

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 04/01/2024 and ending 03/31/2025

- 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: VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2030 TRUST PLUS; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 90-0735964; 2c Plan Sponsor's telephone number: 610-669-1000; 2d Business code

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; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 01/13/2026, CARMEN RIVE; Signature of DFE, Date, Enter name of individual signing as 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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2030 TRUST PLUS</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>90-0735964</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VFTC TARGET RET 2030 MASTER TRUST</u>	
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>90-0329389-001</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>14820090000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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	401(A) DEF CONT RET PLAN FOR DARTMOUTH COLLEGE FACULTY/STAFF	
b Name of plan sponsor	TRUSTEES OF DARTMOUTH COLLEGE	c EIN-PN 02-0222111-005
a Plan name	401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF ST. CHARLES PARISH HOSPITAL SERVICE DISTRICT NO. 1	
b Name of plan sponsor	ST. CHARLES PARISH HOSPITAL SERVICE DISTRICT NO. 1	c EIN-PN 72-6014606-001
a Plan name	ABB INC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ABB INC.	c EIN-PN 36-3100018-302
a Plan name	ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ADOBE INC.	c EIN-PN 77-0019522-001
a Plan name	AIR LIQUIDE & AIRGAS 401(K) PLAN	
b Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC.	c EIN-PN 75-3174747-008
a Plan name	ALASKA AIRLINES, INC. ALASKASAVER PLAN	
b Name of plan sponsor	ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-017
a Plan name	ALASKA AIRLINES, INC. COPS, MRP & DISPATCH 401(K) PLAN	
b Name of plan sponsor	ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-013
a Plan name	ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K) PLAN	
b Name of plan sponsor	ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-012
a Plan name	ALCON 401(K) SAVINGS PLAN	
b Name of plan sponsor	ALCON VISION, LLC	c EIN-PN 75-2252369-012
a Plan name	ALLEGIS GROUP, INC RETIREMENT SAVINGS PLAN THREE	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-003
a Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-004
a Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-002

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	ALTABLUE INC 401K
b	Name of plan sponsor	ALTABLUE INC
c	EIN-PN	47-4484298-001
a	Plan name	AMCOR 401(K) PLAN
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.
c	EIN-PN	43-0178130-003
a	Plan name	AMCOR 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.
c	EIN-PN	43-0178130-007
a	Plan name	AMCOR AMERICAN CANYON LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	AMCOR AMERICAN CANYON LLC
c	EIN-PN	84-3959068-002
a	Plan name	AMCOR DEFINED CONTRIBUTION PENSION PLAN FOR HOURLY EMPLOYEES
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.
c	EIN-PN	43-0178130-008
a	Plan name	AMCOR RIGID PACKAGING PENSION PLAN
b	Name of plan sponsor	AMCOR RIGID PACKAGING, USA LLC
c	EIN-PN	36-4126680-003
a	Plan name	AMCOR SPECIALTY CARTONS AMERICAS 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMCOR SPECIALTY CARTONS AMERICAS LLC
c	EIN-PN	98-0080783-004
a	Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. ENHANCED SAVINGS PLAN
b	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC.
c	EIN-PN	75-3174747-007
a	Plan name	AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN
b	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.
c	EIN-PN	13-2592361-003
a	Plan name	AMTRAKS RETIREMENT SAVINGS PLAN FOR AGREEMENT EMPLOYEES
b	Name of plan sponsor	NATIONAL RAILROAD PASSENGER CORPORATION
c	EIN-PN	52-0910053-003
a	Plan name	ANHEUSER-BUSCH 401(K) SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	ANHEUSER-BUSCH COMPANIES, LLC
c	EIN-PN	43-1162835-059
a	Plan name	APPLIED MATERIALS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN
b	Name of plan sponsor	APPLIED MATERIALS, INC.
c	EIN-PN	94-1655526-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARTHUR J. GALLAGHER & CO. EMPLOYEES SAVINGS & THRIFT PLAN	
b	Name of plan sponsor ARTHUR J. GALLAGHER (ILLINIOS),LLC.	c EIN-PN 36-2481781-001
a	Plan name ASRC WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-006
a	Plan name ASSURANT 401(K) PLAN	
b	Name of plan sponsor ASSURANT, INC.	c EIN-PN 39-1126612-002
a	Plan name BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BAIN & COMPANY, INC.	c EIN-PN 04-2878322-005
a	Plan name BAPTIST HEALTH 401(K) PLAN	
b	Name of plan sponsor BAPTIST HEALTHCARE SYSTEM, INC.	c EIN-PN 61-0444707-002
a	Plan name BAPTIST HEALTH DEACONESS 401(K) PLAN	
b	Name of plan sponsor BAPTIST HEALTH DEACONESS MADISONVILLE	c EIN-PN 87-2361058-001
a	Plan name BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-037
a	Plan name BJC 401(K) PLAN	
b	Name of plan sponsor BJC HEALTH SYSTEM	c EIN-PN 43-1617558-003
a	Plan name BNSF RAILWAY COMPANY NON-SALARIED EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BNSF RAILWAY COMPANY	c EIN-PN 41-6034000-006
a	Plan name BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor ANHEUSER-BUSCH, LLC AND THE INT'L BROTHERHOOD OF TEAMSTERS	c EIN-PN 43-0161000-037
a	Plan name BRFHH RETIREMENT PLAN	
b	Name of plan sponsor BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	c EIN-PN 46-3179229-003
a	Plan name BROWN & ROOT INDUSTRIAL SERVICES 401(K) PLAN	
b	Name of plan sponsor BROWN & ROOT INDUSTRIAL SERVICES, LLC	c EIN-PN 47-3996049-013

