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
MANAGED INCOME PORTFOLIO II COMMINGLED POOL

1b Three-digit plan number (PN) ▶ 025

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 MANAGED INCOME PORTFOLIO II COMMINGLED POOL	**B** Three-digit plan number (PN) ▶ 025
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: FID SHORT INTER ENHANCED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-209	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13216714563

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	ABX AIR, INC. PILOTS INVESTMENT PLAN		
b Name of plan sponsor	ABX AIR, INC. PIP	**c** EIN-PN	91-1091619-005
a Plan name	ACR ELECTRONICS INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ACR ELECTRONICS, INC.	**c** EIN-PN	27-0440420-001
a Plan name	ACUSHNET COMPANY 401(K) PLAN		
b Name of plan sponsor	ACUSHNET COMPANY	**c** EIN-PN	04-2591836-010
a Plan name	AGC FLAT GLASS NORTH AMERICA HOURLY EMPLOYEES SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	AGC	**c** EIN-PN	25-1059306-001
a Plan name	AGC FLAT GLASS NORTH AMERICA SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	AGC	**c** EIN-PN	25-1059306-010
a Plan name	AGC AUTOMOTIVE AMERICAS CO. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	AGC	**c** EIN-PN	25-1059306-333
a Plan name	AGC CHEMICALS AMERICAS, INC. EMPLOYEES SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	AGC	**c** EIN-PN	94-3343075-001
a Plan name	AGC ELECTRONICS AMERICA 401(K) PLAN		
b Name of plan sponsor	AGC ELECTRONICS AMERICA A DIVISION OF AG	**c** EIN-PN	25-1059306-021
a Plan name	AHLSTROM RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AHLSTROM USA INC.	**c** EIN-PN	22-3031627-001
a Plan name	APACHE CORPORATION MONEY PURCHASE RETIREMENT PLAN		
b Name of plan sponsor	APACHE CORPORATION	**c** EIN-PN	41-0747868-003
a Plan name	APACHE CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	APACHE CORPORATION	**c** EIN-PN	41-0747868-002
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

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	APEX TOOL GROUP INDIVIDUAL ACCOUNT RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES		
b Name of plan sponsor	APEX TOOL GROUP, LLC	**c** EIN-PN	76-0626755-002
a Plan name	ARDAGH NORTH AMERICA 401(K) PLAN		
b Name of plan sponsor	ARDAGH GROUP	**c** EIN-PN	35-1958205-009
a Plan name	ARDAGH NORTH AMERICA BARGAINING 401(K) PLAN		
b Name of plan sponsor	ARDAGH GROUP	**c** EIN-PN	35-1958205-010
a Plan name	ARDENA US, LLC 401(K) PLAN		
b Name of plan sponsor	ARDENA US, LLC	**c** EIN-PN	85-3343991-001
a Plan name	ARMY AND AIR FORCE EXCHANGE SERVICE		
b Name of plan sponsor	ARMY & AIR FORCE EXCHANGE SERVICE	**c** EIN-PN	75-1232789-003
a Plan name	ASSOCIATED SPRING UAW 629 EMPLOYEE'S SAVINGS PLAN		
b Name of plan sponsor	ASSOCIATED SPRING US, LLC	**c** EIN-PN	99-1101264-020
a Plan name	ATKORE INTERNATIONAL RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	ATKORE	**c** EIN-PN	90-0631477-001
a Plan name	ATLAS VENTURE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ATLAS VENTURE LIFE SCIENCE ADVISORS LLC	**c** EIN-PN	47-2411602-001
a Plan name	AVID TECHNOLOGY, INC. 401(K) PLAN		
b Name of plan sponsor	AVID TECHNOLOGY, INC.	**c** EIN-PN	04-2977748-001
a Plan name	AVNET 401(K) PLAN		
b Name of plan sponsor	AVNET, INC.	**c** EIN-PN	11-1890605-102
a Plan name	BARNES GROUP INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BARNES GROUP INC.	**c** EIN-PN	06-0247840-012
a Plan name	BARRICK RETIREMENT PLAN		
b Name of plan sponsor	BARRICK GOLD OF NORTH AMERICA, INC.	**c** EIN-PN	98-0031163-010

