Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☒ a DFE (specify) C

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIDELITY CONTRAFUND COMMINGLED POOL

1b Three-digit plan number (PN) ▶ 133

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FIDELITY MANAGEMENT TRUST COMPANY

245 SUMMER ST
BOSTON, MA 02210-1133

2b Employer Identification Number (EIN)
04-3022712

2c Plan Sponsor's telephone number

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	03/30/2026	BRIAN HURTON
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- [ ] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [ ] **(3)** Trust
- [ ] **(4)** General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- [ ] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [ ] **(3)** Trust
- [ ] **(4)** General assets of the sponsor

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)** **R** (Retirement Plan Information)
- [ ] **(2)** **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- [ ] **(3)** **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- [ ] **(4)** **DCG** (Individual Plan Information) – Number Attached _____
- [ ] **(5)** **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [ ] **(3)** **A** (Insurance Information) – Number Attached 0
- [ ] **(4)** **C** (Service Provider Information)
- [X] **(5)** **D** (DFE/Participating Plan Information)
- [ ] **(6)** **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)** Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	# DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan FIDELITY CONTRAFUND COMMINGLED POOL	**B** Three-digit plan number (PN) ▶ 133
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIDELITY MANAGEMENT TRUST COMPANY	**D** Employer Identification Number (EIN) 04-3022712

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)

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

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

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

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

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

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	ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN		
b Name of plan sponsor	ACCENTURE LLP	**c** EIN-PN	72-0542904-102
a Plan name	ACCENTURE UNITED STATES DISCRETIONARY PROFIT SHARING PLAN		
b Name of plan sponsor	ACCENTURE LLP	**c** EIN-PN	72-0542904-105
a Plan name	AGILENT TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	AGILENT TECHNOLOGIES, INC.	**c** EIN-PN	77-0518772-003
a Plan name	AHLSTROM RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AHLSTROM USA INC.	**c** EIN-PN	13-3509370-005
a Plan name	AIR METHODS CORPORATION 401(K) PLAN		
b Name of plan sponsor	AIR METHODS CORPORATION	**c** EIN-PN	84-0915893-001
a Plan name	AKAMAI TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	AKAMAI TECHNOLOGIES, INC.	**c** EIN-PN	04-3432319-001
a Plan name	ALASKA AIRLINES INC PILOTS INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	ALASKA AIR GROUP, INC.	**c** EIN-PN	92-0009235-011
a Plan name	ALBERTSONS COMPANIES 401(K) PLAN		
b Name of plan sponsor	ALBERTSONS COMPANIES, INC.	**c** EIN-PN	47-5579477-002
a Plan name	THE VONS COMPANIES, INC. PHARMACISTS' 401(K) PLAN		
b Name of plan sponsor	ALBERTSONS COMPANIES, INC.	**c** EIN-PN	38-1623900-091
a Plan name	ALLINA HEALTH 401K RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ALLINA HEALTH	**c** EIN-PN	36-3261413-002
a Plan name	ALLISON TRANSMISSION EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ALLISON TRANSMISSION, INC.	**c** EIN-PN	26-0413897-001
a Plan name	ALLISON TRANSMISSION HOURLY EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ALLISON TRANSMISSION, INC.	**c** EIN-PN	26-0413897-002

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	ALSCO 401(K) SAVINGS PLAN		
b Name of plan sponsor	ALSCO INC.	**c** EIN-PN	87-0252999-002
a Plan name	A&B RETIREMENT PLAN		
b Name of plan sponsor	ALSTON & BIRD LLP	**c** EIN-PN	58-0137615-001
a Plan name	ANALYSIS GROUP, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ANALYSIS GROUP, INC.	**c** EIN-PN	04-2727260-003
a Plan name	ARCH CAPITAL GROUP (U.S.) INC. EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	ARCH CAPITAL GROUP (U.S.) INC.	**c** EIN-PN	06-1424716-001
a Plan name	ARENTFOX SCHIFF 401(K) PLAN		
b Name of plan sponsor	ARENTFOX SCHIFF LLP	**c** EIN-PN	53-0214923-001
a Plan name	ARENTFOX SCHIFF PROFIT SHARING PLAN		
b Name of plan sponsor	ARENTFOX SCHIFF LLP	**c** EIN-PN	53-0214923-009
a Plan name	ARIZONA BOARD OF REGENTS ORP 401A		
b Name of plan sponsor	ARIZONA UNIVERSITY SYSTEM	**c** EIN-PN	86-6004791-
a Plan name	ARKEMA INC. EMPLOYEES' RETIREMENT SAVINGS (401(K)) PLAN		
b Name of plan sponsor	ARKEMA INC.	**c** EIN-PN	23-0960890-013
a Plan name	ARKEMA, INC. RETIREMENT SAVINGS (401(K)) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES		
b Name of plan sponsor	ARKEMA INC.	**c** EIN-PN	23-0960890-015
a Plan name	ARNOLD & PORTER KAYE SCHOLER LLP PROFIT SHARING AND 401(K) PLAN AND TRUST		
b Name of plan sponsor	ARNOLD & PORTER KAYE SCHOLER LLP	**c** EIN-PN	53-0208605-001
a Plan name	APEX SYSTEMS, LLC 401(K) PLAN		
b Name of plan sponsor	ASGN INCORPORATED.	**c** EIN-PN	54-1773546-002
a Plan name	ASGN INCORPORATED 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASGN INCORPORATED.	**c** EIN-PN	95-4023433-001

