN 41-0251095-014
<b>a</b>	Plan name	CHS INC. 401(K) PLAN FOR UNION PRODUCTION EMPLOYEES	
<b>b</b>	Name of plan sponsor	CHS INC.	<b>c</b> EIN-PN 41-0251095-028
<b>a</b>	Plan name	CITY NATIONAL BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITY NATIONAL BANK	<b>c</b> EIN-PN 95-1780067-001
<b>a</b>	Plan name	CNH INDUSTRIAL U.S.A. DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b>	Name of plan sponsor	CNH INDUSTRIAL U.S.A. RETIREMENT BOARD	<b>c</b> EIN-PN 04-6766755-001
<b>a</b>	Plan name	CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	CONAGRA BRANDS, INC.	<b>c</b> EIN-PN 90-6036918-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	<b>c</b> EIN-PN 95-4715639-001
<b>a</b>	Plan name	CORNING INCORPORATED INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	CORNING INCORPORATED	<b>c</b> EIN-PN 16-0393470-002
<b>a</b>	Plan name	COVESTRO LLC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COVESTRO LLC	<b>c</b> EIN-PN 06-1653740-002
<b>a</b>	Plan name	COX ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COX ENTERPRISES, INC.	<b>c</b> EIN-PN 58-1035149-003
<b>a</b>	Plan name	CRANE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	CRANE COMPANY	<b>c</b> EIN-PN 88-2846451-038
<b>a</b>	Plan name	CROWE LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CROWE HORWATH LLP	<b>c</b> EIN-PN 35-0921680-002
<b>a</b>	Plan name	CVS HEALTH FUTURE FUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CVS HEALTH CORPORATION	<b>c</b> EIN-PN 05-0494040-017
<b>a</b>	Plan name	CVS HEALTH PUERTO RICO SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CVS HEALTH CORPORATION	<b>c</b> EIN-PN 05-0494040-024
<b>a</b>	Plan name	DAVITA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAVITA INC.	<b>c</b> EIN-PN 51-0354549-001
<b>a</b>	Plan name	DELOITTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-268
<b>a</b>	Plan name	DELOITTE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-344
<b>a</b>	Plan name	DELOITTE PROFIT SHARING PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-007

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>DELOITTE SAVINGS PLAN FOR PUERTO RICO</b>	
<b>b</b>	Name of plan sponsor <b>DELOITTE LLP</b>	<b>c</b> EIN-PN <b>13-5133500-006</b>
<b>a</b>	Plan name <b>DISNEY SAVINGS PLAN MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE WALT DISNEY COMPANY</b>	<b>c</b> EIN-PN <b>95-4545390-003</b>
<b>a</b>	Plan name <b>DIVERSIFIED BUSINESS GROUP PEO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAREMORE MEDICAL GROUP OF TENNESSEE, P.C.</b>	<b>c</b> EIN-PN <b>47-1878423-001</b>
<b>a</b>	Plan name <b>DOMTAR US HOURLY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOMTAR INDUSTRIES LLC</b>	<b>c</b> EIN-PN <b>25-1157103-008</b>
<b>a</b>	Plan name <b>DOMTAR US SALARIED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOMTAR INDUSTRIES LLC</b>	<b>c</b> EIN-PN <b>25-1157103-009</b>
<b>a</b>	Plan name <b>DOVER CORPORATION RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOVER CORPORATION</b>	<b>c</b> EIN-PN <b>53-0257888-030</b>
<b>a</b>	Plan name <b>DTE ENERGY COMPANY MASTER TRUST PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DTE ENERGY COMPANY</b>	<b>c</b> EIN-PN <b>04-6767525-022</b>
<b>a</b>	Plan name <b>DTTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DELOITTE TOUCHE TOHMATSU SERVICES, LLC</b>	<b>c</b> EIN-PN <b>13-3086681-002</b>
<b>a</b>	Plan name <b>DTTS PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DELOITTE TOUCHE TOHMATSU SERVICES, LLC</b>	<b>c</b> EIN-PN <b>13-3086681-003</b>
<b>a</b>	Plan name <b>E. &amp; J. GALLO WINERY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>E. &amp; J. GALLO WINERY</b>	<b>c</b> EIN-PN <b>94-1009696-011</b>
<b>a</b>	Plan name <b>E. &amp; J. GALLO WINERY UNION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>E. &amp; J. GALLO WINERY</b>	<b>c</b> EIN-PN <b>94-1009696-015</b>
<b>a</b>	Plan name <b>EDELMAN FINANCIAL ENGINES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDELMAN FINANCIAL ENGINES, LLC</b>	<b>c</b> EIN-PN <b>94-3250323-001</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	ELEVANCE HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELEVANCE HEALTH, INC.