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	BAYLOR COLLEGE OF MEDICINE RETIREMENT PLAN FMTC CUSTODIAN		
b Name of plan sponsor	BAYLOR COLLEGE OF MEDICINE	**c** EIN-PN	74-1613878-008
a Plan name	BLOUNT MEMORIAL HOSPITAL 457(B) PLAN		
b Name of plan sponsor	BLOUNT MEMORIAL HOSPITAL	**c** EIN-PN	62-0505512-004
a Plan name	BLOUNT MEMORIAL HOSPITAL RETIREMENT PLAN		
b Name of plan sponsor	BLOUNT MEMORIAL HOSPITAL	**c** EIN-PN	62-0505512-999
a Plan name	BLUE DIAMOND GROWERS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BLUE DIAMOND GROWERS	**c** EIN-PN	94-0355780-004
a Plan name	BURGER BOAT COMPANY 401(K)/PROFIT SHARING PLAN		
b Name of plan sponsor	BURGER BOAT COMPANY	**c** EIN-PN	39-1749596-001
a Plan name	CAPITAL ACCUMULATION PLAN		
b Name of plan sponsor	CAPITAL ACCUMULATION PLAN	**c** EIN-PN	91-1091619-001
a Plan name	THE CAREFIRST 401(K) PLAN		
b Name of plan sponsor	CAREFIRST BLUECROSS BLUESHIELD	**c** EIN-PN	52-2069215-002
a Plan name	CATHEDRAL CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CATHEDRAL CORPORATION	**c** EIN-PN	14-0576820-005
a Plan name	CBTS 401(K) PLAN		
b Name of plan sponsor	CBTS TECHNOLOGY SOLUTIONS LLC	**c** EIN-PN	72-1122018-001
a Plan name	CDW COWORKERS' PROFIT SHARING PLAN		
b Name of plan sponsor	CDW LLC	**c** EIN-PN	36-3310735-001
a Plan name	CENTRUS SAVINGS PROGRAM		
b Name of plan sponsor	CENTRUS ENERGY CORP.	**c** EIN-PN	52-2107911-001
a Plan name	CHEMELEX RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	CHEMELEX LLC	**c** EIN-PN	65-1007284-001

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	CHICAGO MERCANTILE EXCHANGE 401(K) SAVINGS PLAN		
b Name of plan sponsor	CHICAGO MERCANTILE EXCHANGE	**c** EIN-PN	36-4340266-002
a Plan name	CINCINNATI BELL INC. SAVINGS AND SECURITY PLAN		
b Name of plan sponsor	CINCINNATI BELL, INC.	**c** EIN-PN	31-1056105-002
a Plan name	CINCINNATI BELL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CINCINNATI BELL, INC.	**c** EIN-PN	31-1056105-002
a Plan name	HAWAIIAN TELCOM		
b Name of plan sponsor	CINCINNATI BELL, INC.	**c** EIN-PN	16-1710376-003
a Plan name	CANADIAN NATIONAL RAILWAY COMPANY SAVINGS PLAN FOR U.S. OPERATIONS		
b Name of plan sponsor	CN	**c** EIN-PN	13-2673944-001
a Plan name	STELLAR DISTRIBUTION SERVICES, INC. 401(K)PLAN		
b Name of plan sponsor	CN	**c** EIN-PN	36-3901405-001
a Plan name	COCA-COLA CONSOLIDATED, INC. 401(K) PLAN		
b Name of plan sponsor	COCA-COLA CONSOLIDATED, INC.	**c** EIN-PN	56-0950585-002
a Plan name	COCA-COLA CONSOLIDATED, INC. BARGAINING EMPLOYEES 401(K) PLAN		
b Name of plan sponsor	COCA-COLA CONSOLIDATED, INC.	**c** EIN-PN	20-0234821-003
a Plan name	CONCENTRIX RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	CONCENTRIX CORPORATION	**c** EIN-PN	31-1598292-002
a Plan name	COUNTY OF VENTURA SUPPLEMENTAL RETIREMENT 457 PLAN		
b Name of plan sponsor	COUNTY OF VENTURA	**c** EIN-PN	95-6000944-999
a Plan name	CROWELL & MORING LLP RETIREMENT PLAN		
b Name of plan sponsor	CROWELL & MORING	**c** EIN-PN	52-1319917-001
a Plan name	CSLB HOLDINGS INC. 401(K) PLAN		
b Name of plan sponsor	CSLB HOLDINGS INC.	**c** EIN-PN	80-0120293-001