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 BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN	
b	Name of plan sponsor BURLINGTON NORTHERN SANTA FE, LLC	c EIN-PN 27-1754839-002
a	Plan name BURNS & MCDONNELL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BURNS & MCDONNELL INC.	c EIN-PN 43-1393692-002
a	Plan name BURNS AND MCDONNELL INC EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor BURNS AND MCDONNELL INC	c EIN-PN 43-1393692-001
a	Plan name CENTRACARE HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor CENTRACARE HEALTH SYSTEM	c EIN-PN 41-1813221-001
a	Plan name CHICAGO REGIONAL COUNCIL OF CARPENTERS SUPPLEMENTAL RETIREMENT	
b	Name of plan sponsor BOARD OF TRUSTEES OF CHGO REG COUNCIL OF CARPENTERS SUPPLEMENTAL RET	c EIN-PN 80-0636673-001
a	Plan name CNH INDUSTRIAL U.S.A. DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor CNH INDUSTRIAL U.S.A. RETIREMENT BOARD	c EIN-PN 04-6766755-001
a	Plan name COMMSCOPE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMSCOPE, INC.	c EIN-PN 36-4135495-001
a	Plan name CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor CONAGRA BRANDS, INC.	c EIN-PN 90-6036918-002
a	Plan name CONOCOPHILLIPS SAVINGS PLAN	
b	Name of plan sponsor CONOCOPHILLIPS COMPANY	c EIN-PN 73-0400345-022
a	Plan name CONSUMERS ENERGY COMPANY EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor CONSUMERS ENERGY COMPANY	c EIN-PN 38-0442310-002
a	Plan name CORDILLERA AND AFFILIATED COMPANIES 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CORDILLERA CORPORATION	c EIN-PN 84-0718345-334
a	Plan name CORDILLERA AND AFFILIATED COMPANIES MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor CORDILLERA CORPORATION	c EIN-PN 84-0718345-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DOMINION ENERGY, INC. DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-007
a	Plan name	EASTMAN INVESTMENT & EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-002
a	Plan name	ENVISION HEALTHCARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ENVISION HEALTHCARE CORPORATION	c EIN-PN 62-1493316-002
a	Plan name	ERICKSON COMMUNITY 401(K) PLAN	
b	Name of plan sponsor	OAK CREST VILLAGE, INC.	c EIN-PN 52-1874053-002
a	Plan name	ERICSSON US 401(K) PLAN	
b	Name of plan sponsor	ERICSSON INC.	c EIN-PN 06-1119960-006
a	Plan name	ESSENTIA HEALTH RETIREMENT PLAN	
b	Name of plan sponsor	ESSENTIA HEALTH	c EIN-PN 20-0360007-002
a	Plan name	FEDERAL HOME LOAN MORTGAGE CORP THRIFT 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FEDERAL HOME LOAN MORTGAGE CORP	c EIN-PN 52-0904874-002
a	Plan name	FEDERAL NATIONAL MORTGAGE ASSOCIATION RETIREMENT SAVINGS PLAN FOR	
b	Name of plan sponsor	FEDERAL NATIONAL MORTGAGE ASSOCIATION	c EIN-PN 52-0883107-001
a	Plan name	FERGUSON ENTERPRISES, LLC, 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FERGUSON ENTERPRISES, LLC	c EIN-PN 54-1473338-002
a	Plan name	FINRA SAVINGS PLUS PLAN	
b	Name of plan sponsor	FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.	c EIN-PN 53-0088710-003
a	Plan name	FIRST AMERICAN FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN FINANCIAL CORPORATION	c EIN-PN 26-1911571-003
a	Plan name	FOX SAVINGS PLAN	
b	Name of plan sponsor	FOX CORPORATION	c EIN-PN 83-1825597-005