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	CONTRACT EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASGN INCORPORATED.	**c** EIN-PN	54-1773546-002
a Plan name	ECS FEDERAL ENHANCED BENEFIT PLAN		
b Name of plan sponsor	ASGN INCORPORATED.	**c** EIN-PN	59-3176720-002
a Plan name	ECS FEDERAL, LLC 401(K) PLAN		
b Name of plan sponsor	ASGN INCORPORATED.	**c** EIN-PN	59-3176720-001
a Plan name	ASHLAND EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ASHLAND INC.	**c** EIN-PN	20-0865835-010
a Plan name	ASHLAND UNION EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ASHLAND INC.	**c** EIN-PN	20-0865835-020
a Plan name	INTERNATIONAL SPECIALTY PRODUCTS INC. 401K PLAN		
b Name of plan sponsor	ASHLAND INC.	**c** EIN-PN	20-0865835-030
a Plan name	ASSA ABLOY INCORPORATED RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASSA ABLOY INCORPORATED	**c** EIN-PN	93-0925319-001
a Plan name	THE ATLAS AIR, INC. RETIREMENT PLAN		
b Name of plan sponsor	ATLAS AIR, INC.	**c** EIN-PN	84-1207329-001
a Plan name	AXIS SPECIALTY U.S. SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	AXIS SPECIALTY U.S. SERVICES, INC.	**c** EIN-PN	41-2030082-001
a Plan name	BAIN AND COMPANY, INC. 401K SAVINGS PLAN		
b Name of plan sponsor	BAIN AND COMPANY, INC.	**c** EIN-PN	04-2878322-005
a Plan name	BATESVILLE SAVINGS PLAN		
b Name of plan sponsor	BATESVILLE SERVICES LLC	**c** EIN-PN	26-1342272-006
a Plan name	BAUSCH & LOMB AMERICAS INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BAUSCH & LOMB AMERICAS INC.	**c** EIN-PN	85-4359919-001

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	BAUSCH HEALTH COMPANIES INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BAUSCH HEALTH COMPANIES INC.	**c** EIN-PN	98-0448205-001
a Plan name	BIMBO BAKERIES USA SAVINGS PLAN		
b Name of plan sponsor	BIMBO BAKERIES USA, INC.	**c** EIN-PN	75-2490530-001
a Plan name	BIMBO BAKERIES USA UNION SAVINGS PLAN		
b Name of plan sponsor	BIMBO BAKERIES USA, INC.	**c** EIN-PN	75-2490530-003
a Plan name	BIOMERIEUX, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	BIOMERIEUX, INC.	**c** EIN-PN	43-1109770-001
a Plan name	BLACKSTONE 401K SAVINGS PLAN		
b Name of plan sponsor	BLACKSTONE	**c** EIN-PN	13-3637000-002
a Plan name	BLOCK 401(K) PLAN		
b Name of plan sponsor	BLOCK, INC.	**c** EIN-PN	80-0429876-001
a Plan name	BLOOMBERG L.P. 401(K) PLAN		
b Name of plan sponsor	BLOOMBERG L.P.	**c** EIN-PN	13-3417984-001
a Plan name	BLUESCOPE EMPLOYEE SAVINGS TRUST		
b Name of plan sponsor	BLUESCOPE STEEL NORTH AMERICA	**c** EIN-PN	23-2081882-041
a Plan name	BMC SOFTWARE, INC. SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	BMC SOFTWARE, INC.	**c** EIN-PN	74-2126120-001
a Plan name	BOSTON COLLEGE 401(K) RETIREMENT PLAN II		
b Name of plan sponsor	BOSTON COLLEGE	**c** EIN-PN	04-2103545-002
a Plan name	BRADLEY ARANT BOULT CUMMINGS LLP RETIREMENT PLAN		
b Name of plan sponsor	BRADLEY ARANT BOULT CUMMINGS LLP	**c** EIN-PN	63-0243316-001
a Plan name	BRIDGESTONE AMERICAS, INC. EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES		
b Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	**c** EIN-PN	88-0335067-012

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	BRIDGESTONE AMERICAS, INC. INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	**c** EIN-PN	88-0335067-017
a Plan name	BRIDGESTONE AMERICAS, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	**c** EIN-PN	88-0335067-015
a Plan name	BRIDGESTONE AMERICAS, INC. TAX-EFFICIENT SAVINGS PLAN		
b Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	**c** EIN-PN	88-0335067-009
a Plan name	THE FIRESTONE POLYMERS SAVINGS PLAN		
b Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	**c** EIN-PN	88-0335067-016
a Plan name	BRIGHTSTAR 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BRIGHTSTAR GLOBAL SOLUTIONS CORP.	**c** EIN-PN	88-0173041-001
a Plan name	BRITISH AIRWAYS SAVINGS PLAN		
b Name of plan sponsor	BRITISH AIRWAYS, PLC	**c** EIN-PN	13-1546240-002
a Plan name	BROOKFIELD 401(K) SAVINGS PLAN		
b Name of plan sponsor	BROOKFIELD ASSET MANAGEMENT LLC	**c** EIN-PN	20-4473811-002
a Plan name	CDW COWORKERS' PROFIT SHARING PLAN		
b Name of plan sponsor	CDW LLC	**c** EIN-PN	36-3310735-001
a Plan name	CGI TECHNOLOGIES AND SOLUTIONS INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	CGI TECHNOLGIES AND SOLUTIONS INC.	**c** EIN-PN	54-0856778-002
a Plan name	CGI TECHNOLOGIES AND SOLUTIONS INC. SCA 401(K) SAVINGS PLAN		
b Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS INC.	**c** EIN-PN	54-0856778-001
a Plan name	CHEVRON PHILLIPS CHEMICAL COMPANY LP 401(K) SAVINGS AND PROFIT-SHARING PLAN		
b Name of plan sponsor	CHEVRON PHILLIPS CHEMICAL COMPANY	**c** EIN-PN	73-1587712-001
a Plan name	CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC SAVINGS PLAN		
b Name of plan sponsor	CHEVRON PHILLIPS CHEMICAL COMPANY	**c** EIN-PN	26-1428318-001