<b>c</b>	EIN-PN	11-3713086-001
<b>a</b>	Plan name	ELEVANCE HEALTH PUERTO RICO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ATH HOLDING COMPANY, LLC
<b>c</b>	EIN-PN	66-0588600-001
<b>a</b>	Plan name	EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC COMPANY
<b>c</b>	EIN-PN	43-0259330-016
<b>a</b>	Plan name	EMERSON ELECTRIC CO. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC COMPANY
<b>c</b>	EIN-PN	43-0259330-101
<b>a</b>	Plan name	EMERSON ELECTRIC CO. SAVINGS INVESTMENT PLAN FOR EMPLOYEES IN PUERTO RICO
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC COMPANY
<b>c</b>	EIN-PN	43-0259330-123
<b>a</b>	Plan name	EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE
<b>b</b>	Name of plan sponsor	CREDIT SUISSE SECURITIES USA LLC
<b>c</b>	EIN-PN	05-0546650-002
<b>a</b>	Plan name	ENCOMPASS HEALTH CORPORATION RETIREMENT INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	ENCOMPASS HEALTH
<b>c</b>	EIN-PN	63-0860407-001
<b>a</b>	Plan name	ENCOMPASS HEALTH RETIREMENT INVESTMENT PLAN OF PR
<b>b</b>	Name of plan sponsor	ENCOMPASS HEALTH CORPORATION
<b>c</b>	EIN-PN	63-0860407-002
<b>a</b>	Plan name	ERICSSON US 401(K) PLAN
<b>b</b>	Name of plan sponsor	ERICSSON INC.
<b>c</b>	EIN-PN	06-1119960-006
<b>a</b>	Plan name	ERNST & YOUNG RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ERNST & YOUNG U.S. LLP
<b>c</b>	EIN-PN	34-6565596-112
<b>a</b>	Plan name	FEDERAL EXPRESS CORPORATION PILOTS RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
<b>c</b>	EIN-PN	71-0427007-007
<b>a</b>	Plan name	FEDERAL NATIONAL MORTGAGE ASSOCIATION RETIREMENT SAVINGS PLAN FOR EMPLOYEES
<b>b</b>	Name of plan sponsor	FEDERAL NATIONAL MORTGAGE ASSOCIATION
<b>c</b>	EIN-PN	52-0883107-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	FEDERATED MUTUAL INSURANCE COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	FEDERATED MUTUAL INSURANCE COMPANY
<b>c</b>	EIN-PN	41-0417460-002
<b>a</b>	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN FOR PUERTO RICO
<b>b</b>	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
<b>c</b>	EIN-PN	71-0427007-008
<b>a</b>	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN I
<b>b</b>	Name of plan sponsor	FEDERAL EXPRESS CORPORATION
<b>c</b>	EIN-PN	62-1721435-001
<b>a</b>	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN II
<b>b</b>	Name of plan sponsor	FEDEX CORPORATION
<b>c</b>	EIN-PN	62-1721435-004
<b>a</b>	Plan name	FEDEX OFFICE AND PRINT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	FEDEX OFFICE AND PRINT SERVICES, INC.
<b>c</b>	EIN-PN	77-0433330-001
<b>a</b>	Plan name	FEDEX SCA EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	GENCO INFRASTRUCTURE SOLUTIONS, INC.
<b>c</b>	EIN-PN	02-0617854-001
<b>a</b>	Plan name	FERGUSON ENTERPRISES, LLC, 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	FERGUSON ENTERPRISES, LLC
<b>c</b>	EIN-PN	54-1473338-002
<b>a</b>	Plan name	FINRA SAVINGS PLUS PLAN
<b>b</b>	Name of plan sponsor	FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
<b>c</b>	EIN-PN	53-0088710-003
<b>a</b>	Plan name	FISERV 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	FISERV SOLUTIONS, LLC.
<b>c</b>	EIN-PN	39-1833695-004
<b>a</b>	Plan name	FPI RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BERTELSMANN, INC.
<b>c</b>	EIN-PN	13-3621012-001
<b>a</b>	Plan name	FREEPORT MCMORAN INC EMPLOYEE CAPITAL ACCUMULATION PROGRAM
<b>b</b>	Name of plan sponsor	FREEPORT MCMORAN INC
<b>c</b>	EIN-PN	74-2480931-001
<b>a</b>	Plan name	G3 ENTERPRISES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	G3 ENTERPRISES, INC.