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FREEPORT MCMORAN INC EMPLOYEE CAPITAL ACCUMULATION PROGRAM	
b	Name of plan sponsor	FREEPORT MCMORAN INC	c EIN-PN 74-2480931-001
a	Plan name	GANNETT MEDIA CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GANNETT MEDIA CORP.	c EIN-PN 47-2390983-100
a	Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GARTNER INC	c EIN-PN 04-3099750-002
a	Plan name	GENERAL ATOMICS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENERAL ATOMICS	c EIN-PN 95-3735102-002
a	Plan name	GENERAL MILLS 401(K) PLAN	
b	Name of plan sponsor	GENERAL MILLS, INC.	c EIN-PN 41-0274440-002
a	Plan name	GLOBAL PAYMENTS INC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL PAYMENTS INC.	c EIN-PN 58-2567903-001
a	Plan name	HOMESAFE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HOMESAFE ALLIANCE LLC	c EIN-PN 84-3133869-001
a	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	c EIN-PN 91-1201373-002
a	Plan name	HSBC - NORTH AMERICA (U.S.) TAX REDUCTION INVESTMENT PLAN	
b	Name of plan sponsor	HSBC NORTH AMERICA HOLDINGS INC.	c EIN-PN 23-2186091-005
a	Plan name	INTERCONTINENTAL EXCHANGE, INC.	
b	Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.	c EIN-PN 46-2286804-001
a	Plan name	IQVIA 401(K) PLAN	
b	Name of plan sponsor	IQVIA INC.	c EIN-PN 06-1506026-004
a	Plan name	ISLAND PRESS DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	ISLAND PRESS	c EIN-PN 94-2578166-001

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 JM FAMILY ASSOCIATES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor JM FAMILY ENTERPRISES, INC.	c EIN-PN 59-1390794-003
a	Plan name JOINT INDUSTRY BOARD EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-0891035-002
a	Plan name KBRWYLE TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor KBRWYLE TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 52-0741967-014
a	Plan name KELLOGG BROWN & ROOT, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KELLOGG BROWN & ROOT LLC	c EIN-PN 20-3897734-007
a	Plan name KEURIG DR PEPPER 401(K) PLAN	
b	Name of plan sponsor KEURIG DR PEPPER INC.	c EIN-PN 98-0517725-010
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 KNOWABLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KNOWABLE, INC.	c EIN-PN 83-3400242-001
a	Plan name LEGACY HEALTH DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor LEGACY HEALTH	c EIN-PN 23-7426300-002
a	Plan name LIFESPAN 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIFESPAN CORPORATION	c EIN-PN 22-2861978-005
a	Plan name LIFESPAN CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor LIFESPAN CORPORATION	c EIN-PN 22-2861978-001
a	Plan name MASTER TRUST AGREEMENT FOR THE ADM 401(K) AND EE STOCK OWNERSHIP PLANS	
b	Name of plan sponsor ARCHER DANIELS MIDLAND COMPANY	c EIN-PN 27-1701330-031
a	Plan name MCGEE RETIREMENT READINESS PLAN	
b	Name of plan sponsor MCGEE AIR SERVICES, INC.	c EIN-PN 81-2044238-001