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	CULMEN INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	CULMEN INTERNATIONAL, LLC	**c** EIN-PN	20-1816766-001
a Plan name	DELEK US 401(K) PLAN		
b Name of plan sponsor	DELEK US HOLDINGS, INC.	**c** EIN-PN	52-2319066-001
a Plan name	DO IT BEST SAVINGS PLAN		
b Name of plan sponsor	DO IT BEST CORP.	**c** EIN-PN	35-0792867-001
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
a Plan name	ENVISTA HOLDINGS CORPORATION SAVINGS PLAN		
b Name of plan sponsor	ENVISTA HOLDINGS CORPORATION	**c** EIN-PN	83-2206728-001
a Plan name	EQT CORPORATION EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	EQT CORPORATION	**c** EIN-PN	25-0464690-202
a Plan name	FDNM FAIRBANKS DAILY NEWS-MINER, LLC 401(K) PLAN		
b Name of plan sponsor	FDNM FAIRBANKS DAILY NEWS-MINER, LLC	**c** EIN-PN	92-0018312-002
a Plan name	FLSMIDTH 401(K)PLAN		
b Name of plan sponsor	FLSMIDTH INC. AND ITS USA AFFILIATES	**c** EIN-PN	23-0606560-009
a Plan name	FORTREA 401(K) PLAN		
b Name of plan sponsor	FORTREA	**c** EIN-PN	22-3265977-002
a Plan name	FOUNDATION HEALTH PARTNERS 401(K) PLAN		
b Name of plan sponsor	FOUNDATION HEALTH PARTNERS	**c** EIN-PN	81-3021580-001
a Plan name	GATX HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GATX CORPORATION	**c** EIN-PN	36-1124040-004
a Plan name	SALARIED EMPLOYEES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GATX CORPORATION	**c** EIN-PN	36-1124040-002

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	GENON ENERGY, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	GENON ENERGY, INC.	**c** EIN-PN	56-2368220-010
a Plan name	GERBER CHILDRENSWEAR 401(K) PLAN		
b Name of plan sponsor	GERBER CHILDRENSWEAR LLC	**c** EIN-PN	03-0442752-002
a Plan name	GGLO, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GGLO, LLC	**c** EIN-PN	91-1319710-002
a Plan name	GIVAUDAN'S 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GIVAUDAN	**c** EIN-PN	31-1707845-003
a Plan name	GKN U.S. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GKN DRIVELINE NORTH AMERICA, INC.	**c** EIN-PN	62-1382461-001
a Plan name	GLASSBRIDGE RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	GLASSBRIDGE ENTERPRISE INC.	**c** EIN-PN	41-1838504-002
a Plan name	HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY EMPLOYEES' SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	HORIZON BLUE CROSS BLUE SHIELD OF NJ	**c** EIN-PN	22-0999690-001
a Plan name	FIDELITY THRIFT PLAN		
b Name of plan sponsor	HUNT CONSOLIDATED, INC.	**c** EIN-PN	75-1727234-002
a Plan name	THE INVACARE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	INVACARE CORP.	**c** EIN-PN	95-2680965-005
a Plan name	KAISER ALUMINUM WARRICK, LLC SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	56-2553181-001
a Plan name	KAISER ALUMINUM INVESTMENTS COMPANY HOURLY SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	94-0928288-057
a Plan name	KAISER ALUMINUM SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	56-2553181-003