<b>c</b>	EIN-PN	94-1081077-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	GAP SHARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	GAP INC.	<b>c</b> EIN-PN 94-1697231-001
<b>a</b> Plan name	GAPSHARE PUERTO RICO PLAN	
<b>b</b> Name of plan sponsor	GAP INC.	<b>c</b> EIN-PN 94-1697231-002
<b>a</b> Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	GARTNER INC	<b>c</b> EIN-PN 04-3099750-002
<b>a</b> Plan name	GEICO 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GEICO CORPORATION	<b>c</b> EIN-PN 52-1135801-001
<b>a</b> Plan name	GOOGLE LLC 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GOOGLE LLC	<b>c</b> EIN-PN 77-0493581-001
<b>a</b> Plan name	GORDON FOOD SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	GORDON FOOD SERVICE, INC.	<b>c</b> EIN-PN 38-1249848-001
<b>a</b> Plan name	GROUP HEALTH PLAN, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GROUP HEALTH PLAN, INC.	<b>c</b> EIN-PN 41-0797853-003
<b>a</b> Plan name	HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN FOR HAMTC REPRESENTED EES	
<b>b</b> Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE	<b>c</b> EIN-PN 90-0501441-004
<b>a</b> Plan name	HANFORD GUARDS UNION, LOCAL 21 SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HANFORD SITE	<b>c</b> EIN-PN 83-0947948-006
<b>a</b> Plan name	HANFORD OPERATIONS AND ENGINEERING INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	HANFORD SITE	<b>c</b> EIN-PN 90-0501441-002
<b>a</b> Plan name	HEALTH ALLIANCE PLAN 401(K) PLAN	
<b>b</b> Name of plan sponsor	HEALTH ALLIANCE PLAN OF MICHIGAN	<b>c</b> EIN-PN 38-2242827-002
<b>a</b> Plan name	HEALTHPARTNERS SERVICES INC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HEALTHPARTNERS SERVICES INC	<b>c</b> EIN-PN 41-1683568-004

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HENRY FORD HEALTH SYSTEM RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HENRY FORD HEALTH SYSTEM	<b>c</b> EIN-PN 38-1357020-005
<b>a</b>	Plan name	HOMESAFE ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMESAFE ALLIANCE LLC	<b>c</b> EIN-PN 84-3133869-001
<b>a</b>	Plan name	HONDA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY, INC.	<b>c</b> EIN-PN 95-2041006-335
<b>a</b>	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	<b>c</b> EIN-PN 91-1201373-002
<b>a</b>	Plan name	HOSPITALITY VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITALITY VENTURES, LLC	<b>c</b> EIN-PN 20-1103957-001
<b>a</b>	Plan name	HSBC - NORTH AMERICA (U.S.) TAX REDUCTION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HSBC NORTH AMERICA HOLDINGS INC.	<b>c</b> EIN-PN 23-2186091-005
<b>a</b>	Plan name	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUTCHINSON HEALTH	<b>c</b> EIN-PN 84-1715908-001
<b>a</b>	Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BATTELLE ENERGY ALLIANCE, LLC AND IDAHO ENVIRONMENTAL COALITION, LLC	<b>c</b> EIN-PN 68-0588324-001
<b>a</b>	Plan name	IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IDEXX LABORATORIES, INC.	<b>c</b> EIN-PN 01-0393723-001
<b>a</b>	Plan name	INTERCONTINENTAL EXCHANGE, INC.	
<b>b</b>	Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.	<b>c</b> EIN-PN 46-2286804-001
<b>a</b>	Plan name	INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN HEALTHCARE INC.	<b>c</b> EIN-PN 87-0269232-002
<b>a</b>	Plan name	JABIL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JABIL, INC.	<b>c</b> EIN-PN 38-1886260-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	JACOBS 401(K) PLUS SAVINGS PLAN
<b>b</b>	Name of plan sponsor	JACOBS ENGINEERING GROUP INC.
<b>c</b>	EIN-PN	95-4081636-002
<b>a</b>	Plan name	JACOBS TECHNOLOGY INC. EMPLOYEES' SAVINGS PLAN
<b>b</b>	Name of plan sponsor	JACOBS TECHNOLOGY INC.
<b>c</b>	EIN-PN	62-0510412-003
<b>a</b>	Plan name	JACOBS UNION 401(K) PLUS SAVINGS PLAN
<b>b</b>	Name of plan sponsor	JACOBS ENGINEERING GROUP, INC.
<b>c</b>	EIN-PN	95-4081636-005
<b>a</b>	Plan name	JETBLUE AIRWAYS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JETBLUE AIRWAYS CORPORATION
<b>c</b>	EIN-PN	87-0617894-001
<b>a</b>	Plan name	JOINT INDUSTRY BOARD EMPLOYEES 401(K) PLAN
<b>b</b>	Name of plan sponsor	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
<b>c</b>	EIN-PN	13-0891035-002
<b>a</b>	Plan name	JONES DAY DEFINED CONTRIBUTION MASTER TRUST
<b>b</b>	Name of plan sponsor	JONES DAY
<b>c</b>	EIN-PN	46-7282554-009
<b>a</b>	Plan name	KAISER PERMANENTE 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.
<b>c</b>	EIN-PN	94-1340523-025
<b>a</b>	Plan name	KAISER PERMANENTE EMPLOYEES PENSION PLAN (SRIP)
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.
<b>c</b>	EIN-PN	94-1340523-001
<b>a</b>	Plan name	KAISER PERMANENTE EMPLOYEES PENSION PLAN (SRIP-TPMG)
<b>b</b>	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.