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	CHICK-FIL-A, INC. 401(K) PLAN		
b Name of plan sponsor	CHICK-FIL-A, INC.	**c** EIN-PN	58-0941582-333
a Plan name	COUNTY OF ORANGE 401(A) PLAN		
b Name of plan sponsor	COUNTY OF ORANGE	**c** EIN-PN	95-6000928-
a Plan name	COUNTY OF ORANGE 457 DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	COUNTY OF ORANGE	**c** EIN-PN	95-6000928-
a Plan name	COUNTY OF SACRAMENTO 401A PLAN		
b Name of plan sponsor	COUNTY OF SACRAMENTO	**c** EIN-PN	94-6000529-
a Plan name	COUNTY OF SACRAMENTO DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	COUNTY OF SACRAMENTO	**c** EIN-PN	94-6000529-
a Plan name	DASSAULT SYSTEMES OF AMERICA CORP.		
b Name of plan sponsor	DASSAULT SYSTEMES AMERICAS CORP.	**c** EIN-PN	51-0379588-001
a Plan name	DELTA 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DELTA AIR LINES, INC.	**c** EIN-PN	58-0218548-004
a Plan name	DELTA 401(K) RETIREMENT PLAN FOR PILOTS		
b Name of plan sponsor	DELTA AIR LINES, INC.	**c** EIN-PN	58-0218548-014
a Plan name	DELTA 401(K) RETIREMENT PLAN FOR PUERTO RICO		
b Name of plan sponsor	DELTA AIR LINES, INC.	**c** EIN-PN	58-0218548-030
a Plan name	DELTA 401(K) RETIREMENT PLAN FOR SEASONAL EMPLOYEES		
b Name of plan sponsor	DELTA AIR LINES, INC.	**c** EIN-PN	58-0218548-021
a Plan name	DELTA 401(K) RETIREMENT PLAN FOR SUBSIDIARIES		
b Name of plan sponsor	DELTA AIR LINES, INC.	**c** EIN-PN	58-0218548-020
a Plan name	DONALDSON COMPANY, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	DONALDSON COMPANY, INC.	**c** EIN-PN	41-0222640-007

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	THE DOW CHEMICAL COMPANY EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	DOW INC.	**c** EIN-PN	38-1285128-002
a Plan name	DSM NORTH AMERICA DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	DSM NORTH AMERICA, INC.	**c** EIN-PN	58-1858661-001
a Plan name	ENDEAVOR AIR PILOTS SAVINGS PLAN		
b Name of plan sponsor	ENDEAVOR AIR, INC.	**c** EIN-PN	58-1605378-002
a Plan name	ENDEAVOR AIR SAVINGS PLAN		
b Name of plan sponsor	ENDEAVOR AIR, INC.	**c** EIN-PN	58-1605378-001
a Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 1		
b Name of plan sponsor	ESSILORLUXOTTICA USA INC.	**c** EIN-PN	59-3294787-001
a Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 2		
b Name of plan sponsor	ESSILORLUXOTTICA USA INC.	**c** EIN-PN	95-3194947-025
a Plan name	EXPEDIA RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EXPEDIA GROUP	**c** EIN-PN	91-1996083-001
a Plan name	FAIR ISAAC 401K PLAN		
b Name of plan sponsor	FAIR ISAAC CORPORATION	**c** EIN-PN	94-1499887-003
a Plan name	FANNIE MAE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FANNIE MAE	**c** EIN-PN	52-0883107-001
a Plan name	FARM CREDIT BENEFITS ALLIANCE 401K PLAN		
b Name of plan sponsor	FARM CREDIT BENEFITS ALLIANCE	**c** EIN-PN	57-1016947-002
a Plan name	FARM CREDIT BENEFITS ALLIANCE 401K PLAN FOR PUERTO RICO EMPLOYEES		
b Name of plan sponsor	FARM CREDIT BENEFITS ALLIANCE	**c** EIN-PN	57-1016947-002
a Plan name	FORTREA 401(K) PLAN		
b Name of plan sponsor	FORTREA	**c** EIN-PN	22-3265977-002

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	EMPLOYEE PROFIT SHARING-RETIREMENT PLAN AND TRUST OF FOSTER FARMS GROUP		
b Name of plan sponsor	FOSTER FARMS	**c** EIN-PN	94-2382364-001
a Plan name	GANNETT FLEMING, INC. TAX DEFERRED 401(K) SAVINGS PLAN		
b Name of plan sponsor	GANNETT FLEMING, INC.	**c** EIN-PN	25-1613591-002
a Plan name	GENERAL MOTORS PERSONAL SAVINGS PLAN		
b Name of plan sponsor	GENERAL MOTORS	**c** EIN-PN	27-0383222-014
a Plan name	GENERAL MOTORS PERSONAL SAVINGS PLAN RETIREMENT ACCOUNT		
b Name of plan sponsor	GENERAL MOTORS	**c** EIN-PN	38-2577506-014
a Plan name	GENERAL MOTORS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GENERAL MOTORS	**c** EIN-PN	27-0383222-002
a Plan name	GEORGIA SYSTEM OPERATIONS CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	GEORGIA SYSTEM OPERATIONS CORP	**c** EIN-PN	58-2231207-003
a Plan name	GEORGIA TRANSMISSION CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	GEORGIA TRANSMISSION CORPORATION (AN ELE	**c** EIN-PN	58-2231201-003
a Plan name	GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING SAVINGS PLAN		
b Name of plan sponsor	GOODWIN PROCTER LLP	**c** EIN-PN	04-1378465-001
a Plan name	GROWMARK 401(K) PLAN		
b Name of plan sponsor	GROWMARK, INC.	**c** EIN-PN	37-0815318-011
a Plan name	GROWMARK MEMBER COOPERATIVE 401(K) SAVINGS PLAN		
b Name of plan sponsor	GROWMARK, INC.	**c** EIN-PN	37-0815318-333
a Plan name	HARLEY-DAVIDSON RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HARLEY-DAVIDSON	**c** EIN-PN	39-1805420-002
a Plan name	HDR, INC. BEST PLAN AND ESOP		
b Name of plan sponsor	HDR INC.	**c** EIN-PN	47-0663756-007