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	KAMAN CORPORATION 401K PLAN		
b Name of plan sponsor	KAMAN CORPORATION	**c** EIN-PN	06-0613548-010
a Plan name	KONE INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	KONE INC.	**c** EIN-PN	36-2357423-004
a Plan name	EPTA US 401(K) RETIREMENT PLAN		
b Name of plan sponsor	KYSOR WARREN EPTA US CORPORATION	**c** EIN-PN	61-1918959-001
a Plan name	L.L.BEAN, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	L.L.BEAN, INC.	**c** EIN-PN	01-0026590-002
a Plan name	LALIZAS/ALEXANDER HOUSTON L.L.C. HOUSTON		
b Name of plan sponsor	LALIZAS/ALEXANDER HOUSTON L.L.C.	**c** EIN-PN	76-0379330-003
a Plan name	LAS VEGAS SANDS CORP. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	LAS VEGAS SANDS CORP.	**c** EIN-PN	86-0863398-001
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	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	LORAL SAVINGS PLAN		
b Name of plan sponsor	LORAL SPACE & COMMUNICATIONS INC.	**c** EIN-PN	23-1602217-334
a Plan name	MARINE CORPS NAF 401(K) PLAN		
b Name of plan sponsor	MARINE CORPS COMMUNITY SERVICES	**c** EIN-PN	53-0196952-002
a Plan name	MERCY HEALTH SERVICES 403(B) RETIREMENT PLAN FMTC CUSTODIAN 403(B)(7)		
b Name of plan sponsor	MERCY MEDICAL CENTER	**c** EIN-PN	42-0698295-501
a Plan name	MIOVISION TECHNOLOGIES 401(K) PLAN		
b Name of plan sponsor	MIOVISION TECHNOLOGIES US HOLD CO	**c** EIN-PN	56-2660311-001

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	MOVEERO, INC. RETIREMENT PLAN		
b Name of plan sponsor	MOVEERO, INC.	**c** EIN-PN	42-0921728-002
a Plan name	MSA SAFETY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MSA SAFETY	**c** EIN-PN	25-0668780-002
a Plan name	BACHARACH HOURLY 401K SAVINGS PLAN		
b Name of plan sponsor	MSA SAFETY	**c** EIN-PN	46-4914866-003
a Plan name	THE MURPHY OIL CORPORATION 401(K) PLAN		
b Name of plan sponsor	MURPHY OIL CORPORATION	**c** EIN-PN	71-0361522-008
a Plan name	WNBA PLAYERS RETIREMENT AND 401(K) SAVINGS PLAN		
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	**c** EIN-PN	13-3921549-330
a Plan name	THE NBA RETIREMENT PLAN FOR REFEREES		
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	**c** EIN-PN	26-3863272-334
a Plan name	NBA RETIREMENT PLAN		
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	**c** EIN-PN	13-5582586-334
a Plan name	NATIONAL ENERGY & GAS TRANSMISSION, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NATIONAL ENERGY & GAS TRANSMISSION	**c** EIN-PN	94-3316236-001
a Plan name	NEWSDAY 401(K) SAVINGS PLAN		
b Name of plan sponsor	NEWSDAY L.L.C.	**c** EIN-PN	83-1344169-001
a Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN FOR ASSOCIATE ATTORNEYS		
b Name of plan sponsor	NIXON PEABODY LLP	**c** EIN-PN	16-0764720-001
a Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN I		
b Name of plan sponsor	NIXON PEABODY LLP	**c** EIN-PN	16-0764720-001
a Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN II		
b Name of plan sponsor	NIXON PEABODY LLP	**c** EIN-PN	16-0764720-023