<b>c</b>	EIN-PN	94-2728480-004
<b>a</b>	Plan name	KAISER PERMANENTE NORTHWEST SUPPLEMENTAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.
<b>c</b>	EIN-PN	94-1340523-017
<b>a</b>	Plan name	KAISER PERMANENTE SUPPLEMENTAL SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.
<b>c</b>	EIN-PN	94-1340523-003
<b>a</b>	Plan name	KAISER PERMANENTE SUPPLEMENTAL SAVINGS AND RETIREMENT PLAN FOR UNION GROUPS
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.
<b>c</b>	EIN-PN	94-1340523-005

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.)	
<b>a</b>	Plan name KAISER PERMANENTE WASHINGTON DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	<b>c</b> EIN-PN 91-0511770-008
<b>a</b>	Plan name KAISER PERMANENTE WASHINGTON OPTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAISER FOUNDATION HEALTH PLAN OF WASHINGTON OPTIONS, INC.	<b>c</b> EIN-PN 91-1467158-001
<b>a</b>	Plan name KBRWYLE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor KBRWYLE TECHNOLOGY SOLUTIONS, LLC	<b>c</b> EIN-PN 52-0741967-014
<b>a</b>	Plan name KELLOGG BROWN & ROOT, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KELLOGG BROWN & ROOT LLC	<b>c</b> EIN-PN 20-3897734-007
<b>a</b>	Plan name KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KIRKLAND & ELLIS LLP	<b>c</b> EIN-PN 36-1326630-003
<b>a</b>	Plan name KPMG PERSONAL ACCOUNT FOR RETIREMENT	
<b>b</b>	Name of plan sponsor KPMG LLP	<b>c</b> EIN-PN 13-5565207-013
<b>a</b>	Plan name KPMG PUERTO RICO CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor KPMG LLP	<b>c</b> EIN-PN 13-5565207-021
<b>a</b>	Plan name LAKEVIEW HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	<b>c</b> EIN-PN 41-0811697-008
<b>a</b>	Plan name LATHAM AND WATKINS 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LATHAM AND WATKINS LLP	<b>c</b> EIN-PN 95-2018373-001
<b>a</b>	Plan name LEAR CORPORATION HOURLY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEAR CORPORATION	<b>c</b> EIN-PN 13-3386776-020
<b>a</b>	Plan name LEAR CORPORATION SALARIED RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor LEAR CORPORATION	<b>c</b> EIN-PN 13-3386776-002
<b>a</b>	Plan name LEIDOS BIOMEDICAL RESEARCH, INC. CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor LEIDOS BIOMEDICAL RESEARCH, INC.	<b>c</b> EIN-PN 33-0653185-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	<b>c</b> EIN-PN 33-0653185-002
<b>a</b>	Plan name	LEIDOS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEIDOS, INC.	<b>c</b> EIN-PN 95-3630868-004
<b>a</b>	Plan name	M & T BANK CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANUFACTURERS AND TRADERS TRUST CO.	<b>c</b> EIN-PN 16-0538020-004
<b>a</b>	Plan name	MCGEE RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	MCGEE AIR SERVICES, INC.	<b>c</b> EIN-PN 81-2044238-001
<b>a</b>	Plan name	MEASUREMENT SOLUTIONS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEASUREMENT SOLUTIONS	<b>c</b> EIN-PN 41-0766812-001
<b>a</b>	Plan name	MEMORIALCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEMORIAL HEALTH SERVICES	<b>c</b> EIN-PN 95-1643381-003
<b>a</b>	Plan name	MEMORIALCARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEMORIAL HEALTH SERVICES	<b>c</b> EIN-PN 95-1643381-001
<b>a</b>	Plan name	MGM RESORTS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MGM RESORTS INTERNATIONAL	<b>c</b> EIN-PN 88-0215232-002
<b>a</b>	Plan name	MICHELIN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-003
<b>a</b>	Plan name	MICHELIN AFFILIATES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OLIVER RUBBER COMPANY, LLC	<b>c</b> EIN-PN 26-1467411-001
<b>a</b>	Plan name	MINISTERS AND MISSIONARIES BENEFIT BOARD OF THE AMERICAN BAPTIST CHURCH	
<b>b</b>	Name of plan sponsor	MINISTERS AND MISSIONARIES BENEFIT BOARD OF THE AMERICAN BAPTIST CHURCH	<b>c</b> EIN-PN 13-1628182-001
<b>a</b>	Plan name	MINUTECLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINUTECLINIC, LLC	<b>c</b> EIN-PN 41-1939629-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MORGAN, LEWIS & BOCKIUS LLP DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	<b>c</b> EIN-PN 23-0891050-009
<b>a</b>	Plan name	MORGAN, LEWIS & BOCKIUS LLP TAX-SAVER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	<b>c</b> EIN-PN 23-0891050-005
<b>a</b>	Plan name	MUNICH RE U.S. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.	<b>c</b> EIN-PN 13-4924125-003