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	HENKEL 401(K) AND DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	HENKEL OF AMERICA	**c** EIN-PN	41-1372525-003
a Plan name	HENKEL PUERTO RICO, INC. SAVINGS PLAN		
b Name of plan sponsor	HENKEL OF AMERICA	**c** EIN-PN	66-0266417-002
a Plan name	RETIREMENT PLAN OF HENKEL PUERTO RICO, INC.		
b Name of plan sponsor	HENKEL OF AMERICA	**c** EIN-PN	66-0266417-001
a Plan name	THE DIAL CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	HENKEL OF AMERICA	**c** EIN-PN	41-1372525-004
a Plan name	HEXCEL CORPORATION 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HEXCEL CORPORATION	**c** EIN-PN	94-1109521-003
a Plan name	HEXCEL CORPORATION VOLUNTARY SAVINGS PLAN FOR KENT UNION EMPLOYEES		
b Name of plan sponsor	HEXCEL CORPORATION	**c** EIN-PN	94-1109521-049
a Plan name	HITACHI EMPLOYEE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HITACHI AMERICA, LTD.	**c** EIN-PN	13-1896069-002
a Plan name	HOLOGIC, INC. SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	HOLOGIC, INC.	**c** EIN-PN	04-2902449-001
a Plan name	THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL		
b Name of plan sponsor	HOUSTON METHODIST	**c** EIN-PN	76-0125391-004
a Plan name	ELECTRICAL WORKERS LOCAL NO. 26 INDIVIDUAL ACCOUNT PLAN		
b Name of plan sponsor	IBEW LOCAL 26	**c** EIN-PN	52-1250801-001
a Plan name	IGT 401(K) PLAN		
b Name of plan sponsor	IGT	**c** EIN-PN	88-0062109-001
a Plan name	IKEA RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	**c** EIN-PN	23-3005722-001

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	INFORMATICA LLC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	INFORMATICA LLC	**c** EIN-PN	77-0333710-001
a Plan name	GARDNER DENVER, INC. IAR PLAN FOR BARGAINING UNIT EMPLOYEES AT QUINCY, IL PLANT		
b Name of plan sponsor	INGERSOLL RAND INC.	**c** EIN-PN	76-0419383-006
a Plan name	INGERSOLL RAND RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	INGERSOLL RAND INC.	**c** EIN-PN	76-0419383-002
a Plan name	IN-N-OUT BURGER ASSOCIATES' PROFIT SHARING PLAN		
b Name of plan sponsor	IN-N-OUT BURGER, INC.	**c** EIN-PN	95-2246829-001
a Plan name	IQVIA 401(K) PLAN		
b Name of plan sponsor	IQVIA INC.	**c** EIN-PN	06-1506026-004
a Plan name	IRVINE COMPANY UNIFIED SAVINGS PLAN		
b Name of plan sponsor	IRVINE MANAGEMENT COMPANY	**c** EIN-PN	20-3874681-002
a Plan name	JUNIPER NETWORKS, INC. 401(K) PLAN		
b Name of plan sponsor	JUNIPER NETWORKS, INC.	**c** EIN-PN	77-0422528-001
a Plan name	KEYSIGHT TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	**c** EIN-PN	46-4254555-003
a Plan name	LABORATORY CORPORATION OF AMERICA HOLDINGS 401(K) PLAN		
b Name of plan sponsor	LABCORP HOLDINGS INC.	**c** EIN-PN	13-3757370-003
a Plan name	LENNOX INTERNATIONAL INC. 401(K) PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	**c** EIN-PN	42-0991521-045
a Plan name	LENNOX INTERNATIONAL INC. 401(K) PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	**c** EIN-PN	42-0991521-042
a Plan name	LENOVO SAVINGS PLAN		
b Name of plan sponsor	LENOVO	**c** EIN-PN	52-2449153-002

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	EMPLOYEE SAVINGS & INVESTMENT PLAN OF LEVI STRAUSS & CO.		
b Name of plan sponsor	LEVI STRAUSS & CO.	**c** EIN-PN	94-0905160-022
a Plan name	LEVI STRAUSS & CO. EMPLOYEE LONG-TERM INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	LEVI STRAUSS & CO.	**c** EIN-PN	94-0905160-026
a Plan name	LEXMARK SAVINGS PLAN		
b Name of plan sponsor	LEXMARK INTERNATIONAL	**c** EIN-PN	06-1308215-002
a Plan name	LG ELECTRONICS RETIREMENT PLAN		
b Name of plan sponsor	LG ELECTRONICS USA, INC.	**c** EIN-PN	13-2950311-001
a Plan name	LG MAGNA E-POWERTRAIN USA, INC. RETIREMENT PLAN		
b Name of plan sponsor	LG ELECTRONICS USA, INC.	**c** EIN-PN	86-2988329-001
a Plan name	LIVEWIRE EV LLC 401(K) PLAN		
b Name of plan sponsor	LIVEWIRE EV, LLC	**c** EIN-PN	86-2844324-001
a Plan name	LOCKTON, INC. 401(K) PLAN		
b Name of plan sponsor	LOCKTON, INC.	**c** EIN-PN	90-0007886-002
a Plan name	MACK UAW 401(K) RETIREMENT PLAN		
b Name of plan sponsor	MACK TRUCK, INC.	**c** EIN-PN	22-1582040-012
a Plan name	MANTECH INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	MANTECH INTERNATIONAL CORP.	**c** EIN-PN	22-1852179-002
a Plan name	MARATHON OIL COMPANY THRIFT PLAN		
b Name of plan sponsor	MARATHON OIL COMPANY	**c** EIN-PN	25-1410539-003
a Plan name	MARATHON PETROLEUM THRIFT PLAN		
b Name of plan sponsor	MARATHON PETROLEUM CORPORATION	**c** EIN-PN	31-1537655-010
a Plan name	SPEEDWAY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MARATHON PETROLEUM CORPORATION	**c** EIN-PN	31-1551430-006

