

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 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: EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON
1b Three-digit plan number (PN): 023
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): THE BANK OF NEW YORK MELLON
2b Employer Identification Number (EIN): 25-6078093
2c Plan Sponsor's telephone number: 412-236-2285
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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 0 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 <u>0</u> (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 EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	B Three-digit plan number (PN) ▶ 023
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 25-6078093

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

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c EIN-PN

d Entity code

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

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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A O SMITH RETIREMENT PLAN	
b	Name of plan sponsor	A. O. SMITH CORPORATION	c EIN-PN 39-0619790-001
a	Plan name	ABB INC. MASTER TRUST	
b	Name of plan sponsor	ABB INC.	c EIN-PN 36-3100018-050
a	Plan name	ABC-NABET RETIREMENT TRUST FUND	
b	Name of plan sponsor	ABC, INC.	c EIN-PN 14-1284013-012
a	Plan name	AGCO CORPORATION PARTS DIVISION HOURLY PENSION PLAN	
b	Name of plan sponsor	AGCO CORPORATION	c EIN-PN 58-1960019-007
a	Plan name	AGFA CORPORATION PENSION PLAN	
b	Name of plan sponsor	AGFA CORPORATION	c EIN-PN 22-3615964-001
a	Plan name	AGILENT TECHNOLOGIES, INC. DEFERRED PROFIT-SHARING PLAN	
b	Name of plan sponsor	AGILENT TECHNOLOGIES, INC.	c EIN-PN 77-0518772-001
a	Plan name	AHOLD USA, INC. PENSION PLAN	
b	Name of plan sponsor	AHOLD USA, INC.	c EIN-PN 53-0073545-004
a	Plan name	AIG INCENTIVE SAV PL	
b	Name of plan sponsor	MERCER HR SERVICES	c EIN-PN 02-6874784-003
a	Plan name	AIR-CON INC MPPP	
b	Name of plan sponsor	AIR CON, INC.	c EIN-PN 25-1205192-001
a	Plan name	AIR-CON INC PROFIT SHARING PL	
b	Name of plan sponsor	AIR CON, INC.	c EIN-PN 25-1205192-001
a	Plan name	AIRCONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, AIRCONDITIONING AND REFRIGERATION	c EIN-PN 95-6035386-001
a	Plan name	AKC RET PL	
b	Name of plan sponsor	NEW YORK LIFE INVESTMENT	c EIN-PN 51-0191215-001

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	ALASKA ELECTRICAL PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES ALASKA ELECTRICAL PENSION FUND	c EIN-PN 92-6005171-001
a	Plan name	ALBEMARLE CORPORATION MASTER TRUST FOR DESIGNATED EMPLOYEE BENEFIT PLA	
b	Name of plan sponsor	ALBEMARLE CORPORATION	c EIN-PN 54-1692118-012
a	Plan name	ALLIANCE LAUNDRY SYSTEMS PENSION PLAN	
b	Name of plan sponsor	ALLIANCE LAUNDRY SYSTEMS, LLC	c EIN-PN 39-1927923-002
a	Plan name	ALLIANT TECHSYSTEMS AEROSPACE RET INC PL	
b	Name of plan sponsor	ALLIANT TECHSYSTEMS, INC.	c EIN-PN 41-1672694-010
a	Plan name	ALLIANT TECHSYSTEMS INC AEROSPACE PEN PL	
b	Name of plan sponsor	ALLIANT TECHSYSTEMS, INC.	c EIN-PN 41-1672694-010
a	Plan name	ALLIANT TECHSYSTEMS RET AND PEN PL	
b	Name of plan sponsor	ALLIANT TECHSYSTEMS, INC.	c EIN-PN 41-1672694-010
a	Plan name	ALLIANZ ASSET ACCUMULATION PLAN	
b	Name of plan sponsor	AZOA SERVICES CORPORATION	c EIN-PN 75-1723041-002
a	Plan name	ALLIANZ RETIREMENT PLAN - PROPERTY/CASUALTY	
b	Name of plan sponsor	AZOA SERVICES CORPORATION	c EIN-PN 75-1723041-010
a	Plan name	ALLINA PENSION PL	
b	Name of plan sponsor	ALLINA HEALTH SYSTEM	c EIN-PN 36-3261413-001
a	Plan name	ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EM	
b	Name of plan sponsor	ALYESKA PIPELINE SERVICE COMPANY	c EIN-PN 92-0039154-001
a	Plan name	AM GENERAL HOURLY RETIREMENT PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-005
a	Plan name	AM GENERAL LLC RETIREMENT FUND MASTER TRUST	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-053

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	AM GENERAL LLC UAW RETIREMENT INCOME PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-001
a	Plan name	AM GENERAL SALARIED RETIREMENT PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-012
a	Plan name	AMEREN RETIREMENT PLAN	
b	Name of plan sponsor	AMEREN CORPORATION	c EIN-PN 43-1723446-005
a	Plan name	AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CHEMICAL SOCIETY	c EIN-PN 53-0196572-001
a	Plan name	AMERICAN ELECTRIC POWER SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN ELECTRIC POWER SERVICE CORPORATION	c EIN-PN 13-4922641-001
a	Plan name	AMERICAN METER COMPANY RETIREMENT PENSION PLAN	
b	Name of plan sponsor	MELROSE NORTH AMERICA, INC.	c EIN-PN 27-1799313-001
a	Plan name	AMERICAN SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN SAVINGS BANK, F.S.B.	c EIN-PN 99-0253492-002
a	Plan name	AMETEK, INC. EMPLOYEES' MASTER RETIREMENT TRUST	
b	Name of plan sponsor	AMETEK, INC.	c EIN-PN 14-1682544-060
a	Plan name	AMPCO-PITTSBURGH CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	AMPCO-PITTSBURGH CORPORATION	c EIN-PN 25-1117717-001
a	Plan name	AMS OSRAM SAVINGS PLAN	
b	Name of plan sponsor	OSRAM SYLVANIA INC.	c EIN-PN 04-3349012-002
a	Plan name	ANADARKO RETIREMENT PLAN	
b	Name of plan sponsor	ANADARKO PETROLEUM CORPORATION	c EIN-PN 76-0146568-001
a	Plan name	ANIXTER INC. PENSION PLAN	
b	Name of plan sponsor	ANIXTER INC.	c EIN-PN 36-2361285-010

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 ANNUITY FUND OF INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 15	
b	Name of plan sponsor NEW YORK LIFE INVESTMENT	c EIN-PN 41-1346942-001
a	Plan name ANSELL PROTECTIVE PRODUCTS INC MASTER TRUST	
b	Name of plan sponsor ANSELL PROTECTIVE PRODUCTS INC	c EIN-PN 13-3981755-001
a	Plan name ANSELL, INC. RETIREMENT PLAN	
b	Name of plan sponsor ANSELL PROTECTIVE PRODUCTS INC	c EIN-PN 36-3152638-006
a	Plan name APEX TOOL GROUP, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor APEX TOOL GROUP, LLC	c EIN-PN 27-1996059-001
a	Plan name ARVOS LJUNGSTROM LLC 401(K) PLAN	
b	Name of plan sponsor ARVOS LJUNGSTROM LLC	c EIN-PN 46-5240112-001
a	Plan name ASARCO MASTER PENSION TRUST	
b	Name of plan sponsor ASARCO LLC	c EIN-PN 81-0666284-003
a	Plan name ASSA ABLOY INC. U.S. INTRUDER GROUP PENSION PLAN FOR SALARIED EMPLOYEE	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-004
a	Plan name ASSA ABLOY MASTER PENSION TRUST	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-102
a	Plan name AUTOMOTIVE MACHINISTS PENSION PLAN	
b	Name of plan sponsor AUTOMOTIVE MACHINISTS PENSION TRUST	c EIN-PN 91-6123687-001
a	Plan name AVAYA INC. MASTER PENSION TRUST	
b	Name of plan sponsor AVAYA INC.	c EIN-PN 36-7324179-101
a	Plan name BAKERY DRIVERS & SALESMEN LOCAL 194 & INDUSTRY PENSION FUND	
b	Name of plan sponsor TRUSTEES BAKERY DRIVERS & SALESMEN LOCAL 194 & INDUSTRY PENSION FUND	c EIN-PN 22-6255484-001
a	Plan name BELL ATLANTIC MASTER TRUST	
b	Name of plan sponsor VERIZON COMMUNICATIONS INC.	c EIN-PN 25-1448208-020

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	BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	
b	Name of plan sponsor	RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	c EIN-PN 13-6043636-001
a	Plan name	BIMBO BAKERIES USA CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor	BBU, INC.	c EIN-PN 75-2490530-006
a	Plan name	BIMBO BAKERIES USA DEFINED BENEFIT PENSION TRUST	
b	Name of plan sponsor	BBU, INC.	c EIN-PN 56-2520491-200
a	Plan name	BMO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BMO FINANCIAL CORP.	c EIN-PN 51-0275712-001
a	Plan name	BMO U.S. PENSION PLAN	
b	Name of plan sponsor	BMO FINANCIAL CORP.	c EIN-PN 51-0275712-002
a	Plan name	BNY MELLON EMPLOYEE BENEFIT COLLECTIVE INV	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-274
a	Plan name	BNY MELLON FIXED INCOME MULTI-STRATEGY FUND OF THE BANK OF NEW YORK ME	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-102
a	Plan name	BNY MELLON GLOBAL REIT FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-183
a	Plan name	BNY MELLON INTERNATIONAL EQUITY MULTI-STRATEGY FUND OF THE BANK OF NEW	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-326
a	Plan name	BNY MELLON LONG DURATION FIXED INCOME FUND OF THE BANK OF NEW YORK MEL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-329
a	Plan name	BNY MELLON NEWTON EMERGING MARKET EQUITY FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-318
a	Plan name	BNY MELLON NEWTON GLOBAL EQUITY FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-147

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	BNY MELLON NEWTON GLOBAL OPPORTUNITIES FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-177
a	Plan name	BNY MELLON NEWTON GLOBAL REAL RETURN FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-231
a	Plan name	BNY MELLON NEWTON INTERNATIONAL EQUITY FUND OF THE BANK OF NEW YORK ME	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-108
a	Plan name	BNY MELLON U.S. LARGE CAP EQUITY MULTI-STRATEGY FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-317
a	Plan name	BNY MELLON U.S. REIT FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-230
a	Plan name	BNYM INSIGHT DB NSL HIGH QUALITY CORPORATE BOND FUND OF THE BANK OF NE	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-267
a	Plan name	BNYM INSIGHT DB NSL HIGH QUALITY LONG CORPORATE BOND FUND OF THE BANK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-218
a	Plan name	BNYM INSIGHT PE NSL CORE BOND PLUS FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 04-3251040-001
a	Plan name	BNYM MELLON DB NSL 1-3 YEAR GOVT/CREDIT BOND INDEX FUND OF THE BANK OF	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-242
a	Plan name	BNYM MELLON DB NSL ACWI EX-U.S. FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-245
a	Plan name	BNYM MELLON DB NSL AGGREGATE BOND INDEX FUND OF THE BANK OF NEW YORK M	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-214
a	Plan name	BNYM MELLON DB NSL BROAD MARKET STOCK INDEX FUND OF THE BANK OF NEW YO	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-268

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	BNYM MELLON DB NSL EMERGING MARKETS STOCK INDEX FUND OF THE BANK OF NE	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-244
a	Plan name	BNYM MELLON DB NSL FVP INTERNATIONAL STOCK INDEX FUND OF THE BANK OF N	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-302
a	Plan name	BNYM MELLON DB NSL INTERMEDIATE CREDIT BOND INDEX FUND OF THE BANK OF	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-277
a	Plan name	BNYM MELLON DB NSL INTERMEDIATE GOVT/CREDIT BOND INDEX FUND OF THE BAN	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-275
a	Plan name	BNYM MELLON DB NSL INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NEW Y	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-213
a	Plan name	BNYM MELLON DB NSL LARGE CAP GROWTH STOCK INDEX FUND OF THE BANK OF NE	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-241
a	Plan name	BNYM MELLON DB NSL LARGE CAP STOCK INDEX FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-223
a	Plan name	BNYM MELLON DB NSL LARGE CAP VALUE STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-253
a	Plan name	BNYM MELLON DB NSL LONG TERM GOVERNMENT BOND INDEX FUND OF THE BANK OF	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-276
a	Plan name	BNYM MELLON DB NSL MARKET COMPLETION FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-228
a	Plan name	BNYM MELLON DB NSL MID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK ME	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-236
a	Plan name	BNYM MELLON DB NSL REIT INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-184

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 BNYM MELLON DB NSL SECURITIZED INDEX FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-064
a	Plan name BNYM MELLON DB NSL SMALL CAP GROWTH STOCK INDEX FUND OF THE BANK OF NE	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-251
a	Plan name BNYM MELLON DB NSL SMALL CAP STOCK INDEX FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-235
a	Plan name BNYM MELLON DB NSL SMALL CAP VALUE STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-248
a	Plan name BNYM MELLON DB NSL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-215
a	Plan name BNYM MELLON DB NSL TIPS INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-232
a	Plan name BNYM MELLON DB SL ACWI EX-U.S. FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-193
a	Plan name BNYM MELLON DB SL ACWI EX-U.S. SMALL CAP FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-296
a	Plan name BNYM MELLON DB SL ACWI FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-191
a	Plan name BNYM MELLON DB SL AGGREGATE BOND INDEX FUND OF THE BANK OF NEW YORK ME	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-056
a	Plan name BNYM MELLON DB SL BROAD MARKET STOCK INDEX FUND OF THE BANK OF NEW YOR	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-106
a	Plan name BNYM MELLON DB SL CANADA STOCK INDEX FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-190