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	NVENT MANAGEMENT COMPANY RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	NVENT ELECTRIC PLC	**c** EIN-PN	82-3123161-001
a Plan name	NYPRO INC. DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	NYPRO INC.	**c** EIN-PN	04-2193872-003
a Plan name	SAVINGS PLAN FOR HOURLY EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.		
b Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	**c** EIN-PN	04-1215610-007
a Plan name	SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.		
b Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	**c** EIN-PN	04-1215610-006
a Plan name	OGE ENERGY CORP. EMPLOYEES' STOCK OWNERSHIP AND RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	OGE ENERGY CORP.	**c** EIN-PN	73-1481638-003
a Plan name	OREGON TOOL 401(K) RETIREMENT PROFIT SHARING PLUS PLAN		
b Name of plan sponsor	OREGON TOOL, INC	**c** EIN-PN	63-0780521-006
a Plan name	MASONITE SAVINGS PLAN		
b Name of plan sponsor	OWENS CORNING	**c** EIN-PN	64-0198020-101
a Plan name	MASONITE SAVINGS PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES		
b Name of plan sponsor	OWENS CORNING	**c** EIN-PN	64-0198020-102
a Plan name	FLEETWOOD ALUMINUM PRODUCTS, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	OWENS CORNING	**c** EIN-PN	93-3790125-001
a Plan name	OWENS CORNING SAVINGS PLAN		
b Name of plan sponsor	OWENS CORNING	**c** EIN-PN	43-2109021-004
a Plan name	OWENS CORNING SAVINGS AND SECURITY PLAN (SSP)		
b Name of plan sponsor	OWENS CORNING	**c** EIN-PN	43-2109021-014
a Plan name	PASSCO RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PASSCO COMPANIES, LLC	**c** EIN-PN	20-3448699-001

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	PLATINUM EQUITY 401(K) PLAN		
b Name of plan sponsor	PLATINUM EQUITY, LLC	**c** EIN-PN	95-4666134-001
a Plan name	PORTER WRIGHT MORRIS & ARTHUR LLP PARTNER 401(K) RETIREMENT PLAN		
b Name of plan sponsor	PORTER WRIGHT MORRIS & ARTHUR LLP	**c** EIN-PN	31-4373657-003
a Plan name	PORTER WRIGHT MORRIS & ARTHUR LLP EMPLOYEE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	PORTER WRIGHT MORRIS & ARTHUR LLP	**c** EIN-PN	31-4373657-002
a Plan name	PROTECTIVE LIFE CORPORATION 401(K) PLAN		
b Name of plan sponsor	PROTECTIVE LIFE CORPORATION	**c** EIN-PN	95-2492236-001
a Plan name	PURE WAFER, INC. 401(K) PLAN		
b Name of plan sponsor	PURE WAFER, INC	**c** EIN-PN	71-1020986-001
a Plan name	MEAD JOHNSON PUERTO RICO INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	RECKITT BENCKISER, NORTH AMERICA	**c** EIN-PN	26-3546226-002
a Plan name	RUSH ENTERPRISES, INC. EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	RUSH ENTERPRISES, INC.	**c** EIN-PN	74-2786267-001
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	SCHINDLER ELEVATOR CORPORATION PUERTO RICO SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	**c** EIN-PN	34-1270056-008
a Plan name	SCHINDLER ELEVATOR CORPORATION SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	**c** EIN-PN	34-1270056-002
a Plan name	SCHOLASTIC CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	SCHOLASTIC CORP.	**c** EIN-PN	04-2777224-004
a Plan name	SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	SCRIPPS HEALTH	**c** EIN-PN	45-3998554-001