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	MEBA 401(K) PLAN		
b Name of plan sponsor	MARINE ENGINEERS BENEFICIAL ASSOCIATION	**c** EIN-PN	51-6029896-002
a Plan name	MARKEL GROUP INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MARKEL	**c** EIN-PN	54-1959284-003
a Plan name	MARRIOTT RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MARRIOTT INTERNATIONAL, INC.	**c** EIN-PN	52-2055918-004
a Plan name	MCAFEE & TAFT RETIREMENT PLAN		
b Name of plan sponsor	MCAFEE & TAFT	**c** EIN-PN	73-0781676-001
a Plan name	401(K) SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	MERCK KGAA, DARMSTADT, GERMANY	**c** EIN-PN	04-2170233-001
a Plan name	MICROCHIP TECHNOLOGY INCORPORATED SAVINGS PLAN		
b Name of plan sponsor	MICROCHIP TECHNOLOGY INCORPORATED	**c** EIN-PN	86-0629024-001
a Plan name	MICROSOFT CORPORATION SAVINGS PLUS 401(K) PLAN		
b Name of plan sponsor	MICROSOFT CORPORATION	**c** EIN-PN	91-1144442-001
a Plan name	MID-ATLANTIC PERMANENTE MEDICAL GROUP, P.C. 401(K) PLAN		
b Name of plan sponsor	MID-ATLANTIC PERMANENTE MEDICAL GROUP PC	**c** EIN-PN	52-1196226-002
a Plan name	MISSION SUPPORT AND TEST SERVICES, LLC (MSTS) EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	**c** EIN-PN	81-0705502-002
a Plan name	MISSION SUPPORT AND TEST SERVICES, LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	**c** EIN-PN	81-0705502-003
a Plan name	MITSUBISHI MOTORS NORTH AMERICA, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	MITSUBISHI MOTORS NORTH AMERICA, INC.	**c** EIN-PN	95-3673256-002
a Plan name	MITSUBISHI MOTORS R&D OF AMERICA, INC 401(K) SAVINGS PLAN		
b Name of plan sponsor	MITSUBISHI MOTORS R&D OF AMERICA, INC.	**c** EIN-PN	37-1353100-001

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	NAVIENT 401(K) SAVINGS PLAN		
b Name of plan sponsor	NAVIENT CORPORATION	**c** EIN-PN	46-4054283-001
a Plan name	NAVIENT 401(K) SAVINGS PLAN FOR PUERTO RICO EMPLOYEES		
b Name of plan sponsor	NAVIENT CORPORATION	**c** EIN-PN	46-4054283-002
a Plan name	NAVY FEDERAL 401K SAVINGS PLAN		
b Name of plan sponsor	NAVY FEDERAL CREDIT UNION	**c** EIN-PN	53-0116705-002
a Plan name	NPI/NRCA EMPLOYEES SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	NIKON PRECISION INC	**c** EIN-PN	94-2837900-002
a Plan name	NISOURCE INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NISOURCE INC.	**c** EIN-PN	35-2108964-005
a Plan name	NORTHEAST GROCERY 401(K) PLAN		
b Name of plan sponsor	NORTHEAST GROCERY, INC.	**c** EIN-PN	16-1592810-001
a Plan name	TOPS MARKETS, LLC 401(K) SAVINGS PLAN FOR UNION ASSOCIATES		
b Name of plan sponsor	NORTHEAST GROCERY, INC.	**c** EIN-PN	16-1592810-002
a Plan name	NORTON ROSE FULBRIGHT US LLP 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	NORTON ROSE FULBRIGHT	**c** EIN-PN	74-1201087-005
a Plan name	NTESS SAVINGS AND INCOME PLAN		
b Name of plan sponsor	NTESS	**c** EIN-PN	85-0097942-008
a Plan name	NUCOR CORPORATION PROFIT SHARING AND RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NUCOR CORPORATION	**c** EIN-PN	13-1860817-334
a Plan name	NVIDIA CORPORATION 401(K) PLAN		
b Name of plan sponsor	NVIDIA CORPORATION	**c** EIN-PN	94-3177549-001
a Plan name	OGLETHORPE POWER CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	OGLETHORPE POWER CORPORATION (AN ELECTRI	**c** EIN-PN	58-1211925-002

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	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM		
b	Name of plan sponsor	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD	**c** EIN-PN	31-1224569-
a	Plan name	OLYMPUS CORPORATION OF THE AMERICAS 401(K) SAVINGS PLAN		
b	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	**c** EIN-PN	11-3046497-006
a	Plan name	EVIDENT SCIENTIFIC 401(K) PLAN		
b	Name of plan sponsor	OLYMPUS SCIENTIFIC SOLUTIONS AMERICAS CORP.	**c** EIN-PN	56-2538906-001
a	Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN		
b	Name of plan sponsor	OMNICOM GROUP	**c** EIN-PN	13-1514814-004
a	Plan name	ONSEMI 401(K) PLAN		
b	Name of plan sponsor	ONSEMI	**c** EIN-PN	36-4292817-001
a	Plan name	ONSEMI UNION SAVINGS AND RETIREMENT PLAN		
b	Name of plan sponsor	ONSEMI	**c** EIN-PN	36-4292817-002
a	Plan name	ORACLE CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor	ORACLE CORPORATION	**c** EIN-PN	54-2185193-001
a	Plan name	OHSU PENSION PLAN OREGON HEALTH SCIENCE UNIV., TTEE		
b	Name of plan sponsor	OREGON HEALTH & SCIENCE UNIVERSITY	**c** EIN-PN	93-1176109-
a	Plan name	OREGON HEALTH & SCIENCE UNIVERSITY 457(B) PLAN		
b	Name of plan sponsor	OREGON HEALTH & SCIENCE UNIVERSITY	**c** EIN-PN	93-1176109-
a	Plan name	OWENS & MINOR 401(K) SAVINGS AND RETIREMENT PLAN		
b	Name of plan sponsor	OWENS & MINOR, INC.	**c** EIN-PN	54-1701843-002
a	Plan name	PACCAR INC SAVINGS INVESTMENT PLAN		
b	Name of plan sponsor	PACCAR INC	**c** EIN-PN	91-0351110-002
a	Plan name	PEACEHEALTH MEDICAL GROUP 401K PROFIT SHARING PLAN		
b	Name of plan sponsor	PEACEHEALTH	**c** EIN-PN	91-0939479-001