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 BNYM MELLON DB SL EMERGING MARKETS STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-189
a	Plan name BNYM MELLON DB SL FVP INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NE	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-298
a	Plan name BNYM MELLON DB SL GDP WORLD GOVERNMENT BOND INDEX FUND OF THE BANK OF	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-260
a	Plan name BNYM MELLON DB SL INTERMEDIATE CREDIT BOND INDEX FUND OF THE BANK OF N	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-060
a	Plan name BNYM MELLON DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND OF THE BANK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-061
a	Plan name BNYM MELLON DB SL INTERNATIONAL ADR FUND	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-186
a	Plan name BNYM MELLON DB SL INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NEW YO	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-034
a	Plan name BNYM MELLON DB SL LARGE CAP GROWTH STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-003
a	Plan name BNYM MELLON DB SL LARGE CAP STOCK INDEX FUND OF THE BANK OF NEW YORK M	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-004
a	Plan name BNYM MELLON DB SL LARGE CAP VALUE STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-005
a	Plan name BNYM MELLON DB SL LONG BOND INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-006
a	Plan name BNYM MELLON DB SL LONG TERM CREDIT BOND INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-062

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	BNYM MELLON DB SL LONG TERM GOVERNMENT BOND INDEX FUND OF THE BANK OF	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-063
a	Plan name	BNYM MELLON DB SL MARKET COMPLETION FUND OF THE BANK OF NEW YORK MELLO	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-007
a	Plan name	BNYM MELLON DB SL MID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MEL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-124
a	Plan name	BNYM MELLON DB SL SMALL CAP GROWTH STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-179
a	Plan name	BNYM MELLON DB SL SMALL CAP STOCK INDEX FUND OF THE BANK OF NEW YORK M	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-009
a	Plan name	BNYM MELLON DB SL SMALL CAP VALUE STOCK INDEX FUND OF THE BANK OF NEW	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-180
a	Plan name	BNYM MELLON DB SL SMID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK ME	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-197
a	Plan name	BNYM MELLON DB SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-010
a	Plan name	BNYM MELLON DB SL TIPS INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-125
a	Plan name	BNYM MELLON DB SL U. S. LONG DURATION ALPHA PLUS	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-138
a	Plan name	BNYM MELLON DB SL U.S. EQUITY MARKET FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-107
a	Plan name	BNYM MELLON DB SL U.S. STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-192

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	BNYM MELLON NSL 1-3 YEAR GOVT/CREDIT BOND INDEX FUND OF THE BANK OF NE	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-256
a	Plan name	BNYM MELLON NSL ACWI EX-U.S. FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-239
a	Plan name	BNYM MELLON NSL AGGREGATE BOND INDEX FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-219
a	Plan name	BNYM MELLON NSL BROAD MARKET STOCK INDEX FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-280
a	Plan name	BNYM MELLON NSL INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-221
a	Plan name	BNYM MELLON NSL LARGE CAP GROWTH STOCK INDEX FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-240
a	Plan name	BNYM MELLON NSL LARGE CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MEL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-222
a	Plan name	BNYM MELLON NSL LARGE CAP VALUE STOCK INDEX FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-252
a	Plan name	BNYM MELLON NSL MARKET COMPLETION FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-227
a	Plan name	BNYM MELLON NSL MID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MELLO	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-237
a	Plan name	BNYM MELLON NSL REIT INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-185
a	Plan name	BNYM MELLON NSL SMALL CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MEL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-234

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	BNYM MELLON NSL TIPS INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-233
a	Plan name	BNYM MELLON NSL U.S. DYNAMIC LARGE CAP VALUE FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-187
a	Plan name	BNYM MELLON SL ACWI EX-U. S. FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-206
a	Plan name	BNYM MELLON SL AGGREGATE BOND INDEX FUND OF THE BANK OF NEW YORK MELLO	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-085
a	Plan name	BNYM MELLON SL INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-081
a	Plan name	BNYM MELLON SL MARKET COMPLETION FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-082
a	Plan name	BNYM MELLON SL MID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-174
a	Plan name	BNYM MELLON SL MVP INTERNATIONAL STOCK INDEX FUND OF THE BANK OF NEW Y	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-182
a	Plan name	BNYM MELLON SL SMALL CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MELL	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-110
a	Plan name	BNYM MELLON SL SMID CAP STOCK INDEX FUND OF THE BANK OF NEW YORK MELLO	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-198
a	Plan name	BNYM MELLON SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-083
a	Plan name	BNYM MELLON SL TIPS INDEX FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-144

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 BNYM NEWTON ACTIVE COMMODITIES FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-257
a	Plan name BNYM NEWTON DB COMMODITY ALPHA FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-269
a	Plan name BNYM NEWTON DB SL DYNAMIC GROWTH FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-166
a	Plan name BNYM NEWTON NSL DYNAMIC U.S. EQUITY FUND OF THE BANK OF NEW YORK MELLO	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-309
a	Plan name BNYM NEWTON NSL U.S. SMALL CAP BLEND EQUITY FUND OF THE BANK OF NEW YO	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-065
a	Plan name BNYM NEWTON NSL U.S. SMALL MID CAP GROWTH EQUITY FUND OF THE BANK OF N	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-265
a	Plan name BNYM NEWTON PE NSL INTERNATIONAL EQUITY FUND OF THE BANK OF NEW YORK M	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 90-0610607-001
a	Plan name BNYM NEWTON PE NSL INTERNATIONAL SMALL CAP EQUITY	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 05-0593973-001
a	Plan name BNYM NEWTON PE NSL U.S. DYNAMIC LARGE CAP VALUE FUND OF THE BANK OF NE	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 04-6607621-001
a	Plan name BNYM NEWTON PE NSL U.S. MID CAP OPPORTUNISTIC EQUITY FUND OF THE BANK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 04-3378936-001
a	Plan name BNYM NEWTON PE NSL U.S. SMALL CAP OPPORTUNISTIC EQUITY FUND OF THE BAN	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 04-3202152-001
a	Plan name BNYM NEWTON PE NSL U.S. SMALL MID CAP GROWTH EQUITY FUND OF THE BANK O	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 64-0953231-001

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 BNYM NEWTON SL GLOBAL ALPHA I FUND OF THE BANK OF NEW YORK MELLON	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-133
a	Plan name BNYM NEWTON SL SMARTPATH RETIREMENT INCOME FUND OF THE BANK OF NEW YOR	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-153
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2015 FUND	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-282
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2020 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-150
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2025 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-283
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2030 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-151
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2035 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-284
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2040 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-152
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2045 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-285
a	Plan name BNYM NEWTON SL SMARTPATH TARGET DATE 2050 FUND OF THE BANK OF NEW YORK	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-278
a	Plan name BOSTON NEWSPAPER RETIREMENT FUND	
b	Name of plan sponsor TRUSTEES OF BOSTON NEWSPAPER RETIREMENT FUND	c EIN-PN 04-6059447-001
a	Plan name BOSTON PLASTERERS & CEMENT MASONS LOCAL 534 DEFERRED INCOME PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES BPCM LOCAL 534 DEFERRED INCOME FUND	c EIN-PN 04-6544055-001

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 BOSTON PLASTERERS' & CEMENT MASONS' UNION LOCAL 534 PENSION FUND	
b	Name of plan sponsor BOT-BOSTON PLASTERERS&CEMENT MASON UNION LOCAL 534 PENSION FUND	c EIN-PN 04-6127786-001
a	Plan name BRAILLE RETIREMENT PLAN FOR EMPLOYEES	
b	Name of plan sponsor BRAILLE INSTITUTE OF AMERICA	c EIN-PN 95-1641426-001
a	Plan name BRICKLAYERS' PENSION TRUST FUND-METROPOLITAN AREA	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES BRICKLAYER PENSION TRUST FUND	c EIN-PN 51-6030972-001
a	Plan name BRUNSWICK MASTER PENSION TRUST	
b	Name of plan sponsor BRUNSWICK CORPORATION	c EIN-PN 36-0848180-140
a	Plan name BRUSH AFTERMARKET NORTH AMERICA, INC. GROUP PENSION PLAN	
b	Name of plan sponsor BROAN-NUTONE LLC	c EIN-PN 05-0504397-011
a	Plan name BSA-ILA PENSION PLAN	
b	Name of plan sponsor BOSTON SHIPPING ASSOCIATION, INC	c EIN-PN 04-2034907-006
a	Plan name CALIFORNIA IRON WORKERS FIELD DEFINED CONTRIBUTION PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, CALIFORNIA IRON WORKERS FIELD DEFINED CONTRIBUTION	c EIN-PN 95-3304279-001
a	Plan name CALIFORNIA IRONWORKERS FIELD PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, CALIFORNIA IRONWORKERS FIELD PENSION TRUST FUN	c EIN-PN 95-6042866-001
a	Plan name CAPECO PUERTO RICO PEN PL	
b	Name of plan sponsor CARRIBEAN PETROLEUM CORPORATION	c EIN-PN 25-1407836-001
a	Plan name CAPITAL BLUE CROSS RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL BLUE CROSS	c EIN-PN 23-0455154-001
a	Plan name CARGILL MEAT SOLUTIONS CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CARGILL MEAT SOLUTIONS CORPORATION	c EIN-PN 75-1449430-001
a	Plan name CARGILL, INC AND ASSOC. CO'S PENSION PLAN FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-004

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 CARGILL, INC. AND ASSOCIATED COMPANIES PENSION PLAN FOR UNION REPRESEN	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-003
a	Plan name CARGILL, INC. AND ASSOCIATED COMPANIES SALARIED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-001
a	Plan name CARGILL, INCORPORATED & ASSOCIATED COMPANIES MASTER PENSION TRUST	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-009
a	Plan name CARPENTER TECHNOLOGY CORPORATION 401(K) RETIREMENT	
b	Name of plan sponsor CARPENTER TECHNOLOGY CORPORATION	c EIN-PN 23-0458500-020
a	Plan name CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6534591-001
a	Plan name CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6050970-001
a	Plan name CBERA PLAN C	
b	Name of plan sponsor COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION	c EIN-PN 04-6035593-334
a	Plan name CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CEMENT MASONS PENSION TRUST FUND FOR N.CAL	c EIN-PN 94-6277669-001
a	Plan name CEMEX, INC. PENSION PLAN	
b	Name of plan sponsor CEMEX, INC.	c EIN-PN 72-0296500-003
a	Plan name CENTERPOINT ENERGY RETIREMENT PLAN	
b	Name of plan sponsor CENTERPOINT ENERGY, INC.	c EIN-PN 74-0694415-001
a	Plan name CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND	c EIN-PN 36-6044243-001
a	Plan name CHARTIS INS CO-PR GR	
b	Name of plan sponsor MERCER HR SERVICES	c EIN-PN 13-2592361-001

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 CHEMTRADE DELAWARE INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor CHEMTRADE DELAWARE INC	c EIN-PN 02-0505547-050
a	Plan name CHICAGO & NORTH WESTERN RAILWAY COMPANY SUPPLEMENTAL PENSION PLAN	
b	Name of plan sponsor UNION PACIFIC RAILROAD COMPANY	c EIN-PN 94-6001323-010
a	Plan name CHILDREN'S HOSPITAL CORPORATION PENSION PLAN	
b	Name of plan sponsor THE CHILDRENS HOSPITAL CORPORATION	c EIN-PN 04-2774441-001
a	Plan name CLEVELAND-CLIFFS INC. AND ITS ASSOCIATED COMPANIES MASTER PENSION TRUS	
b	Name of plan sponsor CLEVELAND-CLIFFS INC.	c EIN-PN 34-1935032-001
a	Plan name CLEVELAND-CLIFFS STEEL LLC PENSION TRUST	
b	Name of plan sponsor CLEVELAND-CLIFFS STEEL LLC	c EIN-PN 71-0871875-201
a	Plan name COLGATE-PALMOLIVE COMPANY EMPLOYEES SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor COLGATE-PALMOLIVE COMPANY	c EIN-PN 13-1815595-003
a	Plan name COMPUTER SCIENCE CORPORATION MATCHED ASSET PLAN	
b	Name of plan sponsor COMPUTER SCIENCES CORPORATION	c EIN-PN 95-2043126-001
a	Plan name CONDUENT SAVINGS PLAN	
b	Name of plan sponsor CONDUENT BUSINESS SERVICES, LLC	c EIN-PN 32-0293031-333
a	Plan name CONNECTIVITY SOLUTIONS MANUFACTURING PEN PLAN TRUST	
b	Name of plan sponsor CONNECTIVITY SOLUTIONS MANUFACTURING	c EIN-PN 20-0400061-002
a	Plan name CONOCOPHILLIPS COMPANY DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor CONOCOPHILLIPS COMPANY	c EIN-PN 73-0400345-035
a	Plan name CONSOLIDATED RETIREMENT PLAN OF DOLE FOOD COMPANY, INC.	
b	Name of plan sponsor DOLE FOOD COMPANY, INC.	c EIN-PN 99-0035300-029
a	Plan name CON-WAY RETIREMENT MASTER TRUST	
b	Name of plan sponsor CON-WAY INC	c EIN-PN 94-1444798-002

