

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2070 TRUST I
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): 87-7035538
2c Plan Sponsor's telephone number: 610-669-1000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2070 TRUST I</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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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>87-7035538</u>
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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: VFTC TARGET RET 2070 MASTER TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>87-7027268-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>277155000</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

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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)

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

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d Entity code

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

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

c EIN-PN

d Entity code

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

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

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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)

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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)

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AGCO CORPORATION HESSTON EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor AGCO CORPORATION	c EIN-PN 58-1960019-012
a	Plan name AGCO CORPORATION SAVINGS PLAN	
b	Name of plan sponsor AGCO CORPORATION	c EIN-PN 58-1960019-001
a	Plan name ALERIS 401(K) PLAN FOR DAVENPORT UNION	
b	Name of plan sponsor NOVELIS ALR ALUMINUM, LLC	c EIN-PN 20-8451513-002
a	Plan name ALERIS 401(K) PLAN FOR GMP AND ALLIED WORKERS, LOCAL 210, UHRICHVILLE 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 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 USW, LOCAL 7993, ASHVILLE	
b	Name of plan sponsor NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-005
a	Plan name AUTOMOTIVE COMPONENT CARRIER, INC. PERSONAL SAVINGS PLAN FOR HOURLY	
b	Name of plan sponsor PENSKE TRUCK LEASING CO. LP	c EIN-PN 23-2518618-012
a	Plan name BRUNSWICK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUNSWICK CORPORATION	c EIN-PN 36-0848180-154
a	Plan name BRUNSWICK REWARDS PLAN	
b	Name of plan sponsor BRUNSWICK CORPORATION	c EIN-PN 36-0848180-170
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 CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR HOURLY E LOYEEES	
b	Name of plan sponsor CHURCH & DWIGHT CO., INC.	c EIN-PN 13-4996950-006

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	CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	CHURCH & DWIGHT CO., INC.	c EIN-PN 13-4996950-008
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	HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN FOR HAMTC REPRESENTED PLOYEES	
b	Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE	c EIN-PN 90-0501441-004
a	Plan name	HANFORD OPERATIONS AND ENGINEERING INVESTMENT PLAN	
b	Name of plan sponsor	HANFORD SITE	c EIN-PN 90-0501441-002
a	Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN I	
b	Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	c EIN-PN 45-4652143-002
a	Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN II	
b	Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	c EIN-PN 45-4652143-003
a	Plan name	MEMORIALCARE 401(K) PLAN	
b	Name of plan sponsor	MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-003
a	Plan name	MEMORIALCARE RETIREMENT PLAN	
b	Name of plan sponsor	MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-001
a	Plan name	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	PENSKE LOGISTICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENSKE TRUCK LEASING CO. LP	c EIN-PN 23-2518618-010