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 MICHELIN 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-003
a	Plan name MICHELIN AFFILIATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor OLIVER RUBBER COMPANY, LLC	c EIN-PN 26-1467411-001
a	Plan name MICRON TECHNOLOGY INC RETIREMENT AT MICRON (RAM)PLAN	
b	Name of plan sponsor MICRON TECHNOLOGY, INC.	c EIN-PN 75-1618004-004
a	Plan name MOLSON COORS CONSOLIDATED RETIREMENT AND THRIFT SAVINGS PLAN	
b	Name of plan sponsor MOLSON COORS BEVERAGE COMPANY USA LLC	c EIN-PN 26-2387410-049
a	Plan name MUFG BANK LTD 401(K) PLAN	
b	Name of plan sponsor MUFG BANK, LTD	c EIN-PN 13-5611741-015
a	Plan name NATIONAL RAILROAD PASSENGER CORPORATION SAVINGS PLAN	
b	Name of plan sponsor NATIONAL RAILROAD PASSENGER CORPORATION	c EIN-PN 52-0910053-333
a	Plan name NEPTUNE TECHNOLOGY GROUP, INC RETIREMENT SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor NEPTUNE TECHNOLOGY GROUP INC	c EIN-PN 13-4192672-001
a	Plan name NETAPP INC EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor NETAPP	c EIN-PN 77-0307520-001
a	Plan name NETFLIX 401(K) PLAN	
b	Name of plan sponsor NETFLIX, INC.	c EIN-PN 77-0467272-001
a	Plan name NEW CENTURY ENERGIES, INC. EMPLOYEE INVESTMENT PLAN FOR BARGAINING UNI EMPLOYEE/NON-BARGAINING UNIT EES	
b	Name of plan sponsor XCEL ENERGY, INC.	c EIN-PN 41-0448030-006
a	Plan name NEW CENTURY ENERGIES, INC. EMPLOYEE'S SAVINGS AND STOCK OWNERSHIP PLAN OR BARG. AND FORMER NON-BARG. EES	
b	Name of plan sponsor XCEL ENERGY, INC.	c EIN-PN 41-0448030-005
a	Plan name NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NEXTERA ENERGY, INC.	c EIN-PN 59-2449419-002

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 NRG AFFILIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor NRG AFFILIATE SERVICES INC	c EIN-PN 41-1960764-001
a	Plan name NUCLEAR MANAGEMENT COMPANY, LLC NMC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor XCEL ENERGY, INC.	c EIN-PN 41-0448030-012
a	Plan name OCHSNER CLINIC FOUNDATION 401(K) PLAN	
b	Name of plan sponsor OCHSNER CLINIC FOUNDATION	c EIN-PN 72-0502505-002
a	Plan name OHIO GAS COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor OHIO GAS CO.	c EIN-PN 34-4320120-002
a	Plan name OXY COMBINED RETIREMENT AND SAVINGS	
b	Name of plan sponsor OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT	c EIN-PN 13-3189949-210
a	Plan name PEPIN DISTRIBUTING COMPANY LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor PEPIN DISTRIBUTING COMPANY LLC	c EIN-PN 59-2758271-002
a	Plan name PERFORMANCE FOOD GROUP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PERFORMANCE FOOD GROUP INC	c EIN-PN 84-0629503-002
a	Plan name RELX INC. US SALARY INVESTMENT	
b	Name of plan sponsor RELX INC.	c EIN-PN 52-1471842-005
a	Plan name REPUBLIC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor REPUBLIC SERVICES, INC.	c EIN-PN 65-0716904-003
a	Plan name ROCK HOLDINGS & ASSOCIATED COMPANIES SAVINGS PLAN	
b	Name of plan sponsor ROCK HOLDINGS, INC.	c EIN-PN 51-0415135-005
a	Plan name ROPER TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT SAVINGS 003 PLAN	
b	Name of plan sponsor ROPER TECHNOLOGIES, INC.	c EIN-PN 51-0263969-003
a	Plan name ROPER TECHNOLOGIES, INC. EMPLOYEES' RETIREMENT SAVINGS 004 PLAN	
b	Name of plan sponsor ROPER TECHNOLOGIES, INC.	c EIN-PN 51-0263969-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SAP AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	SAP AMERICA, INC.	c EIN-PN 36-3556041-001
a	Plan name	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	c EIN-PN 30-6419427-001
a	Plan name	SCRIPPS HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCRIPPS HEALTH	c EIN-PN 95-1684089-002
a	Plan name	SEDGWICK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SEDGWICK CLAIMS MANAGEMENT SERVICES INC	c EIN-PN 36-2685608-001
a	Plan name	SHORE HEALTH SYSTEM, INC. 401(K) PLAN	
b	Name of plan sponsor	SHORE HEALTH SYSTEM, INC.	c EIN-PN 52-0610538-001
a	Plan name	SLIDELL MEMORIAL HOSPITAL 401(A) PLAN	
b	Name of plan sponsor	ST. TAMMANY PARISH HOSP SERVICE DSRCT NO. 2 DBA SLIDELL MEMORIAL HOSP	c EIN-PN 72-6014895-003
a	Plan name	SRMC 401(A) PLAN	
b	Name of plan sponsor	SOUTHERN REGIONAL MEDICAL CENTER	c EIN-PN 46-2743282-001
a	Plan name	STEELCASE INC. RETIREMENT PLAN	
b	Name of plan sponsor	STEELCASE, INC.	c EIN-PN 38-0819050-001
a	Plan name	TECHNICAL STAFFING RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	KELLOGG BROWN & ROOT LLC	c EIN-PN 20-3897734-001
a	Plan name	TENNECO 401(K) INVESTMENT PLAN	
b	Name of plan sponsor	TENNECO AUTOMOTIVE OPERATING COMPANY INC.	c EIN-PN 74-1933558-144
a	Plan name	TEXTRON SAVINGS PLAN	
b	Name of plan sponsor	TEXTRON INC.	c EIN-PN 05-0315468-030
a	Plan name	THE AMETEK RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	AMETEK, INC.	c EIN-PN 14-1682544-078