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 COOPER TIRE & RUBBER COMPANY CLARKSDALE REPRESENTED EMPLOYEE RETIREMEN	
b	Name of plan sponsor COOPER TIRE & RUBBER COMPANY LLC	c EIN-PN 34-4297750-008
a	Plan name COOPER TIRE & RUBBER COMPANY FINDLAY REPRESENTED EMPLOYEE RETIREMENT P	
b	Name of plan sponsor COOPER TIRE & RUBBER COMPANY LLC	c EIN-PN 34-4297750-001
a	Plan name COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	
b	Name of plan sponsor COOPER TIRE & RUBBER COMPANY LLC	c EIN-PN 34-4297750-003
a	Plan name COOPER TIRE & RUBBER COMPANY TEXARKANA REPRESENTED EMPLOYEE RETIREMENT	
b	Name of plan sponsor COOPER TIRE & RUBBER COMPANY LLC	c EIN-PN 34-4297750-007
a	Plan name CORBIN RUSSWIN, INC. PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-011
a	Plan name COVESTRO LLC PENSION PLAN	
b	Name of plan sponsor COVESTRO LLC	c EIN-PN 06-1653740-001
a	Plan name COX ENTERPRISES, INC. PENSION PLAN	
b	Name of plan sponsor COX ENTERPRISES, INC.	c EIN-PN 58-1035149-001
a	Plan name CSR RANGE EE PENSION	
b	Name of plan sponsor CSR PLAN	c EIN-PN 95-4179763-002
a	Plan name CSRA	
b	Name of plan sponsor CSRA	c EIN-PN 47-4310550-001
a	Plan name CURTISS WRIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor CURTISS WRIGHT CORPORATION	c EIN-PN 13-0612970-002
a	Plan name CVS HEALTH FUTURE FUND 401(K) PLAN	
b	Name of plan sponsor CVS HEALTH CORPORATION	c EIN-PN 05-0494040-017
a	Plan name CWA/ITU NEGOTIATED PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES CWA/ITU NEGOTIATED PENSION PLAN	c EIN-PN 13-6212879-001

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	DAILY NEWS RETIREMENT PLAN	
b	Name of plan sponsor	DAILY NEWS, L.P.	c EIN-PN 13-3690542-014
a	Plan name	DAIMLER TRUCK N.A. LLC MASTER RETIREMENT TRUST	
b	Name of plan sponsor	DAIMLER TRUCK NORTH AMERICA LLC	c EIN-PN 93-0790608-009
a	Plan name	DAIMLER TRUCK NORTH AMERICA PENSION PLAN	
b	Name of plan sponsor	DAIMLER TRUCK NORTH AMERICA	c EIN-PN 93-0790608-001
a	Plan name	DALLASNEWS CORPORATION PENSION PLAN MASTER TRUST	
b	Name of plan sponsor	DALLASNEWS CORPORATION	c EIN-PN 38-3765318-100
a	Plan name	DATA GENERAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	EMC CORPORATION	c EIN-PN 04-2680009-003
a	Plan name	DEARBORN PARTNERS DIVERSIFIED INTL EQUITY GROWTH FUND	
b	Name of plan sponsor	DEARBORN GROUP TRUST	c EIN-PN 36-4145621-001
a	Plan name	DEFINED BENEFIT PLAN OF THE MID-JERSEY TRUCKING INDUSTRY AND TEAMSTERS	
b	Name of plan sponsor	DEFINED BENEFIT PLAN OF THE MID-JERSEY TRUCKING INDUSTRY AND TEAMSTERS	c EIN-PN 13-6043977-001
a	Plan name	DEL MONTE FOODS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEL MONTE FOODS, INC.	c EIN-PN 46-3991361-001
a	Plan name	DELAWARE VOL FIREMENS PEN	
b	Name of plan sponsor	DELAWARE VOL FIREMENS PEN	c EIN-PN 51-6000279-001
a	Plan name	DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, DESERT STATES EMPLOYERS & UFCW	c EIN-PN 84-6277982-001
a	Plan name	DIEBOLD INCORPORATED PENSION MASTER TRUST	
b	Name of plan sponsor	DIEBOLD NIXDORF, INCORPORATED	c EIN-PN 34-0183970-017
a	Plan name	DISCOVER FINANCIAL SERVICES PENSION PLAN	
b	Name of plan sponsor	DISCOVER FINANCIAL SERVICES	c EIN-PN 36-2517428-004

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 DISTRIBUTORS ASSOCIATION WAREHOUSEMEN'S PENSION TRUST	
b	Name of plan sponsor INDUSTRIAL EMPLOYERS & DISTRIBUTORS ASSOCIATION	c EIN-PN 94-0294755-002
a	Plan name DISTRICT NO. 9 INTERNATIONAL ASSOCIATION OF MACHIN AEROSPACE WORKERS P	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES OF DISTRICT 9 I.A.M & A.W. PENSION TRUST	c EIN-PN 51-0138317-001
a	Plan name DIVISION 1181 ATU- NY EMPLOYEES PENSION FUND AND PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF DIVISION 1181 ATU- NY EMPLOYEES PENSION FUND	c EIN-PN 11-6183515-001
a	Plan name DNB BANK ASA, NEW YORK BRANCH PENSION PLAN	
b	Name of plan sponsor DNB BANK ASA, NEW YORK BRANCH	c EIN-PN 98-0408276-001
a	Plan name DOMTAR DEFINED BENEFIT PENSION MASTER TRUST	
b	Name of plan sponsor DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-012
a	Plan name DONEGAL MUTUAL INSURANCE COMPANY 401K PLAN	
b	Name of plan sponsor DONEGAL MUTUAL INSURANCE COMPANY	c EIN-PN 23-1336198-003
a	Plan name EASTERN ATLANTIC STATES CARPENTERS ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES EASTERN ATLANTIC STATES CARPENTERS ANNUITY FUND	c EIN-PN 22-2406812-002
a	Plan name EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	c EIN-PN 23-1613018-001
a	Plan name EASTERN CONNECTICUT HEALTH NETWORK, INC. PENSION PLAN	
b	Name of plan sponsor PROSPECT ECHN, INC.	c EIN-PN 81-2312893-001
a	Plan name EASTMAN KODAK EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor EASTMAN KODAK COMPANY	c EIN-PN 16-0417150-002
a	Plan name EATON PERSONAL INVESTMENT PLAN	
b	Name of plan sponsor EATON CORPORATION	c EIN-PN 34-0196300-162
a	Plan name EATON SAVINGS PLAN	
b	Name of plan sponsor EATON CORPORATION	c EIN-PN 34-0196300-055

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	EATON SAVINGS TRUST	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 47-5346861-001
a	Plan name	EB ACTIVE BROAD MARKET FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-024
a	Plan name	EB ACTIVE INDEX PLUS FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-001
a	Plan name	EB DO ULTRA SHORT BOND FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-262
a	Plan name	EB DV ENH MIDCAP COR	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-207
a	Plan name	EB DV GLOBAL INFLATION LINKED BOND INDEX	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-272
a	Plan name	EB EMERGING MARKETS FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-308
a	Plan name	EB GLOBAL ALPHA I FD	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-126
a	Plan name	EB GLOBAL NATURAL RESOURCES EQUITY FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-259
a	Plan name	EB GLOBAL TIPS	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-273
a	Plan name	EB ISSG REAL ASSET STRATEGY FD	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-321
a	Plan name	EB LG TERM CAP BIF	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-196

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	EB MCM BOND INDEX FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-057
a	Plan name	EB MCM DAILY OPENING AGGREGATE BOND FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-093
a	Plan name	EB MEA LCG STOCK FD	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-173
a	Plan name	EB MEA SYSTEMIC INTERNATIONAL EQUITY	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-157
a	Plan name	EB MID CAP STOCK FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-025
a	Plan name	EB SMALL CAP STOCK FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-026
a	Plan name	EB STOCK FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-027
a	Plan name	EB TARGET MATURITY 2010 FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-149
a	Plan name	EB U.S. BOND ALPHA PLUS FUND	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-135
a	Plan name	EB US EXT LD A SEG	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-139
a	Plan name	EB US LARGE CAPITALIZATION CORE EQUITY	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-263
a	Plan name	EB US SMALL-MID CAPITALIZATION VALUE EQUITY	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON	c EIN-PN 25-6078093-266

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	EF HUTTON AND CO UNIVERSAL SAV ACCT PL
b	Name of plan sponsor	LEHMAN BROTHERS HOLDINGS, INC.
c	EIN-PN	13-3216325-006
a	Plan name	ELECTRICAL WORKERS LOCAL NO. 26 PENSION TRUST FUND
b	Name of plan sponsor	ELECTRICAL WORKERS LOCAL NO 26 PENSION TRUST FUND
c	EIN-PN	52-6117919-001
a	Plan name	ELEVANCE HEALTH MASTER TRUST
b	Name of plan sponsor	ATH HOLDING COMPANY LLC
c	EIN-PN	13-6957744-001
a	Plan name	ELEVATOR CONSTRUCTORS UNION LOCAL 1 ANNUITY AND 401K FUND
b	Name of plan sponsor	BD OF TEES OF ELEVATOR CONSTRUCTORS UNION LOCAL NO. 1 ANNUITY & 401K F
c	EIN-PN	51-6124191-001
a	Plan name	ELEVATOR DIVISION RETIREMENT BENEFIT PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES ELEVATOR DIVISION RETIREMENT PLAN
c	EIN-PN	13-3523453-001
a	Plan name	EMPL PEN PL OF CREDIT SUISSE
b	Name of plan sponsor	CREDIT SUISSE FIRST BOSTON LLC
c	EIN-PN	13-5659485-004
a	Plan name	EMPLOYEE PENSION PLAN OF THE LUDWIG GROUP, INC.
b	Name of plan sponsor	THE LUDWIG GROUP INC
c	EIN-PN	13-2808920-001
a	Plan name	EMPLOYEE STOCK OWNERSHIP PLAN OF THE BANK OF NEW YORK COMPANY, INC.
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPORATION
c	EIN-PN	13-2614959-003
a	Plan name	EMPLOYEES' CASH BALANCE RETIREMENT PLAN OF THE TURNER CORPORATION
b	Name of plan sponsor	THE TURNER CORPORATION
c	EIN-PN	13-3209884-001
a	Plan name	EMPLOYEES' RETIREMENT PLAN OF CONSOLIDATED ELECTRICAL DISTRIBUTORS, IN
b	Name of plan sponsor	CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.
c	EIN-PN	77-0559191-001
a	Plan name	EMPLOYEES' RETIREMENT PLAN OF PROSKAUER ROSE LLP
b	Name of plan sponsor	PROSKAUER ROSE LLP
c	EIN-PN	13-1840454-001
a	Plan name	ENBRIDGE EMPLOYEE SERVICES, INC. EMPLOYEES' SAVINGS PLAN
b	Name of plan sponsor	ENBRIDGE EMPLOYEE SERVICES, INC.
c	EIN-PN	76-0697621-001

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 ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor VISTRA OPERATIONS COMPANY LLC	c EIN-PN 36-4833461-004
a	Plan name EPISCOPAL HEALTH SERVICES	
b	Name of plan sponsor HEALTH SERVICES RETIREMENT PLAN	c EIN-PN 11-1665825-001
a	Plan name EQUITY GROUP TRUST (A FUND WITHIN THE MARCO CONSULTING GROUP TRUST I)	
b	Name of plan sponsor SEGAL ADVISORS, INC.	c EIN-PN 27-6230536-001
a	Plan name EQUITY-LEAGUE PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE EQUITY-LEAGUE PENSION TRUST FUND	c EIN-PN 13-6696817-001
a	Plan name ESSA BANK AND TRUST PENSION PLAN	
b	Name of plan sponsor ESSA BANK AND TRUST	c EIN-PN 24-0568185-001
a	Plan name EVERGY, INC. RETIREMENT PLAN	
b	Name of plan sponsor EVERGY, INC.	c EIN-PN 82-2733395-001
a	Plan name EVERSOURCE RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor EVERSOURCE ENERGY SERVICE COMPANY	c EIN-PN 25-6365444-006
a	Plan name EXIDE TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor EXIDE TECHNOLOGIES	c EIN-PN 23-0552730-075
a	Plan name FIRSTENERGY CORP. MASTER PENSION PLAN	
b	Name of plan sponsor FIRSTENERGY CORP.	c EIN-PN 34-1843785-001
a	Plan name FKI GROUP PEN PL	
b	Name of plan sponsor FKI INDUSTRIES, INC.	c EIN-PN 06-0241470-041
a	Plan name FKI INDUSTRIES, INC COMBINED MANAGERS	
b	Name of plan sponsor FKI INDUSTRIES, INC.	c EIN-PN 06-0241470-061
a	Plan name FOOT LOCKER 401(K) PLAN	
b	Name of plan sponsor FOOT LOCKER, INC.	c EIN-PN 13-3513936-003