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	PEACEHEALTH NETWORKS ON DEMAND, LLC 401(K) PLAN		
b Name of plan sponsor	PEACEHEALTH	**c** EIN-PN	83-2849989-001
a Plan name	PEACEHEALTH RETIREMENT PLAN		
b Name of plan sponsor	PEACEHEALTH	**c** EIN-PN	91-0939479-002
a Plan name	PEACEHEALTH SOUTHWEST MEDICAL CENTER EMPLOYER CONTRIBUTION PLAN		
b Name of plan sponsor	PEACEHEALTH	**c** EIN-PN	91-0939479-003
a Plan name	PERFORMANCE FOOD GROUP EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	PERFORMANCE FOOD GROUP, INC.	**c** EIN-PN	84-0629503-002
a Plan name	PETSMART,INC SAVESMART 401(K) PLAN		
b Name of plan sponsor	PETSMART, LLC	**c** EIN-PN	94-3024325-001
a Plan name	PIXAR EMPLOYEE'S 401(K) RETIREMENT PLAN		
b Name of plan sponsor	PILLSBURY WINTHROP SHAW PITTMAN LLP	**c** EIN-PN	68-0086179-001
a Plan name	PPG INDUSTRIES, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	PPG INDUSTRIES, INC.	**c** EIN-PN	25-0730780-384
a Plan name	PREMIER HEALTHCARE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PREMIER HEALTHCARE SOLUTIONS, INC.	**c** EIN-PN	33-0054358-002
a Plan name	PREVOST CAR, INC. (A DIVISION OF PREVOST CAR (US) INC.) 401(K) RETIREMENT PLAN		
b Name of plan sponsor	PREVOST CAR, INC. A DIVISION OF PREVOST CAR US INC.	**c** EIN-PN	14-1768147-002
a Plan name	PRO MACH INC., RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PRO MACH	**c** EIN-PN	58-2402604-002
a Plan name	PROGRESS SOFTWARE CORPORATION 401(K) PLAN		
b Name of plan sponsor	PROGRESS SOFTWARE CORPORATION	**c** EIN-PN	04-2746201-002
a Plan name	PUBLICIS BENEFITS CONNECTION 401(K) PLAN		
b Name of plan sponsor	PUBLICIS	**c** EIN-PN	36-2677628-002

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	QORVO 401(K) PLAN		
b Name of plan sponsor	QORVO US, INC.	**c** EIN-PN	95-3654013-003
a Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS & RETIREMENT PLAN		
b Name of plan sponsor	QUALCOMM, INC.	**c** EIN-PN	95-3685934-001
a Plan name	QUANTUM CORPORATION EMPLOYEE SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	QUANTUM CORPORATION	**c** EIN-PN	94-2665054-001
a Plan name	QUEST DIAGNOSTICS PROFIT SHARING PLAN		
b Name of plan sponsor	QUEST DIAGNOSTICS INCORPORATED	**c** EIN-PN	16-1387862-333
a Plan name	REGAL REXNORD 401(K) PLAN		
b Name of plan sponsor	REGAL REXNORD CORPORATION	**c** EIN-PN	39-0875718-009
a Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	REGAL REXNORD CORPORATION	**c** EIN-PN	39-0875718-008
a Plan name	RENESAS ELECTRONICS AMERICA INC. 401(K) PLAN		
b Name of plan sponsor	RENESAS ELECTRONICS AMERICA INC.	**c** EIN-PN	59-3590018-002
a Plan name	REVVITY SAVINGS PLAN		
b Name of plan sponsor	REVVITY, INC.	**c** EIN-PN	04-2052042-001
a Plan name	ROCKET 401(K) PLAN		
b Name of plan sponsor	ROCKET LIMITED PARTNERSHIP	**c** EIN-PN	51-0415135-005
a Plan name	RPM INTERNATIONAL INC. 401(K) TRUST AND PLAN		
b Name of plan sponsor	RPM INTERNATIONAL INC.	**c** EIN-PN	02-0642224-011
a Plan name	RPM INTERNATIONAL INC. UNION 401(K) TRUST AND PLAN		
b Name of plan sponsor	RPM INTERNATIONAL INC.	**c** EIN-PN	02-0642224-007
a Plan name	RYDER SYSTEM INC 401(K) SAVINGS PLAN		
b Name of plan sponsor	RYDER SYSTEM, INC.	**c** EIN-PN	59-0739250-005

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	S.C. JOHNSON & SON, INC. EMPLOYEES' DEFERRED PROFIT SHARING AND SAVINGS PLAN		
b Name of plan sponsor	S.C. JOHNSON & SON, INC.	**c** EIN-PN	39-0379990-001
a Plan name	SAINT GOBAIN 401(K) PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	SAINT GOBAIN CORPORATION	**c** EIN-PN	23-2615166-002
a Plan name	SAINT-GOBAIN 401(K) PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	SAINT GOBAIN CORPORATION	**c** EIN-PN	23-2615166-003
a Plan name	SALESFORCE 401(K) PLAN		
b Name of plan sponsor	SALESFORCE, INC.	**c** EIN-PN	94-3320693-001
a Plan name	SARGENTO PROFIT SHARING AND RETIREMENT PLAN		
b Name of plan sponsor	SARGENTO FOODS INC.	**c** EIN-PN	39-0859334-002
a Plan name	SEAGATE 401(K) PLAN		
b Name of plan sponsor	SEAGATE TECHNOLOGY	**c** EIN-PN	77-0545987-001
a Plan name	SEALED AIR CORPORATION 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	SEALED AIR CORPORATION	**c** EIN-PN	65-0654331-002
a Plan name	SEWARD & KISSEL 401(K) PLAN (ASSOCIATES)		
b Name of plan sponsor	SEWARD & KISSEL	**c** EIN-PN	13-5551783-003
a Plan name	SEWARD AND KISSEL RETIREMENT PLAN		
b Name of plan sponsor	SEWARD & KISSEL	**c** EIN-PN	13-5551783-001
a Plan name	SHEETZ, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	SHEETZ, INC.	**c** EIN-PN	25-1202108-002
a Plan name	THE SHERWIN-WILLIAMS COMPANY 401(K) PLAN		
b Name of plan sponsor	SHERWIN-WILLIAMS	**c** EIN-PN	34-0526850-001
a Plan name	THE SHERWIN-WILLIAMS COMPANY HOURLY 401(K) PLAN		
b Name of plan sponsor	SHERWIN-WILLIAMS	**c** EIN-PN	34-0526850-022