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PERKINS COIE RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor PERKINS COIE LLP	c EIN-PN 91-0591206-003
a	Plan name PERKINS COIE SALARY DEFERRAL PLAN	
b	Name of plan sponsor PERKINS COIE LLP	c EIN-PN 91-0591206-006
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 SAVINGS PLAN	
b	Name of plan sponsor THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-020
a	Plan name THE NORTHWESTERN MUTUAL EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 39-0509570-005
a	Plan name THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY AGENTS PERSISTENCY FEE ARANTEE FUND	
b	Name of plan sponsor THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 39-0509570-001
a	Plan name THOROUGHbred RETIREMENT INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATIO	
b	Name of plan sponsor NORFOLK SOUTHERN CORPORATION	c EIN-PN 52-1188014-003
a	Plan name THRIFT AND INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATION AND PARTICI TING SUBSIDIARIES	
b	Name of plan sponsor NORFOLK SOUTHERN CORPORATION	c EIN-PN 52-1188014-002
a	Plan name 8TH AVENUE FOOD & PROVISIONS, INC. 401(K) PLAN	
b	Name of plan sponsor 8TH AVENUE FOOD & PROVISIONS, INC.	c EIN-PN 82-4745288-001
a	Plan name ACTIVISION BLIZZARD 401(K) PLAN	
b	Name of plan sponsor ACTIVISION BLIZZARD	c EIN-PN 94-2606438-001
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 AGILENT TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES, INC.	c EIN-PN 77-0518772-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 AMERICAN DENTAL PARTNERS, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN DENTAL PARTNERS, INC.	c EIN-PN 04-3297858-001
a	Plan name AMERICAN FAMILY 401(K) PLAN	
b	Name of plan sponsor AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.	c EIN-PN 39-0273710-002
a	Plan name AMERICAN FINANCIAL GROUP 401K RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor AMERICAN FINANCIAL GROUP, INC.	c EIN-PN 31-1544320-001
a	Plan name AMERIHEALTH CARITAS 401(K) PLAN	
b	Name of plan sponsor AMERIHEALTH CARITAS SERVICES, LLC	c EIN-PN 45-5415725-001
a	Plan name AMPHENOL AFFILIATED COMPANIES EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor AMPHENOL CORPORATION & AFFILIATED COMPANIES	c EIN-PN 22-2785165-015
a	Plan name AMPHENOL CORPORATION EMPLOYEE SAVINGS/401(K) PLAN	
b	Name of plan sponsor AMPHENOL CORPORATION & AFFILIATED COMPANIES	c EIN-PN 22-2785165-001
a	Plan name AMPHENOL THERMOMETRICS, INC. EMPLOYEE SAVINGS/401K PLAN	
b	Name of plan sponsor AMPHENOL THERMOMETRICS, INC.	c EIN-PN 25-0590780-002
a	Plan name APEX SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ASGN INCORPORATED.	c EIN-PN 54-1773546-001
a	Plan name ARAMCO U.S. SAVINGS PLAN	
b	Name of plan sponsor ARAMCO SHARED BENEFITS COMPANY	c EIN-PN 84-4364434-002
a	Plan name ARCBEST 401(K) AND DC RETIREMENT PLAN	
b	Name of plan sponsor ARCBEST CORPORATION	c EIN-PN 71-0673405-002
a	Plan name ARCH CAPITAL GROUP (US) INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARCH CAPITAL GROUP (US) INC	c EIN-PN 06-1424716-001

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	ARCH RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	ARCH RESOURCES, INC.	c EIN-PN 43-0921172-006
a	Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN	
b	Name of plan sponsor	UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY	c EIN-PN 68-0628477-009
a	Plan name	ARROW ELECTRONICS SAVINGS PLAN	
b	Name of plan sponsor	ARROW ELECTRONICS, INC.	c EIN-PN 11-1806155-006
a	Plan name	ASHLAND INC. MASTER TRUST	
b	Name of plan sponsor	ASHLAND INC.	c EIN-PN 93-6421281-030
a	Plan name	ASSURANT 401(K) PLAN	
b	Name of plan sponsor	ASSURANT, INC.	c EIN-PN 39-1126612-002
a	Plan name	ASSUREDPARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASSUREDPARTNERS, INC.	c EIN-PN 27-5176829-001
a	Plan name	ATI STOCK FUND MASTER TRUST	
b	Name of plan sponsor	ALLEGHENY TECHNOLOGIES INCORPORATED	c EIN-PN 25-1792394-065
a	Plan name	ATKINSREALIS US RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	ATKINSREALIS	c EIN-PN 73-0972002-001
a	Plan name	AUDACY INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AUDACY INC.	c EIN-PN 23-1701044-004
a	Plan name	AUTODESK 401(K) PLAN	
b	Name of plan sponsor	AUTODESK, INC.	c EIN-PN 94-2819853-001
a	Plan name	AVANTOR RETIREMENT SAVINGS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AVANTOR, INC.	c EIN-PN 81-3921566-002
a	Plan name	AVAYA INC. SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	AVAYA INC.	c EIN-PN 22-3713430-003

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 BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BAIN & COMPANY, INC.	c EIN-PN 04-2878322-005
a	Plan name BATTELLE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor BATTELLE MEMORIAL INSTITUTE	c EIN-PN 31-4379427-003
a	Plan name BELLRING BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor BELLRING BRANDS, INC.	c EIN-PN 83-4096323-001
a	Plan name BIMBO BAKERIES USA DEFINED CONTRIBUTION SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor BBU, INC.	c EIN-PN 61-1621204-200
a	Plan name BLACK & VEATCH MASTER TRUST	
b	Name of plan sponsor BLACK & VEATCH HOLDING COMPANY	c EIN-PN 43-1603954-301
a	Plan name BLACK HILLS CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLACK HILLS CORPORATION	c EIN-PN 46-0458824-003
a	Plan name BNP PARIBAS 401K SAVINGS PLAN	
b	Name of plan sponsor BNP PARIBAS	c EIN-PN 94-1677765-003
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 BREAD FINANCIAL 401(K) PLAN	
b	Name of plan sponsor BREAD FINANCIAL PAYMENTS, INC.	c EIN-PN 13-3163498-001
a	Plan name BWXT THRIFT PLAN	
b	Name of plan sponsor BWX TECHNOLOGIES, INC.	c EIN-PN 72-1172705-002
a	Plan name BYTEDANCE 401(K) PLAN	
b	Name of plan sponsor BYTEDANCE INC.	c EIN-PN 81-2345210-001