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	FOOT LOCKER PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor	FOOT LOCKER RETAIL, INC.	c EIN-PN 13-1988404-004
a	Plan name	FOOT LOCKER RETIREMENT PLAN	
b	Name of plan sponsor	FOOT LOCKER, INC.	c EIN-PN 13-3513936-001
a	Plan name	FPL GROUP, INC.	
b	Name of plan sponsor	FPL GROUP, INC.	c EIN-PN 59-2183080-001
a	Plan name	GE ENERGY PENSION MASTER TRUST	
b	Name of plan sponsor	ROPCOR, INC.	c EIN-PN 61-1399608-002
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	GENERAL MILLS CINCINNATI PLANT PENSION	
b	Name of plan sponsor	GENERAL MILLS INC.	c EIN-PN 41-0274440-118
a	Plan name	GENERAL MILLS GROUP TRUST	
b	Name of plan sponsor	GENERAL MILLS INC.	c EIN-PN 41-1939866-001
a	Plan name	GENERAL MILLS PENSION PLAN	
b	Name of plan sponsor	GENERAL MILLS, INC.	c EIN-PN 41-0274440-001
a	Plan name	GENTEK INC. PEN PL	
b	Name of plan sponsor	NEW YORK LIFE INVESTMENT	c EIN-PN 25-6329188-001
a	Plan name	GENWORTH FINANCIAL INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	GENWORTH FINANCIAL, INC	c EIN-PN 80-0873306-001
a	Plan name	GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	
b	Name of plan sponsor	GEORGIA STEVEDORE ASSOC. INTL LONGSHOREMENS ASSOC.	c EIN-PN 58-6106340-001
a	Plan name	GIANT EAGLE, INC. INCOME SECURITY PLAN	
b	Name of plan sponsor	GIANT EAGLE, INC. INCOME SECURITY PLAN	c EIN-PN 25-0698270-002

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 GKN NORTH AMERICA CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor GKN AMERICA CORP.	c EIN-PN 51-0282662-001
a	Plan name GLAZIERS LOCAL UNION NO 558 PENSION FUND	
b	Name of plan sponsor GLAZIERS LOCAL UNION NO 558 PENSION FUND	c EIN-PN 43-6106206-001
a	Plan name GLOBAL CURRENTS GROUP TRUST	
b	Name of plan sponsor GLOBAL CURRENTS GROUP TRUST	c EIN-PN 01-0846058-016
a	Plan name GRAFTECH INTERNATIONAL HOLDINGS INC. RETIREMENT PLAN	
b	Name of plan sponsor GRAFTECH INTERNATIONAL HOLDINGS INC	c EIN-PN 06-1249029-001
a	Plan name GRAPHIC PACKAGING INTERNATIONAL, LLC MASTER PENSION TRUST	
b	Name of plan sponsor GRAPHIC PACKAGING INTERNATIONAL, LLC	c EIN-PN 84-0772929-093
a	Plan name GREATER KANSAS CITY LABORERS PENSION PLAN	
b	Name of plan sponsor GREATER KANSAS CITY LABORERS PENSION PLAN	c EIN-PN 43-6141953-001
a	Plan name GUARANTEED INVESTMENT CONTRACTS MASTER TRUST ACCOUNT	
b	Name of plan sponsor OCCIDENTAL PETROLEUM CORP DEFINED CONTRIB PL MASTER TRUST AGREEMENT	c EIN-PN 13-3189948-200
a	Plan name HANSAND STEAMSHIP CORPORATION MERGED PENSION PLAN	
b	Name of plan sponsor HANSAND STEAMSHIP CORPORATION	c EIN-PN 34-0744244-001
a	Plan name HARDMAN JOHNSTON GLOBAL EQUITY GROUP TRUST	
b	Name of plan sponsor HARDMAN JOHNSTON GLOBAL ADVISORS LLC	c EIN-PN 26-6493485-002
a	Plan name HARDMAN JOHNSTON INTERNATIONAL EQUITY GROUP TRUST	
b	Name of plan sponsor HARDMAN JOHNSTON GLOBAL ADVISORS LLC	c EIN-PN 26-6493485-001
a	Plan name HASBRO, INC. PENSION PLAN	
b	Name of plan sponsor HASBRO, INC.	c EIN-PN 05-0155090-003
a	Plan name HASBRO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HASBRO, INC.	c EIN-PN 05-0155090-004

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 HAWAII LABORERS' PENSION TRUST FUND	
b	Name of plan sponsor HAWAII LABORERS PENSION TRUST FUND	c EIN-PN 99-6025107-001
a	Plan name HEALTH SERVICES RETIREMENT PLAN KINGSBROOK JEWISH MEDICAL CENTER	
b	Name of plan sponsor KINGSBROOK JEWISH MEDICAL CENTER	c EIN-PN 11-1631759-001
a	Plan name HEAVY & GENERAL LABORERS' LOCAL UNIONS 472 & 172 OF NJ ANNUITY PLAN	
b	Name of plan sponsor BD OF TRUSTEES HEAVY & GENERAL LABORERS OF NJ ANNUITY FUND	c EIN-PN 22-2331070-001
a	Plan name HEAVY AND GENERAL LABORERS' LOCAL UNIONS 472 AND 172 OF NEW JERSEY PEN	
b	Name of plan sponsor BOARD OF TRUSTEES H&GL LOCAL UNIONS 472 & 172 OF NJ PENSION FUND	c EIN-PN 22-6032103-001
a	Plan name HELMICK CORP RET AND SAV-SALAR PL	
b	Name of plan sponsor HELMICK CORPORATION	c EIN-PN 55-0191890-003
a	Plan name HELMICK CORPORATION HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor HELMICK CORPORATION	c EIN-PN 55-0191890-001
a	Plan name HENRY FORD HEALTH SYSTEM ALLEGIANCE COMBINED PENSION PLAN	
b	Name of plan sponsor HENRY FORD ALLEGIANCE HEALTH	c EIN-PN 38-2027689-001
a	Plan name HILTON INTERNATIONAL CASH BALANCE PENSION PLAN	
b	Name of plan sponsor HILTON INTERNATIONAL HOLDING, LLC	c EIN-PN 47-1062743-004
a	Plan name HITACHI DATA SYSTEMS PENSION PLAN	
b	Name of plan sponsor HITACHI DATA SYSTEMS	c EIN-PN 94-2603663-002
a	Plan name HOWARD UNIVERSITY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor HOWARD UNIVERSITY	c EIN-PN 53-0204707-001
a	Plan name HOWMET AEROSPACE RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor HOWMET AEROSPACE INC.	c EIN-PN 25-0317820-038
a	Plan name HOWMET AEROSPACE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor HOWMET AEROSPACE INC.	c EIN-PN 25-0317820-003

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 I.B.E.W. LOCAL UNION NO 357 PENSION TRUST FUND, PLAN A	
b	Name of plan sponsor I.B.E.W. BOARD OF TRUSTEES FOR LOCAL 357 PENSION TRUST	c EIN-PN 88-6023284-001
a	Plan name IBEW 332 PENSION PLAN - PART A	
b	Name of plan sponsor BOARD OF TRUSTEES, IBEW 332 PENSION PLAN - PART A	c EIN-PN 94-2688032-004
a	Plan name IBEW LOCAL 351 SURETY PLAN	
b	Name of plan sponsor IBEW LOCAL 351 SURETY FUND TRUSTEES	c EIN-PN 22-3431479-002
a	Plan name IBEW LOCAL UNION NO. 861 PENSION AND RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL UNION NO. 861 PENSION AND RETIREMENT FUND	c EIN-PN 72-0575303-001
a	Plan name IDEX CORPORATION MASTER TRUST	
b	Name of plan sponsor IDEX CORPORATION	c EIN-PN 36-3555336-065
a	Plan name ING FINANCIAL SERVICES LLC RETIREMENT PLAN	
b	Name of plan sponsor ING FINANCIAL SERVICES LLC	c EIN-PN 13-3713590-001
a	Plan name INGRAM INDUSTRIES, INC. PEN PL	
b	Name of plan sponsor NEW YORK LIFE INVESTMENT	c EIN-PN 56-1625317-001
a	Plan name INLAND REFRIGERATION AND AIR CONDITIONING RETIREMENT TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, INLAND REFRIGERATION AND AIR	c EIN-PN 95-6377502-001
a	Plan name INSTRUMENTATION LABORATORY RETIREMENT PLAN	
b	Name of plan sponsor INSTRUMENTATION LABORATORY	c EIN-PN 02-0448199-001
a	Plan name INTALCO ALUMINUM SUPPLEMENTAL UNEMPLOYMENT PLAN	
b	Name of plan sponsor INTALCO ALUMINUM LLC	c EIN-PN 13-2519910-505
a	Plan name INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN	
b	Name of plan sponsor INTERFAITH MEDICAL CENTER	c EIN-PN 11-2626155-005
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B PENSION FD	
b	Name of plan sponsor BOARD OF TRUSTEES I.U.O.E. LOCAL 14-14B PENSION FUND	c EIN-PN 11-2392157-001

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 INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 4 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES I.U.O.E. LOCAL 4 PENSION FUND	c EIN-PN 04-6013863-001
a	Plan name IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS	c EIN-PN 04-2647320-001
a	Plan name IRON WORKERS LOCAL 17 PENSION FUND	
b	Name of plan sponsor IRON WORKERS LOCAL 17 PENSION FUND	c EIN-PN 51-0161467-001
a	Plan name IRON WORKERS LOCALS 40, 361 & 417 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS LOCALS 40, 361 & 417 ANNUITY FUND	c EIN-PN 23-7299279-001
a	Plan name IRON WORKERS LOCALS 40, 361 & 417 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS LOCALS 40, 361 & 417 PENSION FUND	c EIN-PN 51-6102576-001
a	Plan name IRON WORKERS' LOCALS NO. 15 & 424 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES-IRON WORKERS LOCALS NO. 15 & 424	c EIN-PN 06-6077019-001
a	Plan name IRON WORKERS PENSION PLAN	
b	Name of plan sponsor IRON WORKERS DISTRICT COUNCIL PHILA VICINITY RETIREMENT AND PENSION	c EIN-PN 23-6529504-001
a	Plan name IRONWORKERS LOCAL 11 ANNUITY FUND	
b	Name of plan sponsor IRONWORKERS LOCAL 11 ANNUITY FUND BOARD OF TRUSTEES	c EIN-PN 51-6135653-001
a	Plan name IRONWORKERS LOCAL 11 PENSION FUND	
b	Name of plan sponsor IRONWORKERS LOCAL 11 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 22-6243387-001
a	Plan name J C TAYLOR ANTIQUE AUTO AGENCY INC PFT SH TR	
b	Name of plan sponsor JC TAYLOR ANTIQUE AUTOMOBILE AGENCY, INC.	c EIN-PN 23-1704319-001
a	Plan name JEWISH GUILD FOR THE BLIND BARGAINING UNIT EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor THE JEWISH GUILD FOR THE BLIND	c EIN-PN 13-1623854-004
a	Plan name JEWISH GUILD FOR THE BLIND NON-BARGAINING UNIT EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor THE JEWISH GUILD FOR THE BLIND	c EIN-PN 13-1623854-001

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 JOHN DEERE PENSION TRUST (MASTER TRUST)	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-010
a	Plan name JOHN T MATHER MEMORIAL HOSPITAL CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor JOHN T MATHER MEMORIAL HOSPITAL	c EIN-PN 11-1639818-005
a	Plan name JOHNSON MATTHEY INC. AMENDED AND RESTATED HOURLY EMPLOYEES PENSION PLA	
b	Name of plan sponsor JOHNSON MATTHEY INC.	c EIN-PN 23-0411710-002
a	Plan name JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION P	
b	Name of plan sponsor JOHNSON MATTHEY INC.	c EIN-PN 23-0411710-001
a	Plan name JPS INDUST EMPL RET PEN PL	
b	Name of plan sponsor JPS INDUSTRIES, INC.	c EIN-PN 57-0868166-001
a	Plan name KEYSIGHT TECHNOLOGIES, INC. DEFERRED PROFIT-SHARING PLAN	
b	Name of plan sponsor KEYSIGHT TECHNOLOGIES, INC.	c EIN-PN 46-4254555-001
a	Plan name KEYSpan CORPORATION PENSION MASTER TRUST	
b	Name of plan sponsor NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-002
a	Plan name KODAK RETIREMENT INCOME PLAN	
b	Name of plan sponsor EASTMAN KODAK COMPANY	c EIN-PN 16-0417150-001
a	Plan name L3HARRIS PENSION MASTER TRUST	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 36-6668234-300
a	Plan name LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLA	
b	Name of plan sponsor LABORATORY CORPORATION OF AMERICA HOLDINGS	c EIN-PN 13-3757370-002
a	Plan name LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 1298 ANNUITY FUND	c EIN-PN 11-2911064-001
a	Plan name LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 1298 PENSION FUND	c EIN-PN 11-1970385-001