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 SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN		
b Name of plan sponsor	SHERWIN-WILLIAMS	**c** EIN-PN	34-0526850-010
a Plan name	SIMPSON THACHER & BARTLETT LLP CASH OR DEFERRED PLAN FOR SR. COUNSEL, COUNSEL & ASSOCIATES		
b Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	**c** EIN-PN	13-5395280-004
a Plan name	SIMPSON THACHER & BARTLETT LLP PROFIT SHARING PLAN FOR PARTNERS AND NON-LEGAL EMPLOYEES		
b Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	**c** EIN-PN	13-5395280-003
a Plan name	SIMPSON, THACHER & BARTLETT LLP RETIREMENT PLAN FOR LEGAL AND OTHER PERSONNEL		
b Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	**c** EIN-PN	13-5395280-002
a Plan name	SIMPSON, THACHER AND BARTLETT LLP SUPPLEMENTAL PROFIT SHARING PLAN FOR PARTNERS		
b Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	**c** EIN-PN	13-5395280-050
a Plan name	SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN		
b Name of plan sponsor	SNELL & WILMER LLP	**c** EIN-PN	86-0089731-001
a Plan name	SOUTHWEST GAS CORPORATION EMPLOYEES' INVESTMENT PLAN		
b Name of plan sponsor	SOUTHWEST GAS CORPORATION	**c** EIN-PN	88-0085720-004
a Plan name	STATE EMPLOYEES' CREDIT UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STATE EMPLOYEES CREDIT UNION	**c** EIN-PN	56-0475645-001
a Plan name	STEPAN COMPANY SAVINGS AND INVESTMENT RETIREMENT PLAN		
b Name of plan sponsor	STEPAN COMPANY	**c** EIN-PN	36-1823834-002
a Plan name	STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	STRYKER CORPORATION	**c** EIN-PN	38-1239739-002
a Plan name	STRYKER PUERTO RICO SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	STRYKER PUERTO RICO, LLC	**c** EIN-PN	66-0955512-001
a Plan name	SULLIVAN AND CROMWELL LLP EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-003

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	SULLIVAN AND CROMWELL SAVINGS PLAN FOR ASSOCIATES		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-004
a Plan name	SUMITOMO PHARMA AMERICA, INC.		
b Name of plan sponsor	SUMITOMO PHARMA AMERICA, INC.	**c** EIN-PN	27-0534130-001
a Plan name	THE SAVINGS AND INVESTMENT PLAN FOR PUERTO RICAN EMPLOYEES OF SUMITOMO PHARMA AMERICA, INC.		
b Name of plan sponsor	SUMITOMO PHARMA AMERICA, INC.	**c** EIN-PN	27-0534130-
a Plan name	SYNEOS HEALTH SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	SYNEOS HEALTH	**c** EIN-PN	33-0723120-001
a Plan name	SYNOPSYS 401(K)PLAN		
b Name of plan sponsor	SYNOPSYS, INC.	**c** EIN-PN	56-1546236-001
a Plan name	TERADATA SAVINGS PLAN		
b Name of plan sponsor	TERADATA	**c** EIN-PN	75-3236470-001
a Plan name	TESLA, INC. 401(K) PLAN		
b Name of plan sponsor	TESLA, INC.	**c** EIN-PN	91-2197729-001
a Plan name	EPISCOPAL CHURCH RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-5562193-
a Plan name	INVESTMENT PARTICIPATION PLAN FOR STAFF OF THE CHURCH PENSION FUND AND AFFILIATES		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-5562193-
a Plan name	THE EPISCOPAL CHURCH LAY EMPLOYEES' DEFINED CONTRIBUTION RETIREMENT PLAN (401(A))		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-5562193-
a Plan name	THE EPISCOPAL CHURCH LAY EMPLOYEES' DEFINED CONTRIBUTION RETIREMENT PLAN (403(B))		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-5562193-
a Plan name	STATE OF MONTANA DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	THE MONTANA PUBLIC EMPLYEES RETIREMENT ADMINISTRATION	**c** EIN-PN	81-6001666-009

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	STATE OF MONTANA DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	THE MONTANA PUBLIC EMPLYEES RETIREMENT ADMINISTRATION	**c** EIN-PN	81-6001666-
a Plan name	NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	**c** EIN-PN	95-4119509-003
a Plan name	THE PERMANENTE CONTRIBUTION PLAN OF THE PERMANENTE MEDICAL GROUP,INC.		
b Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	**c** EIN-PN	94-2728480-040
a Plan name	THE PERMANENTE MEDICAL GROUP, INC. SALARY DEFERRAL PLAN		
b Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	**c** EIN-PN	94-2728480-013
a Plan name	THE SCOTTS COMPANY LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE SCOTTS COMPANY LLC	**c** EIN-PN	31-1414921-001
a Plan name	TMNA, INC. 401(K) PLAN		
b Name of plan sponsor	TOKIO MARINE NORTH AMERICA INC.	**c** EIN-PN	45-2682016-001
a Plan name	TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TOYOTA MOTOR NORTH AMERICA, INC.	**c** EIN-PN	95-3141669-002
a Plan name	TRANE 401(K) AND THRIFT PLAN		
b Name of plan sponsor	TRANE TECHNOLOGIES	**c** EIN-PN	25-0900465-002
a Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	TRANE TECHNOLOGIES	**c** EIN-PN	13-5156640-078
a Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN FOR BARGAINED EMPLOYEES		
b Name of plan sponsor	TRANE TECHNOLOGIES	**c** EIN-PN	13-5156640-076
a Plan name	TRANE TECHNOLOGIES RETIREMENT SAVINGS PLAN FOR PARTICIPATING AFFILIATES IN PUERTO RICO		
b Name of plan sponsor	TRANE TECHNOLOGIES	**c** EIN-PN	66-0777053-077
a Plan name	TYLER TECHNOLOGIES,INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	TYLER TECHNOLOGIES, INC.	**c** EIN-PN	75-2303920-002