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 C&W SERVICES SECURITY FUND 401(K) PLAN	
b	Name of plan sponsor C&W FACILITY SERVICES, INC.	c EIN-PN 77-0698582-005
a	Plan name CALIFORNIA IRONWORKERS FIELD DEFINED CONTRIBUTION PENSION TRUST FUND	
b	Name of plan sponsor BRD OF TRTEES OF THE CALIF. AND VICINITY FIELD IRONWORKERS ANNUITY TR	c EIN-PN 95-3304279-001
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 CANTEL MEDICAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CANTEL MEDICAL LLC	c EIN-PN 22-1760285-004
a	Plan name CENTERPOINT ENERGY SAVINGS PLAN	
b	Name of plan sponsor CENTERPOINT ENERGY, INC.	c EIN-PN 74-0694415-015
a	Plan name CIBC RETIREMENT SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor CANADIAN IMPERIAL BANK OF COMMERCE	c EIN-PN 13-1942440-006
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 CLEAN HARBORS CARIBE INC 401K PLAN	
b	Name of plan sponsor CLEAN HARBORS CARIBE INC	c EIN-PN 66-0595892-001
a	Plan name CLIFTONLARSONALLEN LLP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CLIFTONLARSONALLEN LLP	c EIN-PN 41-0746749-001

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 CNMC AFFILIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHILDRENS NATIONAL HOSPITAL	c EIN-PN 52-1640403-002
a	Plan name COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COADVANTAGE CORPORATION	c EIN-PN 27-3007025-333
a	Plan name COMMERCIAL METALS COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL METALS COMPANY	c EIN-PN 75-0725338-001
a	Plan name CONDUENT SAVINGS PLAN	
b	Name of plan sponsor CONDUENT BUSINESS SERVICES LLC	c EIN-PN 32-0293031-333
a	Plan name CONTRACT EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASGN INCORPORATED.	c EIN-PN 54-1773546-002
a	Plan name CORE & MAIN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORE & MAIN	c EIN-PN 03-0550887-001
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 CROWE LLP RETIREMENT PLAN	
b	Name of plan sponsor CROWE LLP	c EIN-PN 35-0921680-002
a	Plan name CUSHMAN & WAKEFIELD 401(K) PLAN	
b	Name of plan sponsor CUSHMAN & WAKEFIELD	c EIN-PN 43-0955234-003
a	Plan name DARDEN SAVINGS PLAN	
b	Name of plan sponsor DARDEN RESTAURANTS, INC.	c EIN-PN 59-3305930-044
a	Plan name DART CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor DALLAS AREA RAPID TRANSIT	c EIN-PN 75-1813169-001
a	Plan name DART CONTAINER CORPORATION EMPLOYEES' 401(K) PLUS PLAN	
b	Name of plan sponsor DART CONTAINER OF MICHIGAN, LLC	c EIN-PN 06-1720526-001

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	DART RETIREMENT PLAN	
b	Name of plan sponsor	DALLAS AREA RAPID TRANSIT	c EIN-PN 75-1813169-002
a	Plan name	DICK'S SPORTING GOODS, INC. SMART SAVINGS 401(K) PLAN	
b	Name of plan sponsor	DICK'S SPORTING GOODS, INC.	c EIN-PN 16-1241537-003
a	Plan name	DLA PIPER LLP (US) PROFIT SHARING & 401(K)	
b	Name of plan sponsor	DLA PIPER LLP (US)	c EIN-PN 52-0616490-004
a	Plan name	DOT HOLDINGS CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DOT HOLDINGS CO.	c EIN-PN 82-3213853-003
a	Plan name	DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOVER CORPORATION	c EIN-PN 53-0257888-030
a	Plan name	DPR CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DPR CONSTRUCTION	c EIN-PN 27-0853429-001
a	Plan name	ECS FEDERAL LLC 401(K) PLAN	
b	Name of plan sponsor	ECS FEDERAL, LLC	c EIN-PN 59-3176720-001
a	Plan name	EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KEYSTONE HEALTHCARE HOLDINGS INC	c EIN-PN 20-0189193-001
a	Plan name	ENCOMPASS HEALTH CORPORATION RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	ENCOMPASS HEALTH	c EIN-PN 63-0860407-001
a	Plan name	ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ENTERPRISE PRODUCTS COMPANY	c EIN-PN 74-1675622-003
a	Plan name	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC 401(K) INVESTMENT AND	
b	Name of plan sponsor	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC	c EIN-PN 95-2775732-001
a	Plan name	ENVISION HEALTHCARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ENVISION HEALTHCARE CORPORATION	c EIN-PN 62-1493316-002