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 LARGE CAP EQUITY FUND	
b	Name of plan sponsor AON HEWITT INVESTMENT CONSULTANT, INC.	c EIN-PN 27-2436452-001
a	Plan name LEAGUE OF VOLUNTARY HOSPITALS AND HOMES OF NEW YORK DEFINED BENEFIT PE	
b	Name of plan sponsor LEAGUE OF VOLUNTARY HOSPITALS AND HOMES OF NEW YORK	c EIN-PN 13-2601380-001
a	Plan name LEGACY ALLERGAN, INC. PENSION PLAN	
b	Name of plan sponsor ALLERGAN, INC.	c EIN-PN 95-1622442-001
a	Plan name LEHIGH CEMENT COMPANY MASTER TRUST	
b	Name of plan sponsor LEHIGH CEMENT COMPANY	c EIN-PN 23-0797050-001
a	Plan name LEHIGH VALLEY HEALTH NETWORK, INC. RETIREMENT PLAN	
b	Name of plan sponsor LEHIGH VALLEY HEALTH NETWORK, INC.	c EIN-PN 22-2458317-001
a	Plan name LEHMAN BROTHERS HOLDINGS, INC. RET PL	
b	Name of plan sponsor LEHMAN BROTHERS HOLDINGS, INC.	c EIN-PN 13-3216325-002
a	Plan name LEHMAN BROTHERS HOLDINGS, INC. SAVING PL	
b	Name of plan sponsor LEHMAN BROTHERS HOLDINGS, INC.	c EIN-PN 13-3216325-003
a	Plan name LEHMAN BROTHERS SAVINGS PL FOR FORM EMPL OF EF HUTTON AND CO	
b	Name of plan sponsor LEHMAN BROTHERS HOLDINGS, INC.	c EIN-PN 13-3216325-007
a	Plan name LENOX HILL HOSPITAL	
b	Name of plan sponsor HEALTH SERVICES RETIREMENT PLAN	c EIN-PN 11-1562701-001
a	Plan name LEONARDO DRS MASTER TRUST	
b	Name of plan sponsor LEONARDO DRS, INC.	c EIN-PN 46-6867042-201
a	Plan name LEVI STRAUSS & CO. RETIREMENT PLANS' MASTER TRUST - DB FUND	
b	Name of plan sponsor LEVI STRAUSS & CO.	c EIN-PN 94-0905160-001
a	Plan name LIUNA NATIONAL (INDUSTRIAL) PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LIUNA NATIONAL (INDUSTRIAL) PENSION FUND	c EIN-PN 52-6074345-001

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 LIUNA STAFF AND AFFILIATES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	c EIN-PN 52-0743575-001
a	Plan name LOCAL 1034 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 1034 PENSION FUND	c EIN-PN 13-6594795-001
a	Plan name LOCAL 111 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 111 PENSION FUND	c EIN-PN 11-1955247-001
a	Plan name LOCAL 580 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 580 ANNUITY FUND	c EIN-PN 13-6178512-001
a	Plan name LOCAL 580 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 580 PENSION FUND	c EIN-PN 13-6178514-001
a	Plan name LOCAL 734 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 734 PENSION FUND	c EIN-PN 22-6174132-002
a	Plan name LOCAL 74 USWU PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 74 USWU PENSION FUND	c EIN-PN 27-1247066-001
a	Plan name LOCAL 758 PENSION FUND	
b	Name of plan sponsor LOCAL 758 PENSION FUND	c EIN-PN 13-6121512-001
a	Plan name LOCTITE/DEXTER RETIREE WELFARE BENEFIT PLAN	
b	Name of plan sponsor HENKEL US OPERATIONS CORPORATION	c EIN-PN 41-0957894-521
a	Plan name LONG ISLAND ELECTRIC UTILITY SERVCO LLC RETIREMENT INCOME PLAN	
b	Name of plan sponsor LONG ISLAND ELECTRIC UTILITY SERVCO LLC	c EIN-PN 45-4652143-001
a	Plan name LYONDELLBASELL MASTER TRUST	
b	Name of plan sponsor LYONDELL CHEMICAL COMPANY	c EIN-PN 13-7073479-009
a	Plan name M AND G POLYMERS USA HOURLY PENSION PLAN	
b	Name of plan sponsor MANDG POLYMERS, USA LLC	c EIN-PN 76-0607593-004

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	MACYS INC CASH ACCOUNT PENSION PLAN	
b	Name of plan sponsor	MACYS INC	c EIN-PN 13-3324058-012
a	Plan name	MADISON PAPER INDUSTRIES PENSION PLAN	
b	Name of plan sponsor	MADISON PAPER INDUSTRIES	c EIN-PN 01-0352542-001
a	Plan name	MAIRS & POWER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAIRS & POWER, INC.	c EIN-PN 41-0844499-001
a	Plan name	MAKENA CAPITAL MANAGEMENT LLC RETIREMENT PLAN	
b	Name of plan sponsor	MAKENA CAPITAL MANAGEMENT, LLC	c EIN-PN 20-3873840-001
a	Plan name	MANATEE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	MANATEE MEMORIAL HOSPITAL, L.P.	c EIN-PN 23-2798290-001
a	Plan name	MANNINGTON CARPETS HOURLY PENSION PLAN AND TRUST	
b	Name of plan sponsor	MANNINGTON MILLS, INC.	c EIN-PN 21-0506420-011
a	Plan name	MANNINGTON PENSION PLAN AND TRUST	
b	Name of plan sponsor	MANNINGTON MILLS, INC.	c EIN-PN 21-0506420-001
a	Plan name	MANNINGTON RESILIENT HOURLY PENSION PLAN AND TRUST	
b	Name of plan sponsor	MANNINGTON MILLS, INC.	c EIN-PN 21-0506420-002
a	Plan name	MANNINGTON WOOD FLOORS HOURLY PENSION PLAN AND TRUST	
b	Name of plan sponsor	MANNINGTON MILLS, INC.	c EIN-PN 21-0506420-005
a	Plan name	MARINE EQUIPMENT & SUPPLY COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	MARINE EQUIPMENT & SUPPLY COMPANY	c EIN-PN 21-0723954-001
a	Plan name	MARTINREA FABCO HOT STAMPINGS, INC. HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MARTINREA FABCO HOT STAMPINGS, INC.	c EIN-PN 38-1897796-001
a	Plan name	MASTER TRUST FOR PARTICIPATING COMPUTER SCIENCES CORPORATION RETIREMEN	
b	Name of plan sponsor	COMPUTER SCIENCES CORPORATION	c EIN-PN 81-6820513-301

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 MEMORIAL HERMANN PENSION PLAN	
b	Name of plan sponsor MEMORIAL HERMANN HEALTH SYSTEM	c EIN-PN 74-1152597-001
a	Plan name MENASHA CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor MENASHA CORPORATION	c EIN-PN 39-1367484-001
a	Plan name MERCER US LARGE CAP EQUITY PORTFOLIO	
b	Name of plan sponsor MERCER TRUST COMPANY LLC	c EIN-PN 03-0566610-001
a	Plan name MERCK & CO., INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor MERCK & CO., INC.	c EIN-PN 13-6366355-001
a	Plan name MERCY-DOUGLASS DEF SAL	
b	Name of plan sponsor MERCY-DOUGLAS CORPORATION	c EIN-PN 23-2222220-001
a	Plan name METAL LATHERS LOCAL 46 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF METAL LATHERS LOCAL 46 PENSION FUND	c EIN-PN 13-6106419-001
a	Plan name METRO REG COUNCIL OF CARPENTERS OF PHILA AND VICINITY PENS PLAN	
b	Name of plan sponsor METRO REG COUNCIL OF CARPENTERS OF PHILA AND VICINITY PENS PLAN	c EIN-PN 23-1574984-001
a	Plan name MICHIGAN CARPENTERS' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, MICHIGAN CARPENTERS PENSION FUND	c EIN-PN 38-6233978-001
a	Plan name MICHIGAN LABORERS' PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES MICHIGAN LABORERS PENSION FUND	c EIN-PN 38-6233976-001
a	Plan name MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	c EIN-PN 36-6130207-001
a	Plan name MIZUHO BANK, LTD. PENSION PLAN	
b	Name of plan sponsor MIZUHO BANK LTD.	c EIN-PN 13-5624234-009
a	Plan name MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN	
b	Name of plan sponsor MOMENTIVE PERFORMANCE MATERIALS INC	c EIN-PN 20-5748297-001

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	MONSANTO COMPANY PENSION PLAN	
b	Name of plan sponsor	BAYER CORPORATION	c EIN-PN 25-1339219-002
a	Plan name	MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN	
b	Name of plan sponsor	MONTEFIORE MEDICAL CENTER	c EIN-PN 13-1740114-003
a	Plan name	MOTOR COACH INDUSTRIES INTERNATIONAL, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	MOTOR COACH INDUSTRIES INTERNATIONAL, INC.	c EIN-PN 86-0767238-002
a	Plan name	MUFG UNION BANK, N.A. RETIREMENT PLAN	
b	Name of plan sponsor	MUFG UNION BANK, N.A.	c EIN-PN 94-0304228-016
a	Plan name	NATIONAL ELECTRICAL ANNUITY PLAN	
b	Name of plan sponsor	TRUSTEES OF THE NATIONAL ELECTRICAL ANNUITY PLAN	c EIN-PN 52-6132372-001
a	Plan name	NATIONAL ELECTRICAL BENEFIT FUND	
b	Name of plan sponsor	TRUSTEES OF THE NATIONAL ELECTRICAL BENEFIT FUND	c EIN-PN 53-0181657-001
a	Plan name	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN BOARD OF TRUSTEES	c EIN-PN 23-2790911-501
a	Plan name	NATIONWIDE DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	NATIONWIDE MUTUAL INSURANCE COMPANY	c EIN-PN 14-6316950-003
a	Plan name	NCR PENSION PLAN	
b	Name of plan sponsor	NCR CORPORATION	c EIN-PN 31-0387920-001
a	Plan name	NEPC, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	NEPC, LLC	c EIN-PN 26-1429809-001
a	Plan name	NEW ENGLAND LIFE INSURANCE CO 401K SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	NEW ENGLAND LIFE INSURANCE	c EIN-PN 13-5581829-003
a	Plan name	NEW ENGLAND LIFE INSURANCE COMPANY AGENTS' RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	NEW ENGLAND LIFE INSURANCE COMPANY	c EIN-PN 04-2708937-003

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	NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND	
b	Name of plan sponsor	BD OF TRUSTEES NJ BUILDING LABORERS STATEWIDE ANNUITY FUND	c EIN-PN 22-2450453-001
a	Plan name	NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	
b	Name of plan sponsor	BD OF TRUSTEES NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	c EIN-PN 22-6077693-001
a	Plan name	NEW YORK DISTRICT COUNCIL OF CARPENTERS ANNUITY FD	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE NYDCC ANNUITY FD	c EIN-PN 51-0174279-001
a	Plan name	NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY,	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 13-1764242-001
a	Plan name	NEWELL BRANDS CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor	NEWELL OPERATING COMPANY	c EIN-PN 36-1953130-001
a	Plan name	NEWYORK-PRESBYTERIAN QUEENS RETIREMENT PLAN	
b	Name of plan sponsor	NEWYORK-PRESBYTERIAN QUEENS	c EIN-PN 11-1839362-003
a	Plan name	NIAGARA MOHAWK PENSION PLAN	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-001
a	Plan name	NIAGRARA MOHAWK PEN PL	
b	Name of plan sponsor	NIAGARA MOHAWK POWER CORPORATION	c EIN-PN 16-1549726-001
a	Plan name	NORANDA MASTER TRUST	
b	Name of plan sponsor	NORANDA ALUMINUM	c EIN-PN 36-2665285-100
a	Plan name	NORDSTROM 401K PLAN	
b	Name of plan sponsor	NORDSTROM, INC.	c EIN-PN 91-0515058-001
a	Plan name	NORTEK INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTEK INC.	c EIN-PN 05-0314991-008
a	Plan name	NORTHEAST CARPENTERS PENSION FUND	
b	Name of plan sponsor	BD OF TRUSTEES NORTHEAST CARPENTERS PENSION FUND	c EIN-PN 11-1991772-001

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	NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, NORTHERN CALIFORNIA PLASTERING INDUSTRY PEN	c EIN-PN 94-6129382-001
a	Plan name	NORTON HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTON HEALTHCARE, INC.	c EIN-PN 61-1028725-001
a	Plan name	NV ENERGY MASTER TRUST	
b	Name of plan sponsor	NV ENERGY, INC.	c EIN-PN 88-0198358-008
a	Plan name	NV ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	NV ENERGY, INC.	c EIN-PN 88-0198358-001
a	Plan name	NYSA-PPGU PENSION FUND & PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 13-6188644-001
a	Plan name	NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN	
b	Name of plan sponsor	NYU LANGONE HOSPITALS	c EIN-PN 13-3971298-006
a	Plan name	OCCIDENTAL PETROLEUM CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-060
a	Plan name	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-001
a	Plan name	OGE ENERGY CORP. RETIREMENT PLAN	
b	Name of plan sponsor	OGE ENERGY CORP.	c EIN-PN 73-1481638-001
a	Plan name	OHIO CARPENTERS' ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OHIO CARPENTERS ANNUITY FUND	c EIN-PN 34-1778747-001
a	Plan name	OLYMPUS CORPORATION OF THE AMERICAS PENSION PLAN	
b	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	c EIN-PN 11-3046497-001
a	Plan name	OPERATING ENGINEERS LOCAL 101 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF OPERATING ENGINEERS LOCAL 101 PENSION FUND	c EIN-PN 43-6059213-001