<b>a</b>	Plan name	NATIONAL GRID USA COMPANIES' INCENTIVE THRIFT PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	<b>c</b> EIN-PN 04-1663150-007
<b>a</b>	Plan name	NATWEST MARKETS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATWEST MARKETS	<b>c</b> EIN-PN 13-3172275-002
<b>a</b>	Plan name	NETJETS AVIATION INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NETJETS AVIATION INC	<b>c</b> EIN-PN 31-0682096-001
<b>a</b>	Plan name	NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NETJETS, INC.	<b>c</b> EIN-PN 51-0383060-001
<b>a</b>	Plan name	NEW CENTURY ENERGIES, INC. EMPLOYEE INVESTMENT PLAN FOR BARGAINING UNIT EMPLOYEE/NON-BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	XCEL ENERGY, INC.	<b>c</b> EIN-PN 41-0448030-006
<b>a</b>	Plan name	NEW CENTURY ENERGIES, INC. EMPLOYEE'S SAVINGS AND STOCK OWNERSHIP PLAN FOR BARG. AND FORMER NON-BARG. EMPLOYEES	
<b>b</b>	Name of plan sponsor	XCEL ENERGY INC.	<b>c</b> EIN-PN 41-0448030-005
<b>a</b>	Plan name	NISSAN EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NISSAN NORTH AMERICA, INC.	<b>c</b> EIN-PN 95-2108010-006
<b>a</b>	Plan name	NM EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 39-0509570-005
<b>a</b>	Plan name	NOG-E HOURLY EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BABCOCK & WILCOX NUCLEAR OPERATIONS GROUP, INC.	<b>c</b> EIN-PN 26-1523776-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTHWELL HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWELL HEALTH, INC.	<b>c</b> EIN-PN 11-3418133-001
<b>a</b>	Plan name	NOVELIS SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NOVELIS CORPORATION	<b>c</b> EIN-PN 41-2098321-034
<b>a</b>	Plan name	NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	NUCLEAR FUEL SERVICES, INC.	<b>c</b> EIN-PN 52-0788632-005
<b>a</b>	Plan name	NUCLEAR MANAGEMENT COMPANY, LLC NMC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	XCEL ENERGY INC.	<b>c</b> EIN-PN 41-0448030-012
<b>a</b>	Plan name	OCHSNER CLINIC FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCHSNER CLINIC FOUNDATION	<b>c</b> EIN-PN 72-0502505-002
<b>a</b>	Plan name	OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.	<b>c</b> EIN-PN 23-1873471-003
<b>a</b>	Plan name	ORACLE CORPORATION SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ORACLE CORPORATION	<b>c</b> EIN-PN 54-2185193-001
<b>a</b>	Plan name	OREGON FEDERATION OF NURSES AND HEALTH PROFESSIONALS KAISER FOUNDATION HEALTH PLAN RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	<b>c</b> EIN-PN 93-0798039-027
<b>a</b>	Plan name	P COR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	P COR, LLC	<b>c</b> EIN-PN 38-3322462-001
<b>a</b>	Plan name	PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 95-1079000-007
<b>a</b>	Plan name	PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARK NICOLLET HEALTH SERVICES	<b>c</b> EIN-PN 36-3465840-002
<b>a</b>	Plan name	PARKER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKER HANNIFIN CORPORATION	<b>c</b> EIN-PN 34-0451060-075

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	PAYPAL 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PAYPAL HOLDINGS, INC.
<b>c</b>	EIN-PN	47-2989869-001
<b>a</b>	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN
<b>b</b>	Name of plan sponsor	PHILIPS NORTH AMERICA LLC
<b>c</b>	EIN-PN	13-3429115-005
<b>a</b>	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN FOR PUERTO RICO EMPLOYEES
<b>b</b>	Name of plan sponsor	PHILIPS NORTH AMERICA LLC
<b>c</b>	EIN-PN	13-3429115-004
<b>a</b>	Plan name	PHILLIPS 66 SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PHILLIPS 66 COMPANY
<b>c</b>	EIN-PN	37-1652702-002
<b>a</b>	Plan name	PRESTONWOOD COUNTRY CLUB, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRESTONWOOD COUNTRY CLUB, INC.
<b>c</b>	EIN-PN	56-1750016-001
<b>a</b>	Plan name	PROFIT SHARING RETIREMENT PLAN FOR DIVISIONS AND SUBSIDIARIES OF EMERS ELECTRIC CO.
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC CO.
<b>c</b>	EIN-PN	43-0259330-114
<b>a</b>	Plan name	PROVIDENCE ST JOSEPH HEALTH MASTER TRUST
<b>b</b>	Name of plan sponsor	PROVIDENCE ST JOSEPH HEALTH
<b>c</b>	EIN-PN	84-3087403-001
<b>a</b>	Plan name	QTC MANAGEMENT, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	QTC MANAGEMENT, INC.