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	SCRIPPSHEALTH RETIREMENT SAVINGS PLAN FMTC, TRUSTEE		
b Name of plan sponsor	SCRIPPS HEALTH	**c** EIN-PN	95-1684089-002
a Plan name	SCRIPPS HEALTH INDIVIDUAL MEDICAL ACCOUNTS 401(H) PLAN FMTC TRUSTEE		
b Name of plan sponsor	SCRIPPS HEALTH	**c** EIN-PN	95-1684089-001
a Plan name	401(K) SAVINGS PLAN FOR EMPLOYEES OF SEATTLE TIMES COMPANY AND SUBSIDIARIES		
b Name of plan sponsor	SEATTLE TIMES COMPANY	**c** EIN-PN	91-0403890-005
a Plan name	TDC RETIREMENT PLAN		
b Name of plan sponsor	TECHNICAL DEVELOPMENT CORPORATION	**c** EIN-PN	04-2441030-004
a Plan name	TEXAS FARM BUREAU & ADOPTING COMPANIES 401(K) PLAN & TRUST		
b Name of plan sponsor	TEXAS FARM BUREAU	**c** EIN-PN	74-1145986-003
a Plan name	THE COATS COMPANY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE COATS COMPANY, LLC	**c** EIN-PN	87-2939977-001
a Plan name	THE COATS COMPANY UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE COATS COMPANY, LLC	**c** EIN-PN	87-2939977-002
a Plan name	THE MANITOWOC COMPANY INC. 401K RETIREMENT PLAN		
b Name of plan sponsor	THE MANITOWOC COMPANY, INC.	**c** EIN-PN	39-0448110-001
a Plan name	THE 401K PLAN OF THE NEW YORK RACING ASSOCIATION INC.		
b Name of plan sponsor	THE NEW YORK RACING ASSOCIATION, INC.	**c** EIN-PN	11-1902398-001
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	SUPPLY CHAIN RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	**c** EIN-PN	04-2801160-001
a Plan name	TIBBETT & BRITTEN GROUP NA LLC 401(K) PLAN		
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	**c** EIN-PN	98-0149758-001

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	GENESIS LOGISTICS INC. UNION RETIREMENT PLAN		
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	**c** EIN-PN	22-3590938-001
a Plan name	EXEL 401(K) SAVINGS PLAN		
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	**c** EIN-PN	04-2801160-001
a Plan name	THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. 401K PLAN		
b Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	**c** EIN-PN	39-1858155-001
a Plan name	THYSSENKRUPP 401(K) PLAN NORTH AMERICA		
b Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	**c** EIN-PN	23-0443060-002
a Plan name	TK ELEVATOR RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TK ELEVATOR	**c** EIN-PN	62-1211267-001
a Plan name	TK AIRPORT SOLUTIONS RETIREMENT PLAN		
b Name of plan sponsor	TK ELEVATOR	**c** EIN-PN	62-1211267-009
a Plan name	TOPPAN MERRILL 401(K) PLAN		
b Name of plan sponsor	TOPPAN MERRILL LLC	**c** EIN-PN	83-1174166-001
a Plan name	TRIVIUM PACKAGING 401(K) PLAN		
b Name of plan sponsor	TRIVIUM PACKAGING	**c** EIN-PN	25-1864585-011
a Plan name	TRIVIUM PACKAGING BARGAINING 401K PLAN		
b Name of plan sponsor	TRIVIUM PACKAGING	**c** EIN-PN	25-1864585-001
a Plan name	TRONICOM CORPORATION AND SUBSIDIARY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TRONICOM CORPORATION	**c** EIN-PN	43-1306403-001
a Plan name	HEALTH FITNESS CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	**c** EIN-PN	41-1580506-001
a Plan name	TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	**c** EIN-PN	27-0056662-001