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 OREGON LABORERS-EMPLOYERS PENSION PLAN	
b	Name of plan sponsor TRUSTEES OREGON LABORERS - EMPLOYER PENSION PLAN	c EIN-PN 93-6075363-001
a	Plan name OXY COMBINED ADVENT CAPITAL MANAGEMENT	
b	Name of plan sponsor THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	c EIN-PN 36-3055057-110
a	Plan name OXY COMBINED ALLIANCE BERNSTEIN	
b	Name of plan sponsor THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	c EIN-PN 36-3055057-111
a	Plan name OXY MRT CONSOLIDATED	
b	Name of plan sponsor THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	c EIN-PN 36-3055057-100
a	Plan name PA BAR ASSOC AND PA BAR INST PEN PL	
b	Name of plan sponsor PA BAR ASSOCIATION	c EIN-PN 23-0954940-001
a	Plan name PALL CORPORATION MASTER TRUST	
b	Name of plan sponsor PALL CORPORATION	c EIN-PN 11-1541330-010
a	Plan name PAPER PRODUCTS, MISC. CHAUFFEURS, WAREHOUSEMEN, HELPERS, MESSENGERS, P	
b	Name of plan sponsor BD OF TRUSTEES OF PAPER PRODUCTS, MISC. CHAUFFEURS, WAREHOUSEMEN, HELP	c EIN-PN 13-6567546-001
a	Plan name PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSIO	
b	Name of plan sponsor PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	c EIN-PN 13-2631069-001
a	Plan name PARKER-HANNIFIN COLLECTIVE TRUST	
b	Name of plan sponsor PARKER-HANNIFIN	c EIN-PN 34-0451060-500
a	Plan name PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	
b	Name of plan sponsor BD OF TR OF THE PENSION AND ANNUITY PLAN OF BRICKLAYERS PENSION FUND	c EIN-PN 51-6135291-001
a	Plan name PENSION AND RETIREMENT PLAN OF PLUMBERS AND PIPEFITTERS UNION LOCAL 52	
b	Name of plan sponsor JOINT GOV. COMM. PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 525	c EIN-PN 88-6003864-001
a	Plan name PENSION FUND LOCAL 445	
b	Name of plan sponsor LOCAL 445 PENSION FUND	c EIN-PN 13-1864489-001

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 PENSION FUND OF AMALGAMATED INDUSTRIAL AND TOY & NOVELTY WORKERS OF AM	
b	Name of plan sponsor BOARD OF TRUSTEES PENSION FUND OF AIT&NW OF AMERICA, LOCAL 223	c EIN-PN 13-1798229-001
a	Plan name PENSION MASTER TRUST	
b	Name of plan sponsor TEMBEC USA LLC	c EIN-PN 01-0824857-004
a	Plan name PENSION PLAN FOR ELIGIBLE EMPLOYEES OF SUBURBAN PROPANE L.P. AND SUBSI	
b	Name of plan sponsor SUBURBAN PROPANE L.P.	c EIN-PN 22-3410352-070
a	Plan name PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.	
b	Name of plan sponsor CARL ZEISS, INC.	c EIN-PN 13-1495820-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	
b	Name of plan sponsor MARY HITCHCOCK MEMORIAL HOSPITAL	c EIN-PN 02-0222140-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF DUQUESNE CLUB	
b	Name of plan sponsor DUQUESNE CLUB	c EIN-PN 25-0451150-002
a	Plan name PENSION PLAN FOR EMPLOYEES OF GENERALI - US BRANCH	
b	Name of plan sponsor GENERALI - U.S. BRANCH	c EIN-PN 13-5617450-003
a	Plan name PENSION PLAN FOR EMPLOYEES OF SKF USA INC.	
b	Name of plan sponsor SKF USA INC.	c EIN-PN 23-1043740-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF WELFARE & PENSION FD OF LOCAL UNIONS 15,	
b	Name of plan sponsor WELFARE FUND OF THE I.U.O.E. LOCAL 15, 15A, 15C, 15D AFL-CIO	c EIN-PN 13-6694320-001
a	Plan name PENSION PLAN FOR MIAMI HOURLY EMPLOYEES	
b	Name of plan sponsor ARCELORMITTAL TUBULAR PRODUCTS USA LLC	c EIN-PN 98-0467860-002
a	Plan name PENSION PLAN FOR NYLON EMPLOYEES	
b	Name of plan sponsor ASCEND PERFORMANCE MATERIALS HOLDINGS INC.	c EIN-PN 27-0219853-001
a	Plan name PENSION PLAN FOR SALARIED EMPLOYEES OF UNION PACIFIC CORPORATION & AFF	
b	Name of plan sponsor UNION PACIFIC CORPORATION	c EIN-PN 13-2626465-001

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	PENSION PLAN OF CARPENTER FUNDS ADMINISTRATIVE OFFICE	
b	Name of plan sponsor	CARPENTERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.	c EIN-PN 94-1557079-002
a	Plan name	PENSION PLAN OF L'OREAL USA, INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	LOREAL USA, INC.	c EIN-PN 13-3647058-001
a	Plan name	PENSION PLAN OF PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	
b	Name of plan sponsor	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	c EIN-PN 22-2625848-001
a	Plan name	PENSION PLAN OF STEAMFITTERS PENSION FUND 475	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION PLAN OF STEAMFITTERS PENSION FUND LOCAL 475	c EIN-PN 22-6029738-001
a	Plan name	PENSION PLAN OF THE CARPENTERS HEALTH AND WELFARE AND PENSION FUNDS	
b	Name of plan sponsor	CARPENTERS HEALTH AND WELFARE FUND OF PHILADELPHIA AND VICINITY	c EIN-PN 23-1574984-001
a	Plan name	PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO	
b	Name of plan sponsor	BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO	c EIN-PN 13-1825849-001
a	Plan name	PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT	
b	Name of plan sponsor	BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I	c EIN-PN 13-1975659-001
a	Plan name	PENTAIR, INC. MASTER TRUST	
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON/BNY MEL LON, N.A.	c EIN-PN 25-6346358-001
a	Plan name	PENTEGRA DEFINED BENEFIT PLAN FOR FINANCIAL INST	
b	Name of plan sponsor	BOARD OF DIRECTORS OF PENTEGRA DEFINED BENEFIT PLAN	c EIN-PN 13-5645888-333
a	Plan name	PHILIPS NORTH AMERICA MASTER RETIREMENT TRUST	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-6326118-999
a	Plan name	PHYSICIANS ORGANIZATION AT CHILDRENS HOSPITAL RETIREMENT PLAN GROUP TR	
b	Name of plan sponsor	PHYSICIANS ORGANIZATION AT CH, INC.	c EIN-PN 04-3266103-001
a	Plan name	PIPEFITTERS LOCAL UNION NO. 537 DEFERRED INCOME ANNUITY FUND INDIVIDUA	
b	Name of plan sponsor	PIPEFITTERS LOCAL UNION NO.537	c EIN-PN 04-2760802-002

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 PIPEFITTERS UNION LOCAL NO. 537 PENSION FUND	
b	Name of plan sponsor PIPE & REFRIGERATION FITTERS LOCAL 537	c EIN-PN 51-6030859-001
a	Plan name PLASTERERS UNION LOCAL NO. 66 SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES PLASTERERS UNION LOCAL NO. 66 SUPP. RETIREMENT BENEF	c EIN-PN 94-6273369-003
a	Plan name POLEN DDJ OPPORTUNISTIC HIGH YIELD COLLECTIVE INVESTMENT TRUST FUND	
b	Name of plan sponsor RELIANCE TRUST COMPANY	c EIN-PN 80-6195213-001
a	Plan name POLYONE CORPORATION MASTER TRUST	
b	Name of plan sponsor AVIENT CORPORATION	c EIN-PN 34-1932233-001
a	Plan name POOLED EMPLOYEE EMERGING MARKETS VALUE EQUITY FUND	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 04-3163165-001
a	Plan name POOLED EMPLOYEE NON-US VALUE EQUITY FUND	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 04-3242849-001
a	Plan name POOLED EMPLOYEE US MID CAPITALIZATION DISCIPLINED GROWTH EQUITY FUND	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 56-2654668-001
a	Plan name PPG INDUSTRIES, INC. PENSION PLAN TRUST	
b	Name of plan sponsor PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-001
a	Plan name PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor PROMEDICA HEALTH SYSTEM, INC.	c EIN-PN 34-1517671-001
a	Plan name PUBLIC SERVICE CO OF NM EMP RET PL	
b	Name of plan sponsor PUBLIC SERVICE COMPANY OF NEW MEXICO	c EIN-PN 85-0019030-001
a	Plan name PUERTO RICO SUN OIL COMPANY RETIREMENT PLAN	
b	Name of plan sponsor SUNOCO, INC. R & M	c EIN-PN 23-1743283-021
a	Plan name QEP RESOURCES, INC. RETIREMENT PLAN	
b	Name of plan sponsor QEP RESOURCES, INC.	c EIN-PN 87-0287750-001

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 RAYONIER ADVANCED MATERIALS INC. RETIREMENT PLAN	
b	Name of plan sponsor RAYONIER ADVANCED MATERIALS INC.	c EIN-PN 46-4559529-001
a	Plan name READE MANUFACTURING COMPANY DBA MAGNESIUM ELEKTRON POWDERS NJ RETIREME	
b	Name of plan sponsor READE MANUFACTURING COMPANY	c EIN-PN 22-3625150-002
a	Plan name REED SMITH 401(K) PLAN	
b	Name of plan sponsor REED SMITH LLP	c EIN-PN 25-0749630-001
a	Plan name RELX INC. US RETIREMENT PLAN	
b	Name of plan sponsor RELX INC.	c EIN-PN 52-1471842-004
a	Plan name RESOLUTE FP US MASTER TRUST	
b	Name of plan sponsor RESOLUTE FP US, INC.	c EIN-PN 26-6523081-021
a	Plan name RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND	
b	Name of plan sponsor BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND	c EIN-PN 51-0167964-001
a	Plan name RETIREMENT INCOME PLAN FOR DARDEN RESTAURANTS INC.	
b	Name of plan sponsor DARDEN RESTAURANTS, INC.	c EIN-PN 59-3305930-094
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF UGI UTILITIES, INC.	
b	Name of plan sponsor UGI UTILITIES, INC.	c EIN-PN 23-1174060-001
a	Plan name RETIREMENT PLAN FOR CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	
b	Name of plan sponsor CHILDRENS HOSPITAL & RESEARCH CENTER AT OAKLAND	c EIN-PN 94-0382330-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF DANA-FARBER CANCER INSTITUTE, INC	
b	Name of plan sponsor DANA-FARBER CANCER INSTITUTE, INC	c EIN-PN 04-2263040-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF DEVON ENERGY CORPORATION	
b	Name of plan sponsor DEVON ENERGY CORPORATION	c EIN-PN 73-1567067-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF HAWAIIAN ELECTRIC INDUSTRIES, INC. AN	
b	Name of plan sponsor HAWAIIAN ELECTRIC INDUSTRIES, INC.	c EIN-PN 99-0208097-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF LIGHTHOUSE INTERNATIONAL
b	Name of plan sponsor	LIGHTHOUSE INTERNATIONAL
c	EIN-PN	13-1096620-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.
b	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.
c	EIN-PN	04-1215610-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF PUGET SOUND ENERGY, INC.
b	Name of plan sponsor	PUGET SOUND ENERGY, INC.
c	EIN-PN	91-0374630-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SARGENT MANUFACTURING COMPANY AND AMS
b	Name of plan sponsor	SARGENT MANUFACTURING COMPANY ASSA ABLOY, INC.
c	EIN-PN	25-1515164-022
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SUN PACIFIC SHIPPERS, L.P.
b	Name of plan sponsor	SUN PACIFIC SHIPPERS, L.P.
c	EIN-PN	77-0570025-002
a	Plan name	RETIREMENT PLAN FOR SALARIED AND OTHER NON BARGAINING UNIT EMPLOYEES
b	Name of plan sponsor	TEMBEC USA LLC
c	EIN-PN	72-1505389-002
a	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.
b	Name of plan sponsor	HIAS, INC.
c	EIN-PN	13-5633307-001
a	Plan name	RETIREMENT PLAN OF BYK USA
b	Name of plan sponsor	BYK USA, INC.
c	EIN-PN	13-1978006-003
a	Plan name	RETIREMENT PLAN OF GENERAL MILLS, INC. AND THE BAKERY, CONFECTIONERY,
b	Name of plan sponsor	GENERAL MILLS, INC.
c	EIN-PN	41-0274440-004
a	Plan name	REVLON MASTER TRUST
b	Name of plan sponsor	REVLON CONSUMER PRODUCTS LLC
c	EIN-PN	36-7370049-001
a	Plan name	REVVITY, INC. EMPLOYEES RETIREMENT PLAN
b	Name of plan sponsor	REVVITY, INC.
c	EIN-PN	04-2052042-002
a	Plan name	RICOH CORPORATION RETIREMENT PLAN
b	Name of plan sponsor	RICOH CORPORATION
c	EIN-PN	13-1975301-001