<b>c</b>	EIN-PN	95-3948968-003
<b>a</b>	Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	QUALCOMM INCORPORATED
<b>c</b>	EIN-PN	95-3685934-001
<b>a</b>	Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN
<b>b</b>	Name of plan sponsor	REGIONS HOSPITAL
<b>c</b>	EIN-PN	41-0956618-001
<b>a</b>	Plan name	REPUBLIC SERVICES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	REPUBLIC SERVICES, INC.
<b>c</b>	EIN-PN	65-0716904-003
<b>a</b>	Plan name	RETIREMENT CONTRIBUTION AND 403(B) MATCHING PLAN OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE UNIVERSITY OF PA
<b>c</b>	EIN-PN	23-1352685-039

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	REUTERS GUILD 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor	REUTERS AMERICA LLC	<b>c</b> EIN-PN 13-3320829-004
<b>a</b>	Plan name	RICOH USA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RICOH USA, INC.	<b>c</b> EIN-PN 23-0334400-099
<b>a</b>	Plan name	S&P GLOBAL INC SAVINGS PLAN COLLECTIVE INVESTMENT TRUST	
<b>b</b>	Name of plan sponsor	S&P GLOBAL INC.	<b>c</b> EIN-PN 26-0821335-101
<b>a</b>	Plan name	SAP AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAP AMERICA, INC.	<b>c</b> EIN-PN 36-3556041-001
<b>a</b>	Plan name	SAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAS INSTITUTE INC.	<b>c</b> EIN-PN 56-1133017-001
<b>a</b>	Plan name	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 30-6419427-001
<b>a</b>	Plan name	SKADDEN ARPS SLATE MEAGHER & FLOM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SKADDEN ARPS SLATE MEAGHER & FLOM, LLP	<b>c</b> EIN-PN 13-1777230-003
<b>a</b>	Plan name	SMITH & NEPHEW U.S. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SMITH AND NEPHEW, INC.	<b>c</b> EIN-PN 51-0123924-008
<b>a</b>	Plan name	SOUTHWEST AIRLINES CO. 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST AIRLINES CO.	<b>c</b> EIN-PN 74-1563240-004
<b>a</b>	Plan name	SOUTHWEST AIRLINES PILOTS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST AIRLINES COMPANY	<b>c</b> EIN-PN 74-1563240-003
<b>a</b>	Plan name	STARBUCKS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STARBUCKS CORPORATION	<b>c</b> EIN-PN 91-1325671-001
<b>a</b>	Plan name	STATE FARM 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANIES	<b>c</b> EIN-PN 37-0533100-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STRYKER CORPORATION	<b>c</b> EIN-PN 38-1239739-002
<b>a</b>	Plan name	STRYKER PUERTO RICO SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STRYKER PUERTO RICO, LLC	<b>c</b> EIN-PN 66-0604112-001
<b>a</b>	Plan name	SYNOPSISYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNOPSISYS INC	<b>c</b> EIN-PN 56-1546236-001
<b>a</b>	Plan name	SYSCO CORPORATION EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSCO CORPORATION	<b>c</b> EIN-PN 74-1648137-015
<b>a</b>	Plan name	TD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TD BANK US HOLDING COMPANY	<b>c</b> EIN-PN 01-0437984-003
<b>a</b>	Plan name	TECHNICAL STAFFING RESOURCES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLOGG BROWN & ROOT LLC	<b>c</b> EIN-PN 20-3897734-001
<b>a</b>	Plan name	TEXTRON SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEXTRON INC.	<b>c</b> EIN-PN 05-0315468-030
<b>a</b>	Plan name	THE 401(K) PLAN FOR PERMANENTE MEDICAL GROUPS	
<b>b</b>	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	<b>c</b> EIN-PN 95-1750445-009
<b>a</b>	Plan name	THE BANK OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANK OF AMERICA CORPORATION	<b>c</b> EIN-PN 56-0906609-003
<b>a</b>	Plan name	THE BANK OF AMERICA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BANK OF AMERICA CORPORATION	<b>c</b> EIN-PN 56-0906609-001
<b>a</b>	Plan name	THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	BANK OF AMERICA CORPORATION	<b>c</b> EIN-PN 56-0906609-007
<b>a</b>	Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' PROFIT SHARING RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 04-2432614-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' SAVINGS PLAN AND PROFIT S ARING RETIREMENT FUND	
<b>b</b>	Name of plan sponsor THE BOSTON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 04-2432614-004
<b>a</b>	Plan name THE BOSTON CONSULTING GROUP, INC. U.S. OFFICERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE BOSTON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 04-2432614-003
<b>a</b>	Plan name THE CARGILL PARTNERSHIP PLAN	
<b>b</b>	Name of plan sponsor CARGILL, INCORPORATED	<b>c</b> EIN-PN 41-0177680-015
<b>a</b>	Plan name THE CLOROX COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLOROX COMPANY	<b>c</b> EIN-PN 31-0595760-001
<b>a</b>	Plan name THE CLOROX COMPANY EE RETIREMENT INVESTMENT PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor THE CLOROX COMPANY	<b>c</b> EIN-PN 31-0595760-007
<b>a</b>	Plan name THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	<b>c</b> EIN-PN 13-5009340-004