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 EUROFINS SCIENTIFIC INC 401(K) INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor EUROFINS NSC US, INC.	c EIN-PN 27-3225082-002
a	Plan name FINRA SAVINGS PLUS PLAN	
b	Name of plan sponsor FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.	c EIN-PN 53-0088710-003
a	Plan name FUJIFILM DIMATIX, INC. 401(K) PLAN	
b	Name of plan sponsor FUJIFILM DIMATIX, INC.	c EIN-PN 02-0489402-001
a	Plan name FUJIFILM DIOSYNTH BIOTECHNOLOGIES LONG TERM SAVINGS PLAN	
b	Name of plan sponsor FUJIFILM DIOSYNTH BIOTECHNOLOGIES U.S.A., INC.	c EIN-PN 45-1177477-001
a	Plan name FUJIFILM LONG TERM SAVINGS PLAN	
b	Name of plan sponsor FUJIFILM NORTH AMERICA CORPORATION	c EIN-PN 13-2550352-001
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 GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN #1	
b	Name of plan sponsor GENESIS ADMINISTRATIVE SERVICES LLC	c EIN-PN 30-0847166-006
a	Plan name GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN #2	
b	Name of plan sponsor GENESIS ADMINISTRATIVE SERVICES LLC	c EIN-PN 30-0847166-007
a	Plan name GORDON FOOD SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GORDON FOOD SERVICE, INC.	c EIN-PN 38-1249848-001
a	Plan name GUIDEHOUSE INC. RETIREMENT PLAN	
b	Name of plan sponsor GUIDEHOUSE INC.	c EIN-PN 36-4094854-001
a	Plan name GUIDEHOUSE MANAGED SERVICES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor GUIDEHOUSE MANAGED SERVICES LLC	c EIN-PN 20-2858838-002
a	Plan name H & R BLOCK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor H&R BLOCK MANAGEMENT, LLC	c EIN-PN 43-1632589-002

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	HANESBRANDS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HANESBRANDS INC.	c EIN-PN 20-3552316-401
a	Plan name	HBC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HBC US HOLDINGS LLC	c EIN-PN 99-0372181-001
a	Plan name	HEALTHCARE AUTHORITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	c EIN-PN 63-0845288-002
a	Plan name	HEARTLAND DENTAL 401(K) AND STOCK PARTICIPATION PLAN	
b	Name of plan sponsor	HEARTLAND DENTAL, LLC	c EIN-PN 01-0854205-001
a	Plan name	HEXAGON EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERGRAPH CORPORATION	c EIN-PN 63-0573222-002
a	Plan name	HH HEART CENTER, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	c EIN-PN 81-2971996-006
a	Plan name	HNI CORPORATION PROFIT-SHARING RETIREMENT PLAN	
b	Name of plan sponsor	HNI CORPORATION	c EIN-PN 42-0617510-001
a	Plan name	HUSCH BLACKWELL LLP 401(K) MASTER TRUST	
b	Name of plan sponsor	HUSCH BLACKWELL LLP	c EIN-PN 26-1688286-013
a	Plan name	IAT INSURANCE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IAT INSURANCE GROUP INC.	c EIN-PN 56-1171691-003
a	Plan name	ICF RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ICF CONSULTING GROUP, INC.	c EIN-PN 95-2565362-001
a	Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	BATELLE ENERGY ALLIANCE, LLC AND FLUOR IDAHO, LLC	c EIN-PN 68-0588324-001
a	Plan name	IDEX CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	IDEX CORPORATION	c EIN-PN 36-3555336-045