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 RITE AID MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor RITE AID CORPORATION	c EIN-PN 23-1614034-001
a	Plan name RIVIANA FOODS INC. PASTA GROUP RETIREMENT PLAN	
b	Name of plan sponsor RIVIANA FOODS INC.	c EIN-PN 76-0177572-003
a	Plan name ROGERS BROTHERS PENSION PLAN FOR BARGAINING EMPLOYEES	
b	Name of plan sponsor ROGERS BROTHERS CORPORATION	c EIN-PN 25-0762460-001
a	Plan name ROGERS BROTHERS PENSION PLAN FOR NON-BARGAINING EMPLOYEES	
b	Name of plan sponsor ROGERS BROTHERS CORPORATION	c EIN-PN 25-0762460-002
a	Plan name ROGGE INTERNATIONAL UNHEDGED BOND FUND	
b	Name of plan sponsor OLD MUTUAL US TRUST COMPANY	c EIN-PN 52-1965997-008
a	Plan name ROOFERS UNION LOCAL NO.33 PENSION FUND	
b	Name of plan sponsor ROOFERS UNION LOCAL NO.33 PENSION FUND	c EIN-PN 04-2228135-001
a	Plan name S.D. WARREN COMPANY EMPLOYEES RETIREMENT PLAN TRUST	
b	Name of plan sponsor SAPPI NORTH AMERICA, INC.	c EIN-PN 23-2366983-001
a	Plan name SANDI PLAN FOR EMPLOY OF MET LIFE AND PART AFF	
b	Name of plan sponsor METROPOLITAN LIFE INSURANCE COMPANY	c EIN-PN 13-5581829-003
a	Plan name SANTA CLARA COUNTY MACHINE SHOP EMPLOYERS-IAM PENS	
b	Name of plan sponsor SANTA CLARA COUNTY IAM JOINT BOARD OF TRUSTEES	c EIN-PN 94-6063586-001
a	Plan name SAVAGE ENERGY SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SAVAGE HARRINGTON CORPORATION	c EIN-PN 26-0448084-001
a	Plan name SBERA TRUST NUMBER 1	
b	Name of plan sponsor SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION	c EIN-PN 04-2004337-001
a	Plan name SCHNEIDER ELECTRIC HOLDINGS, INC. MASTER TRUST	
b	Name of plan sponsor SCHNEIDER ELECTRIC HOLDINGS, INC.	c EIN-PN 36-4141566-204

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 SCHOLASTIC CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SCHOLASTIC CORPORATION	c EIN-PN 13-3385513-004
a	Plan name SCHOTT CORPORATION PENSION PLAN	
b	Name of plan sponsor SCHOTT CORPORATION	c EIN-PN 13-3342824-001
a	Plan name SCHOTT NORTH AMERICA, INC. SITE DURYE A PENSION PLAN FOR UNION EMPLOYEE	
b	Name of plan sponsor SCHOTT NORTH AMERICA, INC.	c EIN-PN 13-4085088-002
a	Plan name SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor SCHURZ COMMUNICATIONS, INC.	c EIN-PN 35-0670960-001
a	Plan name SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	c EIN-PN 95-2110997-001
a	Plan name SEMPRA PENSION MASTER TRUST	
b	Name of plan sponsor SEMPRA	c EIN-PN 33-0732627-005
a	Plan name SERGEANTS BENEVOLENT ASSOCIATION ANNUITY FUND	
b	Name of plan sponsor NEW YORK LIFE INVESTMENT	c EIN-PN 13-3704853-001
a	Plan name SHANDS HEALTHCARE PENSION PLAN II	
b	Name of plan sponsor SHANDS TEACHING HOSPITAL AND CLINICS, INC.	c EIN-PN 59-1943502-004
a	Plan name SHEET METAL WORKERS' NATIONAL PENSION FUND	
b	Name of plan sponsor BD OF TRUSTEES SHEET METAL WORKERS NATIONAL PENSION FUND	c EIN-PN 52-6112463-001
a	Plan name SIEMENS NETWORK LLC PENSION PLAN TRUST	
b	Name of plan sponsor NOKIA SIEMENS NETWORKS USA LLC	c EIN-PN 16-1769057-001
a	Plan name SIGNATURE HEALTHCARE RETIREMENT PLAN	
b	Name of plan sponsor BROCKTON HOSPITAL, INC.	c EIN-PN 22-2472997-001
a	Plan name SMURFIT KAPPA PACKAGING, LLC PENSION PLAN	
b	Name of plan sponsor SMURFIT WESTROCK	c EIN-PN 46-0470671-001

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	SONOCO PENSION PLAN	
b	Name of plan sponsor	SONOCO PRODUCTS COMPANY	c EIN-PN 57-0248420-001
a	Plan name	SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN	
b	Name of plan sponsor	SPARROW HEALTH SYSTEM	c EIN-PN 38-2542859-001
a	Plan name	SPIRIT AEROSYSTEMS PEN PL	
b	Name of plan sponsor	SPIRIT AEROSYSTEMS	c EIN-PN 20-2436320-005
a	Plan name	SPRAGUE ELECTRIC COMPANY RETIREMENT INCOME GUARANTEE PLAN	
b	Name of plan sponsor	GREAT AMERICAN FINANCIAL RESOURCES INC.	c EIN-PN 06-1356481-010
a	Plan name	SPRINGER, INC. PEN PL	
b	Name of plan sponsor	SPRINGER, INC.	c EIN-PN 13-2508264-001
a	Plan name	STANDARD REGISTER RETIREMENT PLAN	
b	Name of plan sponsor	STANDARD REGISTER	c EIN-PN 31-0455440-001
a	Plan name	STANDEX INTERNATIONAL CORPORATION PENSION PLANS	
b	Name of plan sponsor	STANDEX INTERNATIONAL CORPORATION	c EIN-PN 31-0596149-001
a	Plan name	STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST	
b	Name of plan sponsor	STANLEY BLACK & DECKER, INC.	c EIN-PN 06-0548860-028
a	Plan name	STEWART-EMP RET TR	
b	Name of plan sponsor	STEWART	c EIN-PN 72-0693290-002
a	Plan name	SUNOCO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SUNOCO, INC.	c EIN-PN 23-1743282-001
a	Plan name	SYENSQO USA PENSION PLAN	
b	Name of plan sponsor	CYTEC INDUSTRIES, INC., MEMBER OF THE SYENSQO GROUP	c EIN-PN 22-3268660-002
a	Plan name	SYNGENTA CORPORATION PENSION PLAN	
b	Name of plan sponsor	SYNGENTA CORPORATION	c EIN-PN 52-2274691-004

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	TATA CHEMICALS NORTH AMERICA INC. HOURLY EMPLOYEES' PENSION PLAN
b	Name of plan sponsor	TATA CHEMICALS NORTH AMERICA INC.
c	EIN-PN	22-3649282-002
a	Plan name	TATA CHEMICALS NORTH AMERICA INC. SALARIED EMPLOYEES' PENSION PLAN
b	Name of plan sponsor	TATA CHEMICALS NORTH AMERICA INC.
c	EIN-PN	22-3649282-001
a	Plan name	TATA CHEMICALS SODA ASH PARTNERS LLC HOURLY EMPLOYEES' PENSION PLAN
b	Name of plan sponsor	TATA CHEMICALS SODA ASH PARTNERS LLC
c	EIN-PN	22-2802279-003
a	Plan name	TATA CHEMICALS SODA ASH PARTNERS LLC SALARIED EMPLOYEES' PENSION PLAN
b	Name of plan sponsor	TATA CHEMICALS SODA ASH PARTNERS LLC
c	EIN-PN	22-2802279-001
a	Plan name	TCF 401K PLAN
b	Name of plan sponsor	TCF FINANCIAL CORPORATION
c	EIN-PN	41-1591444-003
a	Plan name	TEAMSTERS LOCAL 617 PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF TEAMSTERS LOCAL 617 PENSION FUND
c	EIN-PN	23-7356773-001
a	Plan name	TEAMSTERS NEGOTIATED PENSION PLAN
b	Name of plan sponsor	TEAMSTERS NEGOTIATED PENSION PLAN
c	EIN-PN	43-6196083-001
a	Plan name	TELEDYNE TECHNOLOGIES INCORPORATED PENSION PLAN
b	Name of plan sponsor	TELEDYNE TECHNOLOGIES INCORPORATED
c	EIN-PN	25-1843385-001
a	Plan name	TENNECO RETIREMENT PLAN FOR SALIARED EMPLOYEES
b	Name of plan sponsor	TENNECO AUTOMOTIVE OPERATING COMPANY INC.
c	EIN-PN	74-1933558-140
a	Plan name	TEXAS CHILDREN'S HOSPITAL CASH BALANCE PENSION PLAN
b	Name of plan sponsor	TEXAS CHILDRENS
c	EIN-PN	76-0461578-001
a	Plan name	TEXTRON INC. MASTER TRUST
b	Name of plan sponsor	TEXTRON INC.
c	EIN-PN	13-3380685-001
a	Plan name	TFE FINANCE USA DOMESTIC FIXED INCOME
b	Name of plan sponsor	TOTALENERGIES FINANCE USA, INC.
c	EIN-PN	25-1883252-004

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 THE BANK OF AMERICA PENSION PLAN	
b	Name of plan sponsor BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-001
a	Plan name THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON	c EIN-PN 13-5160382-001
a	Plan name THE BANK OF NEW YORK MELLON CORPORATION RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor THE BANK OF NEW YORK MELLON CORPORATION	c EIN-PN 26-4392425-001
a	Plan name THE BURGER KING RETIREMENT PLAN	
b	Name of plan sponsor BURGER KING CORPORATION	c EIN-PN 59-0787929-004
a	Plan name THE CHILDREN'S AID SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor THE CHILDRENS AID SOCIETY	c EIN-PN 13-5562191-001
a	Plan name THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor THE CHILDRENS HOSPITAL CORPORATION	c EIN-PN 04-2774441-003
a	Plan name THE CHROMALLOY CORPORATION MASTER TRUST	
b	Name of plan sponsor CHROMALLOY CORPORATION	c EIN-PN 13-3708654-001
a	Plan name THE COCA-COLA COMPANY MASTER TRUST FOR 401(K)	
b	Name of plan sponsor THE COCA-COLA COMPANY	c EIN-PN 87-6272550-004
a	Plan name THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT	
b	Name of plan sponsor INSTITUTION FOR SAVINGS IN NEWBURYPORT	c EIN-PN 04-1471660-001
a	Plan name THE DEFINED RETIREMENT PLAN OF USMX/NYSA/CCCSC	
b	Name of plan sponsor THE TRUSTEES OF THE DEFINED RETIREMENT PLAN OF USMX/NYSA/CCCSC	c EIN-PN 13-2871925-001
a	Plan name THE DIRECTED ACCOUNT PLAN	
b	Name of plan sponsor THE DIRECTED ACCOUNT PLAN	c EIN-PN 43-1925982-001
a	Plan name THE DIRECTED ACCOUNT PLAN	
b	Name of plan sponsor THE DIRECTED ACCOUNT PLAN	c EIN-PN 75-6646952-002

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 THE DUN & BRADSTREET CORPORATION RETIREMENT ACCOUNT	
b	Name of plan sponsor THE DUN & BRADSTREET CORPORATION	c EIN-PN 22-3725387-001
a	Plan name THE HEARST CORPORATION MASTER TRUST FOR PENSION AND PROFIT SHARING PLA	
b	Name of plan sponsor THE HEARST CORPORATION	c EIN-PN 13-3691321-001
a	Plan name THE HERTZ CORPORATION ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor THE HERTZ CORPORATION	c EIN-PN 13-1938568-001
a	Plan name THE HSRP RETIREMENT PLAN OF BETH ABRAHAM HEALTH SERVICES	
b	Name of plan sponsor BETH ABRAHAM HEALTH SERVICES, INC.	c EIN-PN 13-1739920-001
a	Plan name THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INCORPORATED EM	
b	Name of plan sponsor INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INC.	c EIN-PN 13-1656633-001
a	Plan name THE KROGER CO MASTER RETIREMENT TRUST	
b	Name of plan sponsor THE KROGER CO	c EIN-PN 31-0345740-008
a	Plan name THE KROGER CO. 401(K) RETIREMENT SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-010
a	Plan name THE KROGER CO. DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-009
a	Plan name THE KROGER CO. PENSION PLAN FOR EMPLOYEES REP. BY AMALGAMATED MEAT CUT	
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-002
a	Plan name THE KROGER CO. SAVINGS PLAN	
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-004
a	Plan name THE KROGER CONSOLIDATED RETIREMENT BENEFIT PLAN SPIN OFF	
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-011
a	Plan name THE LILLY RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor ELI LILLY AND COMPANY	c EIN-PN 13-6032849-030