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	UBER TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	UBER TECHNOLOGIES, INC.	**c** EIN-PN	45-2647441-001
a Plan name	UNISYS SAVINGS PLAN		
b Name of plan sponsor	UNISYS CORPORATION	**c** EIN-PN	38-0387840-004
a Plan name	UNISYS SAVINGS PLAN FOR PUERTO RICO EMPLOYEES		
b Name of plan sponsor	UNISYS CORPORATION	**c** EIN-PN	38-0387840-017
a Plan name	UPS/IBT LOCAL 2727 401(K) SAVINGS PLAN		
b Name of plan sponsor	UNITED PARCEL SERVICE - AIRLINES	**c** EIN-PN	13-1686691-004
a Plan name	UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN		
b Name of plan sponsor	UNITED PARCEL SERVICE - AIRLINES	**c** EIN-PN	13-1686691-001
a Plan name	UPS/IPA 401K SAVINGS PLAN		
b Name of plan sponsor	UNITED PARCEL SERVICE - AIRLINES	**c** EIN-PN	13-1686691-003
a Plan name	UPS/IPA DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN		
b Name of plan sponsor	UNITED PARCEL SERVICE - AIRLINES	**c** EIN-PN	13-1686691-002
a Plan name	BIG RIVER STEEL 401(K) PLAN		
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	**c** EIN-PN	25-1897152-040
a Plan name	UNITED STATES STEEL CORPORATION SAVINGS FUND PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	**c** EIN-PN	25-1897152-003
a Plan name	USS 401(K) PLAN FOR USW-REPRESENTED EMPLOYEES		
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	**c** EIN-PN	25-1897152-028
a Plan name	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION PHYSICIANS RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	**c** EIN-PN	39-1824445-001
a Plan name	UWMF, INC. EMPLOYEES 401K PROFIT SHARING PLAN		
b Name of plan sponsor	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	**c** EIN-PN	39-1824445-002

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	OPTIONAL RETIREMENT PLAN OF THE UNIVERSITY SYSTEM OF GEORGIA FIDELITY MANAGEMENT TRUST CO TTEE		
b Name of plan sponsor	UNIVERSITY SYSTEM OF GEORGIA	**c** EIN-PN	58-6002348-002
a Plan name	UNUM GROUP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	UNUM GROUP	**c** EIN-PN	62-1598430-002
a Plan name	VOLVO INVESTMENT PLAN		
b Name of plan sponsor	VOLVO CONSTRUCTION EQUIPMENT NORTH AMERICA, LLC	**c** EIN-PN	38-2496821-004
a Plan name	VOLUNTARY INVESTMENT PRETAX PLAN FOR THE VOLVO GROUP NORTH AMERICA UNION EMPLOYEES		
b Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	**c** EIN-PN	58-2431188-014
a Plan name	VOLVO GROUP NORTH AMERICA VOLUNTARY INVESTMENT PRETAX PLAN		
b Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	**c** EIN-PN	58-2431188-008
a Plan name	VOLVO PENTA MARINE PRODUCTS, LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VOLVO PENTA MARINE PRODUCTS, LLC	**c** EIN-PN	62-1529065-001
a Plan name	W. R. BERKLEY CORPORATION PROFIT SHARING PLAN		
b Name of plan sponsor	W. R. BERKLEY CORPORATION	**c** EIN-PN	22-1867895-001
a Plan name	W. R. GRACE & CO SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	W. R. GRACE & CO.	**c** EIN-PN	65-0773649-123
a Plan name	W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN		
b Name of plan sponsor	W. R. GRACE & CO.	**c** EIN-PN	65-0773649-124
a Plan name	WACHTELL, LIPTON, ROSEN & KATZ SAVINGS PLAN		
b Name of plan sponsor	WACHTELL, LIPTON, ROSEN & KATZ	**c** EIN-PN	13-1935773-003
a Plan name	WAKEFERN FOOD CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	WAKEFERN FOOD CORP.	**c** EIN-PN	22-1434516-002
a Plan name	THE WEGMANS RETIREMENT PLANS		
b Name of plan sponsor	WEGMANS FOOD MARKETS, INC.	**c** EIN-PN	16-1309424-001

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	WHOLE FOODS MARKET GROWING YOUR FUTURE 401(K) PLAN		
b Name of plan sponsor	WHOLE FOODS MARKET	**c** EIN-PN	74-1989366-001
a Plan name	WINSHAPE FOUNDATION, INC. 401(K) PLAN		
b Name of plan sponsor	WINSHAPE FOUNDATION, INC.	**c** EIN-PN	58-1595471-001
a Plan name	WISCONSIN DEFERRED COMPENSATION PROGRAM SECTION 457 (B) PLAN		
b Name of plan sponsor	WISCONSIN DEFERRED COMPENSATION BOARD	**c** EIN-PN	39-1103756-
a Plan name	WOLTERS KLUWER 401(K) PLAN		
b Name of plan sponsor	WOLTERS KLUWER US CORPORATION	**c** EIN-PN	13-3577870-002
a Plan name	YOUNG LIFE 401K PLAN		
b Name of plan sponsor	YOUNG LIFE	**c** EIN-PN	84-0385934-001
a Plan name	ZIONS BANCORPORATION PAYSHELTER 401K AND EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	ZIONS BANCORPORATION	**c** EIN-PN	87-0189025-006
a Plan name	ZOLL MEDICAL CORPORATION EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ZOLL MEDICAL CORPORATION	**c** EIN-PN	04-2711626-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
FIDELITY CONTRAFUND COMMINGLED POOL

B Three-digit plan number (PN) ▶ 133

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY MANAGEMENT TRUST COMPANY

D Employer Identification Number (EIN)
04-3022712

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	409897	3684683
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	179453046	130479664
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	616071088	940646535
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	580466277	1082784796
(B) Common	1c(4)(B)	58366333935	63313816892
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	59742734243	65471412570
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	17756704	19279520
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	124262160	577379515
1k Total liabilities (add all amounts in lines 1g through1j)	1k	142018864	596659035
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	59600715379	64874753535

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)	41534328	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	639292	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		42173620
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	353880122	
(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)		353880122
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8946941295	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8946941295
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3664298148	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3664298148

		(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		13007293185
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)	7517772515	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7517772515
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	215482514	
(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)		215482514
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7733255029
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5274038156
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.