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	IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	IDEXX LABORATORIES, INC.	c EIN-PN 01-0393723-001
a	Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-001
a	Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-002
a	Plan name	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 98 PENSION LAN	
b	Name of plan sponsor	BOARD OF TRUSTEES INTERNATIONAL BROTHERH ELECTRICAL WORKERS PENSION PL	c EIN-PN 23-1990722-001
a	Plan name	IQVIA 401(K) PLAN	
b	Name of plan sponsor	IQVIA INC.	c EIN-PN 06-1506026-004
a	Plan name	ISO 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	INSURANCE SERVICES OFFICE, INC.	c EIN-PN 13-3131412-003
a	Plan name	JABIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JABIL, INC.	c EIN-PN 38-1886260-002
a	Plan name	KEMPER CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KEMPER CORPORATION	c EIN-PN 95-4255452-003
a	Plan name	KEYSIGHT TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	c EIN-PN 46-4254555-003
a	Plan name	KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KIRKLAND & ELLIS LLP	c EIN-PN 36-1326630-003
a	Plan name	KOMATSU AMERICA CORP TARGET BENEFIT DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	KOMATSU AMERICA CORP.	c EIN-PN 94-1715128-006
a	Plan name	KOMATSU MINING CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 39-1566457-005

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KWIK TRIP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	KWIK TRIP, INC.	c EIN-PN 39-1036365-001
a	Plan name	LAFARGE NORTH AMERICA INC PENSION PLAN	
b	Name of plan sponsor	LAFARGE NORTH AMERICA INC	c EIN-PN 58-1290226-002
a	Plan name	LATHAM AND WATKINS 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LATHAM AND WATKINS LLP	c EIN-PN 95-2018373-001
a	Plan name	LEONARDO DRS, INC.401(K) PLAN	
b	Name of plan sponsor	LEONARDO DRS, INC.	c EIN-PN 13-2632319-001
a	Plan name	LKQ CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	LKQ CORPORATION	c EIN-PN 36-4215970-001
a	Plan name	MARITIME ASSOCIATION - I.L.A. RETIREMENT PLAN	
b	Name of plan sponsor	THE BOARD OF THE TRUSTEES OF THE MARITIME ASSOCIATION - I.L.A.	c EIN-PN 76-0527865-002
a	Plan name	MCDERMOTT SAVINGS PLAN	
b	Name of plan sponsor	MCDERMOTT INVESTMENTS	c EIN-PN 74-1032246-004
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	MEIJER 401K RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	MEIJER INC	c EIN-PN 38-1274536-203
a	Plan name	MEMORIAL HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MEMORIAL HEALTH SYSTEM	c EIN-PN 37-1110690-002
a	Plan name	MILLERKNOLL RETIREMENT PLAN	
b	Name of plan sponsor	MILLERKNOLL, INC.	c EIN-PN 38-0837640-002
a	Plan name	MOSAIC MASTER TRUST	
b	Name of plan sponsor	THE MOSAIC COMPANY	c EIN-PN 83-2016637-001

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	MTI DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MTI DISTRIBUTING INC	c EIN-PN 41-1939333-002
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	MW INDUSTRIES, INC. CONSOLIDATED EMPLOYER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATTHEW WARREN INC. DBA MW INDUSTRIES INC	c EIN-PN 38-2938499-001
a	Plan name	NATIONAL DISTRIBUTING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL DISTRIBUTING COMPANY, INC.	c EIN-PN 58-0516238-004
a	Plan name	NATURE CONSERVANCY SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	THE NATURE CONSERVANCY	c EIN-PN 53-0242652-003
a	Plan name	NETJETS AVIATION INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NETJETS AVIATION INC	c EIN-PN 31-0682096-001
a	Plan name	NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NETJETS, INC.	c EIN-PN 51-0383060-001
a	Plan name	NIELSENIQ 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NIELSEN CONSUMER LLC	c EIN-PN 84-5108832-001
a	Plan name	NORTH HAWAII COMMUNITY HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH HAWAII COMMUNITY HOSPITAL, INC.	c EIN-PN 99-0260423-001
a	Plan name	NOVELIS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	NOVELIS CORPORATION	c EIN-PN 41-2098321-034
a	Plan name	NV ENERGY 401(K) PLAN	
b	Name of plan sponsor	NV ENERGY, INC.	c EIN-PN 88-0198358-002
a	Plan name	PALO ALTO FOUNDATION MEDICAL GROUP INC 401(K) MASTER TRUST	
b	Name of plan sponsor	PALO ALTO FOUNDATION MEDICAL GROUP INC	c EIN-PN 51-0656809-004