<b>a</b>	Plan name THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	<b>c</b> EIN-PN 13-5009340-004
<b>a</b>	Plan name THE DUN AND BRADSTREET CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE DUN AND BRADSTREET CORPORATION	<b>c</b> EIN-PN 22-3725387-002
<b>a</b>	Plan name THE GUARDIAN MASTER INVESTMENT TRUST PLAN	
<b>b</b>	Name of plan sponsor THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	<b>c</b> EIN-PN 13-5123390-026
<b>a</b>	Plan name THE HERSHEY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE HERSHEY COMPANY	<b>c</b> EIN-PN 23-0691590-010
<b>a</b>	Plan name THE HERSHEY COMPANY PUERTO RICO 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE HERSHEY COMPANY	<b>c</b> EIN-PN 23-0691590-011
<b>a</b>	Plan name THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY PENSION PLAN A	
<b>b</b>	Name of plan sponsor THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY LLC JHU/APL	<b>c</b> EIN-PN 52-0595111-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE LONG ISLAND HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWELL HEALTH, INC.	<b>c</b> EIN-PN 11-2837244-003
<b>a</b>	Plan name THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PL	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-014
<b>a</b>	Plan name THE NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-012
<b>a</b>	Plan name THE NEW YORK TIMES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-020
<b>a</b>	Plan name THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY AGENTS PERSISTENCY FEE GUARANTEE FUND	
<b>b</b>	Name of plan sponsor THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 39-0509570-001
<b>a</b>	Plan name THE PERMANENTE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE PERMANENTE FEDERATION, LLC	<b>c</b> EIN-PN 52-2017558-003
<b>a</b>	Plan name THE PERMANENTE MEDICAL GROUP, INC. SALARY DEFERRAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE PERMANENTE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2728480-023
<b>a</b>	Plan name THE PROFIT SHARING AND SAVINGS PLAN OF GRAYBAR ELECTRIC COMPANY, INC.	
<b>b</b>	Name of plan sponsor GRAYBAR ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 13-0794380-001
<b>a</b>	Plan name THE SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor WPP GROUP USA, INC.	<b>c</b> EIN-PN 20-4031493-001
<b>a</b>	Plan name THE SHERWIN-WILLIAMS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	<b>c</b> EIN-PN 34-0526850-001
<b>a</b>	Plan name THE SHERWIN-WILLIAMS COMPANY HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	<b>c</b> EIN-PN 34-0526850-022
<b>a</b>	Plan name THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SHERWIN-WILLIAMS COMPANY	<b>c</b> EIN-PN 34-0526850-010

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE TJX COMPANIES INC GENERAL SAVINGS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE TJX COMPANIES INC	<b>c</b> EIN-PN 04-2207613-004
<b>a</b>	Plan name THE TJX COMPANIES, INC. GENERAL SAVINGS/PROFIT SHARING PLAN (P. R. )	
<b>b</b>	Name of plan sponsor THE TJX COMPANIES, INC.	<b>c</b> EIN-PN 04-2207613-005
<b>a</b>	Plan name THE VANGUARD RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE VANGUARD GROUP, INC.	<b>c</b> EIN-PN 23-1945930-002
<b>a</b>	Plan name THOMSON REUTERS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THOMSON REUTERS HOLDINGS INC.	<b>c</b> EIN-PN 06-1497995-002
<b>a</b>	Plan name T-MOBILE PUERTO RICO 1165(E) PLAN	
<b>b</b>	Name of plan sponsor T-MOBILE PUERTO RICO LLC	<b>c</b> EIN-PN 66-0649631-001
<b>a</b>	Plan name T-MOBILE USA, INC. 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor T-MOBILE USA, INC.	<b>c</b> EIN-PN 91-1983600-001
<b>a</b>	Plan name TOYOTA DE PUERTO RICO CORP. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor TOYOTA DE PUERTO RICO, CORP.	<b>c</b> EIN-PN 66-0503300-001
<b>a</b>	Plan name TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOYOTA MOTOR NORTH AMERICA, INC	<b>c</b> EIN-PN 95-3141669-002
<b>a</b>	Plan name TRANSUNION 401K & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRANSUNION CORP.	<b>c</b> EIN-PN 74-3135689-001
<b>a</b>	Plan name TRINITY HEALTH 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRINITY HEALTH CORPORATION	<b>c</b> EIN-PN 35-1443425-012
<b>a</b>	Plan name TRINITY HEALTH CORPORATION ERISA 403(B) RETIREMENT PLAN (FROZEN)	
<b>b</b>	Name of plan sponsor TRINITY HEALTH CORPORATION	<b>c</b> EIN-PN 35-1443425-014
<b>a</b>	Plan name U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor U.S. ANESTHESIA PARTNERS, INC.	<b>c</b> EIN-PN 46-0872971-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	U.S. BANK 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	U.S. BANCORP
<b>c</b>	EIN-PN	41-0255900-004
<b>a</b>	Plan name	U.S. DEFINED CONTRIBUTION PLAN TRUST
<b>b</b>	Name of plan sponsor	MARS, INCORPORATED
<b>c</b>	EIN-PN	22-1594774-005
<b>a</b>	Plan name	UNION BEMIS INVESTMENT PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BEMIS COMPANY INC.