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 BOSTON CONSULTING GROUP, INC. EMPLOYEES' PROFIT SHARING RETIREMENT UND	
b	Name of plan sponsor THE BOSTON CONSULTING GROUP, INC.	c EIN-PN 04-2432614-001
a	Plan name THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' SAVINGS PLAN AND PROFIT S RING RETIREMENT FUND	
b	Name of plan sponsor THE BOSTON CONSULTING GROUP, INC.	c EIN-PN 04-2432614-004
a	Plan name THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
b	Name of plan sponsor CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	c EIN-PN 13-5009340-004
a	Plan name THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY PENSION PLAN A	
b	Name of plan sponsor THE JOHNS HOPKINS UNIVERSITY APPLIES PHYSICS LABORATORY	c EIN-PN 52-0595111-001
a	Plan name THE SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor WPP GROUP USA, INC.	c EIN-PN 20-4031493-001
a	Plan name THOMPSONGAS LLC 401(K) PLAN	
b	Name of plan sponsor THOMPSONGAS LLC	c EIN-PN 47-5059833-002
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 UNION BEMIS INVESTMENT PROFIT SHARING PLAN	
b	Name of plan sponsor BEMIS COMPANY INC.	c EIN-PN 43-0178130-009
a	Plan name WHIRLPOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WHIRLPOOL CORPORATION	c EIN-PN 38-1490038-001
a	Plan name WOLTERS KLUWER 401(K) PLAN	
b	Name of plan sponsor WOLTERS KLUWER UNITED STATES, INC.	c EIN-PN 13-3577870-002
a	Plan name WOOD 401(K) PLAN	
b	Name of plan sponsor WOOD GROUP U.S. HOLDINGS, INC.	c EIN-PN 76-0688757-001
a	Plan name XCEL ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor XCEL ENERGY, INC.	c EIN-PN 41-0448030-003

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	YUMMLY.COM 401K RETIREMENT PLAN	
b Name of plan sponsor	YUMMLY, INC.	c EIN-PN 26-4107766-001

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

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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 2030 TRUST PLUS	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) 90-0735964

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	7398000
		12855000
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)	15368483000
(10) Value of interest in pooled separate accounts	1c(10)	14820090000
(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	15375881000	14832945000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7749000	13199000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7749000	13199000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15368132000	14819746000

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)		976902000
(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		976902000

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)	4177000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4177000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4177000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		972725000
l Transfers of assets:			
(1) To this plan	2l(1)		5271738000
(2) From this plan	2l(2)		6792849000

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 _____.