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 PARSONS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARSONS CORPORATION	c EIN-PN 95-3232481-115
a	Plan name PATTERSON COMPANIES INC, 401(K) PLAN	
b	Name of plan sponsor PATTERSON COMPANIES, INC.	c EIN-PN 41-0886515-045
a	Plan name PCB PIEZOTRONICS AND AFFILIATED COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PCB PIEZOTRONICS INC.	c EIN-PN 16-1503703-001
a	Plan name PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT	
b	Name of plan sponsor PEABODY INVESTMENTS CORP.	c EIN-PN 20-0480084-003
a	Plan name PEABODY SOUTHEAST MINING - UMWA 401(K) PLAN	
b	Name of plan sponsor PEABODY SOUTHEAST MINING, LLC	c EIN-PN 61-1901165-001
a	Plan name PELLA CORPORATION MASTER TRUST	
b	Name of plan sponsor PELLA CORPORATION	c EIN-PN 80-0265639-401
a	Plan name PENSKE TRUCK LEASING CO, LP HOURLY PENSION PLAN	
b	Name of plan sponsor PENSKE TRUCK LEASING CO, LP	c EIN-PN 23-2518618-008
a	Plan name PERRIGO COMPANY PROFIT-SHARING AND INVESTMENT PLAN	
b	Name of plan sponsor PERRIGO COMPANY	c EIN-PN 38-2799573-003
a	Plan name PLUMBERS LOCAL UNION NO. 1 EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor PLUMBERS LOCAL UNION NO. 1 EMPLOYEE 401(K) SAVINGS PLAN	c EIN-PN 13-3877439-003
a	Plan name POLARIS 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor POLARIS INDUSTRIES INC.	c EIN-PN 41-1857431-001
a	Plan name POST HOLDINGS, INC. SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor POST HOLDINGS, INC.	c EIN-PN 45-3355106-001
a	Plan name PRINCETON UNIVERSITY RETIREMENT PLAN	
b	Name of plan sponsor PRINCETON UNIVERSITY	c EIN-PN 21-0634501-004

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	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN A	
b	Name of plan sponsor	PROSPECT MEDICAL HOLDINGS, INC.	c EIN-PN 33-0564370-001
a	Plan name	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN B	
b	Name of plan sponsor	PROSPECT MEDICAL HOLDINGS, INC.	c EIN-PN 37-1747940-003
a	Plan name	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED MASTER RETIREMENT TRUST	
b	Name of plan sponsor	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	c EIN-PN 22-3393752-001
a	Plan name	PULSAFEEDER, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	PULSAFEEDER, INC., A UNIT OF IDEX CORPORATION	c EIN-PN 36-3817998-062
a	Plan name	PULTEGROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PULTEGROUP, INC.	c EIN-PN 38-2766606-001
a	Plan name	QUIKTRIP CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	QUIKTRIP CORPORATION	c EIN-PN 73-0675375-003
a	Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT-SHARING PLAN	
b	Name of plan sponsor	RECREATIONAL EQUIPMENT, INC.	c EIN-PN 91-0656890-001
a	Plan name	REGAL REXNORD 401(K) PLAN	
b	Name of plan sponsor	REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-009
a	Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-008
a	Plan name	REGENERON PHARMACEUTICALS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	REGENERON PHARMACEUTICALS, INC.	c EIN-PN 13-3444607-001
a	Plan name	RENTOKIL INITIAL USA 401(K) PLAN	
b	Name of plan sponsor	RENTOKIL NORTH AMERICA, INC.	c EIN-PN 23-1568350-005
a	Plan name	REPUBLIC NATIONAL 401(K) PLAN	
b	Name of plan sponsor	REPUBLIC NATIONAL DISTRIBUTING COMPANY	c EIN-PN 20-5543506-004