<b>c</b>	EIN-PN	43-0178130-009
<b>a</b>	Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN
<b>b</b>	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY
<b>c</b>	EIN-PN	94-6001323-015
<b>a</b>	Plan name	UNION PACIFIC CORPORATION THRIFT PLAN
<b>b</b>	Name of plan sponsor	UNION PACIFIC CORPORATION
<b>c</b>	EIN-PN	13-2626465-004
<b>a</b>	Plan name	UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN
<b>b</b>	Name of plan sponsor	UNION PACIFIC FRUIT EXPRESS COMPANY
<b>c</b>	EIN-PN	47-0600268-001
<b>a</b>	Plan name	UNIVERSITY OF NEBRASKA FOUNDATION DEFINED CONTRIBUTION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	UNIVERSITY OF NEBRASKA FOUNDATION
<b>c</b>	EIN-PN	47-0379839-001
<b>a</b>	Plan name	UNIVERSITY OF PENNSYLVANIA BASIC PLAN
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE UNIVERSITY OF PA
<b>c</b>	EIN-PN	23-1352685-028
<b>a</b>	Plan name	VERITIV RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	VERITIV CORPORATION
<b>c</b>	EIN-PN	46-3234977-002
<b>a</b>	Plan name	VOLVO GROUP NORTH AMERICA, LLC TARGET RETIREMENT FUND TRUST
<b>b</b>	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC
<b>c</b>	EIN-PN	58-2431188-015
<b>a</b>	Plan name	WEIL, GOTSHAL & MANGES SECTION 401(K) SAVINGS AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	WEIL, GOTSHAL & MANGES LLP
<b>c</b>	EIN-PN	13-1456110-006
<b>a</b>	Plan name	WESTLAKE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WESTLAKE MANAGEMENT SERVICES, INC.
<b>c</b>	EIN-PN	76-0321065-004

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WEYERHAEUSER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEYERHAEUSER COMPANY	<b>c</b> EIN-PN 91-0470860-035
<b>a</b>	Plan name	WHIRLPOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHIRLPOOL CORPORATION	<b>c</b> EIN-PN 38-1490038-001
<b>a</b>	Plan name	WHIRLPOOL CORPORATION PUERTO RICO SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHIRLPOOL CORPORATION	<b>c</b> EIN-PN 38-1490038-052
<b>a</b>	Plan name	WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
<b>b</b>	Name of plan sponsor	TOWERS WATSON DELAWARE INC.	<b>c</b> EIN-PN 53-0181291-005
<b>a</b>	Plan name	WOODSIDE ENERGY USA SERVICES INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WOODSIDE ENERGY USA SERVICES INC.	<b>c</b> EIN-PN 94-3144067-333
<b>a</b>	Plan name	WORKDAY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WORKDAY INC	<b>c</b> EIN-PN 20-2480422-001
<b>a</b>	Plan name	WORLEY GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORLEY GROUP INC.	<b>c</b> EIN-PN 94-2624994-001
<b>a</b>	Plan name	WSP USA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WSP USA BUILDINGS INC.	<b>c</b> EIN-PN 13-1730785-001
<b>a</b>	Plan name	XCEL ENERGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	XCEL ENERGY, INC.	<b>c</b> EIN-PN 41-0448030-003
<b>a</b>	Plan name	ZEBRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEBRA TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 36-2675536-002
<b>a</b>	Plan name	ZOOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZOOX, INC.	<b>c</b> EIN-PN 47-1523316-001
<b>a</b>	Plan name	ZURICH SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ZURICH AMERICAN INSURANCE COMPANY	<b>c</b> EIN-PN 36-4233459-003

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>VFTC INSTITUTIONAL TOTAL BOND MARKET INDEX TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VANGUARD FIDUCIARY TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>81-6321044</b>

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

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

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	30634751000	36803094000
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		15000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	15000
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	30634751000	36803079000

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	1228092000	
(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)		-811490000
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		416602000

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		416602000
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		11517041000
(2) From this plan .....	2l(2)		5765315000

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.