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE MAERSK INC. PENSION PLAN	
b	Name of plan sponsor MAERSK INC.	c EIN-PN 13-5159146-001
a	Plan name THE NEIMAN MARCUS GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-001
a	Plan name THE NIELSEN COMPANY RETIREMENT PLAN	
b	Name of plan sponsor TNC US HOLDINGS, INC.	c EIN-PN 22-2145575-001
a	Plan name THE PENSION PLAN OF ENSIGN-BICKFORD INDUSTRIES, INC.	
b	Name of plan sponsor ENSIGN-BICKFORD INDUSTRIES, INC.	c EIN-PN 06-0876668-002
a	Plan name THE QUEEN'S HEALTH SYSTEMS PENSION PLAN	
b	Name of plan sponsor THE QUEENS HEALTH SYSTEMS	c EIN-PN 99-0238120-001
a	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor ASSOCIATED BENEFITS CORPORATION	c EIN-PN 42-1279416-020
a	Plan name THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOY	
b	Name of plan sponsor LLOYDS BANK PLC	c EIN-PN 13-3321516-001
a	Plan name THE SAN DIEGO UNION-TRIBUNE LLC RETIREMENT PLAN	
b	Name of plan sponsor THE SAN DIEGO UNION-TRIBUNE LLC	c EIN-PN 26-4538894-001
a	Plan name THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVES	
b	Name of plan sponsor THE SHERWIN-WILLIAMS COMPANY	c EIN-PN 34-0526850-010
a	Plan name THE SOUTHERN CALIFORNIA EDISON COMPANY RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA EDISON COMPANY	c EIN-PN 95-1240335-001
a	Plan name THE TJX COMPANIES, INC RETIREMENT PLAN	
b	Name of plan sponsor THE TJX COMPANIES, INC.	c EIN-PN 04-2207613-001
a	Plan name THE TRANE MERGED HOURLY PENSION PLAN	
b	Name of plan sponsor TRANE U.S. INC.	c EIN-PN 25-0900465-023

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 UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OF	
b	Name of plan sponsor MCKINNEY PRODUCTS COMPANY, ASSA ABLOY INC.	c EIN-PN 25-1515166-009
a	Plan name THERMO FISHER 401(K) RETIREMENT PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor FISHER SCIENTIFIC INTERNATIONAL LLC	c EIN-PN 02-0451017-001
a	Plan name THERMO FISHER SCIENTIFIC INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THERMO FISHER SCIENTIFIC INC.	c EIN-PN 04-2209186-001
a	Plan name THOMAS JEFFERSON UNIVERSITY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor THOMAS JEFFERSON UNIVERSITY	c EIN-PN 23-1352651-001
a	Plan name THRIFT PLAN EMP SANDT	
b	Name of plan sponsor THRIFT PLAN EMP SANDT	c EIN-PN 20-2020334-002
a	Plan name THYSSENKRUPP NORTH AMERICA, LLC. MASTER TRUST	
b	Name of plan sponsor THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 30-6171273-001
a	Plan name TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor TI GROUP AUTOMOTIVE SYSTEMS, LLC	c EIN-PN 38-3610909-001
a	Plan name TIFFANY AND COMPANY PENSION PLAN	
b	Name of plan sponsor TIFFANY AND COMPANY	c EIN-PN 13-1387680-001
a	Plan name TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	c EIN-PN 13-5635004-001
a	Plan name TOTALENERGIES AMERICA GROUP SAVINGS PLAN A	
b	Name of plan sponsor TOTALENERGIES FINANCE USA, INC.	c EIN-PN 23-3060301-001
a	Plan name TOTALENERGIES FINANCE USA, INC. PENSION PLAN	
b	Name of plan sponsor TOTALENERGIES FINANCE USA, INC.	c EIN-PN 23-3060301-002
a	Plan name TOWER INTERNATIONAL PENSION PLAN	
b	Name of plan sponsor TOWER AUTOMOTIVE OPERATIONS USA I, LLC	c EIN-PN 26-0440499-003

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	TRANE PENSION PLAN
b	Name of plan sponsor	TRANE U.S. INC.
c	EIN-PN	25-0900465-003
a	Plan name	TREDEGAR CORPORATION RETIREMENT INCOME PLAN
b	Name of plan sponsor	TREDEGAR CORPORATION
c	EIN-PN	54-1497771-001
a	Plan name	TRIVIUM PACKAGING 401(K) PLAN AND TRIVIUM PACKAGING BARGAINING 401(K)
b	Name of plan sponsor	TRIVIUM PACKAGING USA INC.
c	EIN-PN	25-1864585-001
a	Plan name	TRW AUTOMOTIVE MASTER TRUST
b	Name of plan sponsor	ZF TRW
c	EIN-PN	14-1857697-010
a	Plan name	TUFTS MEDICAL CENTER, INC. RETIREMENT PROGRAM - DEFINED BENEFIT PLAN
b	Name of plan sponsor	TUFTS MEDICAL CENTER, INC.
c	EIN-PN	04-3400617-003
a	Plan name	TUFTS MEDICAL CENTER, INC. RETIREMENT PROGRAM - PARTICIPANT CONTRIBUTI
b	Name of plan sponsor	TUFTS MEDICAL CENTER, INC.
c	EIN-PN	04-3400617-005
a	Plan name	TUFTS MEDICINE, INC. MASTER TRUST
b	Name of plan sponsor	TUFTS MEDICINE, INC.
c	EIN-PN	04-2374071-001
a	Plan name	U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND
b	Name of plan sponsor	TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND
c	EIN-PN	43-6049855-001
a	Plan name	UAW AGREEMENT AND PENSION PLAN
b	Name of plan sponsor	BARNES GROUP INC.
c	EIN-PN	06-0247840-001
a	Plan name	UFCW CONSOLIDATED PENSION FUND
b	Name of plan sponsor	BD OF TRUSTEES UFCW CONSOLIDATED PENSION FUND
c	EIN-PN	58-6101602-001
a	Plan name	UFCW LOCAL 1262 & EMPLOYERS PENSION FUND
b	Name of plan sponsor	TRUSTEES UFCW LOCAL 1262 PENSION FUND
c	EIN-PN	22-6074414-001
a	Plan name	UFCW LOCAL 23 & GIANT EAGLE PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES UFCW LOCAL 23 & GIANT EAGLE PENSION FUND
c	EIN-PN	25-6107185-001

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	UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND	
b	Name of plan sponsor	UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION	c EIN-PN 06-1065206-001
a	Plan name	UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES A	
b	Name of plan sponsor	UGI UTILITIES, INC.	c EIN-PN 23-1174060-518
a	Plan name	ULLICO INVESTMENT ADVISORS INTERNATIONAL GROUP TRUST ULLICO INTERNATIO	
b	Name of plan sponsor	ULLICO INVESTMENT ADVISORS INC	c EIN-PN 04-6799863-001
a	Plan name	UNION ELECTRICAL INDUSTRY MASTER TRUST	
b	Name of plan sponsor	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	c EIN-PN 41-6511223-004
a	Plan name	UNISYS PENSION PLAN	
b	Name of plan sponsor	UNISYS CORPORATION	c EIN-PN 38-0387840-005
a	Plan name	UNITED BROTHERHOOD OF CARPENTERS PENSION FUND UNITED STATES SEGMENT	
b	Name of plan sponsor	UNITED BROTHERHOOD OF CARPENTERS PENSION FUND	c EIN-PN 52-6075035-002
a	Plan name	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY HOSPITALS HEALTH SYSTEM	c EIN-PN 34-0714775-333
a	Plan name	UNIVERSITY OF FLORIDA FOUNDATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY OF FLORIDA FOUNDATION, INC.	c EIN-PN 59-0974739-001
a	Plan name	UNIVERSITY OF SOUTHERN CALIFORNIA TAX-DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA	c EIN-PN 95-1642394-001
a	Plan name	UPMC MASTER TRUST	
b	Name of plan sponsor	UPMC	c EIN-PN 25-1423657-999
a	Plan name	UPS THRIFT PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE OF AMERICA, INC.	c EIN-PN 95-1732075-002
a	Plan name	URS GOVERNMENT SERVICES GROUP MASTER TRUST	
b	Name of plan sponsor	WESTINGHOUSE GOVT SERVICES CO LLC	c EIN-PN 82-0508469-005

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	VALLEY MEDICAL FACILITIES RETIREMENT INCOME PLAN	
b	Name of plan sponsor	VALLEY MEDICAL FACILITIES, INC.	c EIN-PN 25-1801532-004
a	Plan name	VERIZON MASTER SAVINGS TRUST	
b	Name of plan sponsor	VERIZON COMMUNICATIONS INC.	c EIN-PN 23-2259884-020
a	Plan name	VILLANOVA UNIVERSITY RETIREMENT INCOME PLAN	
b	Name of plan sponsor	VILLANOVA UNIVERSITY	c EIN-PN 23-1352688-001
a	Plan name	VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor	VIRGINIA MASON MEDICAL CENTER	c EIN-PN 91-0565539-001
a	Plan name	VOYA RETIREMENT PLAN	
b	Name of plan sponsor	VOYA SERVICES COMPANY	c EIN-PN 52-1317217-001
a	Plan name	VS&A FUND III	
b	Name of plan sponsor	VS&A GROUP TRUST	c EIN-PN 13-4032659-001
a	Plan name	VULCAN MATERIALS MASTER PENSION TRUST FUND	
b	Name of plan sponsor	LEGACY VULCAN LLC	c EIN-PN 20-8579133-900
a	Plan name	WA-ID-MT CARPENTERS EMPLOYERS RETIREMENT TRUST	
b	Name of plan sponsor	WA-ID-MT CARPENTERS EMPLOYERS RETIREMENT TRUST FUND	c EIN-PN 91-6123987-001
a	Plan name	WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	WASHINGTON GAS LIGHT COMPANY	c EIN-PN 53-0162882-001
a	Plan name	WASTE MANAGEMENT PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor	WASTE MANAGEMENT HOLDINGS, INC.	c EIN-PN 36-2660763-006
a	Plan name	WATERBURY HOSPITAL CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor	PROSPECT WATERBURY, INC.	c EIN-PN 81-2181470-005
a	Plan name	WEBSTER BANK PENSION PLAN	
b	Name of plan sponsor	WEBSTER BANK, N. A.	c EIN-PN 06-0273620-004

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 WEIR FLOWAY, INC. PENSION PLAN DBPP	
b	Name of plan sponsor TRILLIUM PUMPS USA, INC.	c EIN-PN 77-0298303-002
a	Plan name WELLPOINT HEALTH NETWORKS DEFINED BENEFIT PLAN	
b	Name of plan sponsor WELLPOINT INC.	c EIN-PN 47-3550479-001
a	Plan name WESTAR ENERGY, INC. AND WOLF CREEK NUCLEAR OPERATING CORPORATION RETIR	
b	Name of plan sponsor WOLF CREEK NUCLEAR OPERATING CORPORATION	c EIN-PN 48-1020926-001
a	Plan name WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	
b	Name of plan sponsor WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES	c EIN-PN 91-6145047-001
a	Plan name WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND	
b	Name of plan sponsor W PA TEAMSTERS & EMPLOYERS PENSION	c EIN-PN 25-6029946-001
a	Plan name WESTERN STATES OFFICE & PROFESSIONAL EMPLOYEES PEN	
b	Name of plan sponsor WESTERN STATES OFFICE & PROFESSIONAL EMP	c EIN-PN 94-6076144-001
a	Plan name WESTERN UNION INTERNATIONAL, INC. PENSION PLAN	
b	Name of plan sponsor VERIZON BUSINESS GLOBAL LLC	c EIN-PN 90-0357488-008
a	Plan name WESTINGHOUSE ELECTRIC COMPANY MASTER TRUST	
b	Name of plan sponsor WESTINGHOUSE ELECTRIC COMPANY LLC	c EIN-PN 52-2140933-009
a	Plan name WHITE & CASE LLP PENSION PLAN	
b	Name of plan sponsor WHITE & CASE LLP	c EIN-PN 13-5605970-007
a	Plan name WWEC LOCAL 863 PENSION PLAN	
b	Name of plan sponsor WWEC LOCAL 863 PENSION PLAN	c EIN-PN 26-3541447-001
a	Plan name WYLE ELECTRONICS PENSION PLAN	
b	Name of plan sponsor WYLE ELECTRONICS	c EIN-PN 95-3092975-001
a	Plan name YALE SECURITY INC. BARGAINING UNIT PENSION PLAN	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-005

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	YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	
b Name of plan sponsor	YALE-NEW HAVEN HOSPITAL, INC.	c EIN-PN 06-0646652-001

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

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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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan EB TEMPORARY INVESTMENT FUND OF THE BANK OF NEW YORK MELLON	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 25-6078093

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	2403321	5121620
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	58650396	62232835
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6059700000	5490000000
(2) U.S. Government securities	1c(2)	161310308	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	10845945068	8699474587
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12602000000	11576000000

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	29730009093	25832829042
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	132724705	120101245
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	132724705	120101245
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29597284388	25712727797

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)	195158054	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	125142064	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1190510153	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1510810271
(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)	377655572000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	377655572000	
(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)	
(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	1510810271

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)	23820
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	23820
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	23820

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1510786451
l Transfers of assets:		
(1) To this plan.....	2l(1)	225149428482
(2) From this plan	2l(2)	230544771524

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 _____.