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	RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE	
b	Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	c EIN-PN 56-0686338-333
a	Plan name	ROBINSON COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	C.H. ROBINSON COMPANY, INC.	c EIN-PN 41-1956721-001
a	Plan name	SABRE INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SABRE INC	c EIN-PN 75-2109502-002
a	Plan name	SAFELITE GROUP ASSOCIATES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAFELITE GROUP, INC.	c EIN-PN 31-1725961-003
a	Plan name	SALEM HEALTH HOSPITALS & CLINICS RETIREMENT PLAN	
b	Name of plan sponsor	SALEM HEALTH HOSPITALS & CLINICS	c EIN-PN 93-0823471-002
a	Plan name	SAVINGS PLAN FOR EMPLOYEES OF AMERICAN WATER WORKS COMPANY INC AND ITS DESIGNATED SUBSIDIARIES	
b	Name of plan sponsor	AMERICAN WATER WORKS COMPANY, INC.	c EIN-PN 51-0063696-003
a	Plan name	SCHLAGE LOCK COMPANY LLC ESP AND ESPB MASTER TRUST	
b	Name of plan sponsor	SCHLAGE LOCK COMPANY LLC	c EIN-PN 54-2139412-004
a	Plan name	SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SCHNEIDER NATIONAL, INC.	c EIN-PN 39-1258315-002
a	Plan name	SEAGATE 401(K) PLAN	
b	Name of plan sponsor	SEAGATE U.S. LLC	c EIN-PN 77-0545987-001
a	Plan name	SIGNIFY NORTH AMERICA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SIGNIFY NORTH AMERICA CORPORATION	c EIN-PN 04-3391805-002
a	Plan name	SKANSKA HOURLY 401(K) PLAN	
b	Name of plan sponsor	SKANSKA USA CIVIL, INC.	c EIN-PN 54-0406660-003
a	Plan name	SKANSKA RETIREMENT PLAN PLUS	
b	Name of plan sponsor	SKANSKA USA INC.	c EIN-PN 46-0466061-001

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	SKANSKA USA BUILDING, INC. PENSION BENEFIT PLAN AND TRUST	
b Name of plan sponsor	SKANSKA USA BUILDING, INC.	c EIN-PN 22-3752540-001
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	SONEPAR USA 401(K) PLAN	
b Name of plan sponsor	SONEPAR MANAGEMENT US, INC	c EIN-PN 23-2975775-001
a Plan name	SRI INTERNATIONAL BASIC RETIREMENT PLAN	
b Name of plan sponsor	SRI INTERNATIONAL	c EIN-PN 94-1160950-001
a Plan name	SRI INTERNATIONAL RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SRI INTERNATIONAL	c EIN-PN 94-1160950-004
a Plan name	STATE EMPLOYEES CREDIT UNION RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	STATE EMPLOYEES CREDIT UNION	c EIN-PN 56-0475645-001
a Plan name	STERIS CORPORATION 401(K) PLAN	
b Name of plan sponsor	STERIS CORPORATION	c EIN-PN 34-1482024-001
a Plan name	STRIPE, INC. 401K PLAN	
b Name of plan sponsor	STRIPE, INC.	c EIN-PN 27-0465600-001
a Plan name	TE CONNECTIVITY RETIREMENT SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	TE CONNECTIVITY CORPORATION	c EIN-PN 23-0332575-008
a Plan name	TELEPHONE AND DATA SYSTEMS, INC TAX-DEFERRED SAVINGS PLAN	
b Name of plan sponsor	TELEPHONE AND DATA SYSTEMS INC	c EIN-PN 36-2669023-003
a Plan name	THE ANIMATION GUILD 401(K) PLAN	
b Name of plan sponsor	THE ANIMATION GUILD, LOCAL 839	c EIN-PN 95-1715755-001
a Plan name	THE AUTO CLUB GROUP 401K PLAN	
b Name of plan sponsor	AUTO CLUB INSURANCE ASSOCIATION	c EIN-PN 38-0477270-335

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE CLOROX COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CLOROX COMPANY	c EIN-PN 31-0595760-001
a	Plan name	THE GUARDIAN MASTER INVESTMENT TRUST PLAN	
b	Name of plan sponsor	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	c EIN-PN 13-5123390-026
a	Plan name	THE HERSHEY COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE HERSHEY COMPANY	c EIN-PN 23-0691590-010
a	Plan name	THE HUNTINGTON 401(K) PLAN	
b	Name of plan sponsor	HUNTINGTON BANCSHARES INCORPORATED	c EIN-PN 31-0724920-002
a	Plan name	THE J.M. SMUCKER COMPANY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	THE J.M. SMUCKER COMPANY	c EIN-PN 34-0538550-011
a	Plan name	THE NIELSEN COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TNC US HOLDINGS, INC.	c EIN-PN 22-2145575-002
a	Plan name	THE PROFIT SHARING AND SAVINGS PLAN OF GRAYBAR ELECTRIC COMPANY, INC.	
b	Name of plan sponsor	GRAYBAR ELECTRIC COMPANY, INC.	c EIN-PN 13-0794380-001
a	Plan name	THE QUEEN'S HEALTH SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE QUEEN'S HEALTH SYSTEMS	c EIN-PN 99-0238120-003
a	Plan name	THE RSM US LLP RETIREMENT PLAN	
b	Name of plan sponsor	RSM US LLP	c EIN-PN 42-0714325-001
a	Plan name	THE TORO COMPANY MASTER TRUST	
b	Name of plan sponsor	THE TORO COMPANY	c EIN-PN 41-0580470-099
a	Plan name	THE WILLIAMS INVESTMENT PLUS PLAN	
b	Name of plan sponsor	THE WILLIAMS COMPANIES, INC.	c EIN-PN 73-0569878-008
a	Plan name	TIMES MICROWAVE SYSTEMS UNION 401(K) PLAN	
b	Name of plan sponsor	TIMES MICROWAVE SYSTEMS, INC.	c EIN-PN 01-0816035-002

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 TRANSDIGM, INC. 401(K) PLAN	
b	Name of plan sponsor TRANSDIGM, INC.	c EIN-PN 34-1750032-001
a	Plan name TRANSOCEAN U.S. SAVINGS PLAN	
b	Name of plan sponsor TRANSOCEAN INC.	c EIN-PN 66-0582307-002
a	Plan name TRANSUNION 401K & SAVINGS PLAN	
b	Name of plan sponsor TRANSUNION CORP.	c EIN-PN 74-3135689-001
a	Plan name TROUTMAN PEPPER DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor TROUTMAN PEPPER HAMILTON SANDERS LLP	c EIN-PN 58-0946915-001
a	Plan name TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor TRUIST FINANCIAL CORPORATION	c EIN-PN 56-0939887-003
a	Plan name U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor U.S. ANESTHESIA PARTNERS, INC.	c EIN-PN 46-0872971-001
a	Plan name UNIVERSAL MUSIC GROUP 401(K) PLAN	
b	Name of plan sponsor UMG RECORDINGS, INC.	c EIN-PN 13-2613071-002
a	Plan name VERICAST CORP. 401(K) PLAN	
b	Name of plan sponsor VERICAST CORP.	c EIN-PN 58-0278260-003
a	Plan name VERITIV RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VERITIV CORPORATION	c EIN-PN 46-3234977-002
a	Plan name VIZIENT, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIZIENT, INC.	c EIN-PN 38-2182248-335
a	Plan name VOLKSWAGEN GROUP OF AMERICA, INC. DEFINED CONTRIBUTION AND SAVINGS PLA	
b	Name of plan sponsor VOLKSWAGEN GROUP OF AMERICA, INC.	c EIN-PN 22-1585834-006
a	Plan name WAWA, INC. 401(K) PLAN	
b	Name of plan sponsor WAWA, INC.	c EIN-PN 21-0515330-003

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	WEYERHAEUSER 401(K) PLAN	
b Name of plan sponsor	WEYERHAEUSER COMPANY	c EIN-PN 91-0470860-035
a Plan name	XYLEM INC RETIREMENT SAVINGS MASTER TRUST	
b Name of plan sponsor	XYLEM, INC.	c EIN-PN 45-3304527-301
a Plan name	ZEBRA 401(K) PLAN	
b Name of plan sponsor	ZEBRA TECHNOLOGIES CORPORATION	c EIN-PN 36-2675536-002
a Plan name	ZILLOW GROUP 401(K) PLAN	
b Name of plan sponsor	ZILLOW GROUP, INC.	c EIN-PN 47-1645716-001
a Plan name	ZIMMER BIOMET HOLDINGS, INC. SAVINGS AND INVEST 401(K) PROGRAM MASTER	
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	c EIN-PN 04-6947827-001
a Plan name	ZIMMER SURGICAL INC UNITED STEEL WORKERS LOCAL 2737 15 PLAN	
b Name of plan sponsor	ZIMMER SURGICAL INC	c EIN-PN 81-0550216-001
a Plan name	ZOETIS SAVINGS PLAN	
b Name of plan sponsor	ZOETIS INC.	c EIN-PN 46-0696167-001
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.	<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 04/01/2024 and ending 03/31/2025	
A Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2070 TRUST I	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) 87-7035538

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)	633000
		782000
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)	120782000
(10) Value of interest in pooled separate accounts	1c(10)	277155000
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	121415000	277937000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	637000	791000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	637000	791000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	120778000	277146000

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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7651000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7651000

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)	76000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7575000
l Transfers of assets:			
(1) To this plan	2l(1)		246938000
(2) From this plan	2l(2)		98145000

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 _____.