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	ULTRA ELECTRONICS INC. 401(K) PLAN		
b Name of plan sponsor	ULTRA ELECTRONICS INC.	**c** EIN-PN	06-1506005-001
a Plan name	UNIGROUP, INC. RESOURCES FOR EMPLOYEES' LEISURE YEARS PLAN		
b Name of plan sponsor	UNIGROUP C.A.	**c** EIN-PN	43-0561790-002
a Plan name	VENETIAN LAS VEGAS GAMING, LLC 401(K) PLAN		
b Name of plan sponsor	VENETIAN LAS VEGAS GAMING, LLC	**c** EIN-PN	86-2889081-001
a Plan name	VINCE HOLDING CORP. 401K		
b Name of plan sponsor	VINCE HOLDING CORP.	**c** EIN-PN	75-3264870-001
a Plan name	VONTIER RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VONTIER BUSINESS SERVICES LLC	**c** EIN-PN	85-2604205-001
a Plan name	VONTIER UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VONTIER BUSINESS SERVICES LLC	**c** EIN-PN	85-2604205-002
a Plan name	WCPC UNION RETIREMENT PLAN		
b Name of plan sponsor	WEST CARROLLTON PARCHMENT & CONVERTING,	**c** EIN-PN	46-4058490-001
a Plan name	WCPC RETIREMENT PLAN		
b Name of plan sponsor	WEST CARROLLTON PARCHMENT & CONVERTING,	**c** EIN-PN	46-4058490-002
a Plan name	WILLKIE FARR & GALLAGHER LLP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WILLKIE FARR & GALLAGHER LLP	**c** EIN-PN	13-5536844-069
a Plan name	EMPLOYEE SAVINGS PLAN OF WINSTON & STRAWN LLP		
b Name of plan sponsor	WINSTON & STRAWN LLP	**c** EIN-PN	36-1975990-001
a Plan name	WOLF CREEK NUCLEAR OPERATING CORP EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	WOLF CREEK NUCLEAR OPERATING CORPORATION	**c** EIN-PN	48-1020926-002
a Plan name	ZIMMER SURGICAL, INC. UNITED STEEL WORKERS LOCAL #2737-15 PLAN		
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	**c** EIN-PN	81-0550216-001

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	ZIMMER BIOMET HOLDINGS, INC. SAVINGS AND INVESTMENT 401(K) PROGRAM		
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	**c** EIN-PN	13-4151777-002
a Plan name	ZIMMER BIOMET PUERTO RICO SAVINGS AND INVESTMENT 401(K) PROGRAM.		
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	**c** EIN-PN	13-4151777-001
a Plan name	GILBANE 401(K) AND RETIREMENT PLAN		
b Name of plan sponsor	GILBANE, INC.	**c** EIN-PN	05-0147010-001
a Plan name	CHICAGO MERCANTILE EXCHANGE 401(K) SAVINGS PLAN		
b Name of plan sponsor	CHICAGO MERCANTILE EXCHANGE	**c** EIN-PN	36-4340266-002
a Plan name	ADVANCEDMD, INC. 401(K) PLAN		
b Name of plan sponsor	ADVANCEDMD, INC.	**c** EIN-PN	35-2182629-003
a Plan name	ACIPCO 401(K) PLAN		
b Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	**c** EIN-PN	63-0844266-001
a Plan name	ACIPCO CONTRACTED 401(K)PLAN		
b Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	**c** EIN-PN	63-0844266-001
a Plan name	AMWAY HOTEL CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMWAY	**c** EIN-PN	38-2239010-003
a Plan name	SAVINGS AND INVESTMENT PLAN OF ARMSTRONG WORLD INDUSTRIES, INC		
b Name of plan sponsor	ARMSTRONG WORLD INDUSTRIES, INC.	**c** EIN-PN	23-0366390-014
a Plan name	BARNES & NOBLE 401(K) PLAN		
b Name of plan sponsor	BARNES & NOBLE, INC.	**c** EIN-PN	06-1196501-001
a Plan name	BLUE CROSS & BLUE SHIELD OF MASSACHUSETTS, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MA, INC.	**c** EIN-PN	04-1045815-002
a Plan name	ARROWHEAD WINCH, INC. 401(K) PLAN		
b Name of plan sponsor	BPG - ARROWHEAD WINCH, INC.	**c** EIN-PN	91-2052614-001

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	CADENCE 401(K) PROFIT-SHARING PLAN		
b Name of plan sponsor	CADENCE BANK	**c** EIN-PN	64-0117230-002
a Plan name	CF INDUSTRIES HOLDINGS, INC. 401(K) PLAN		
b Name of plan sponsor	CF INDUSTRIES HOLDINGS, INC.	**c** EIN-PN	20-2697511-001
a Plan name	COMMERCE BANCSHARES, INC. PARTICIPATING INVESTMENT PLAN		
b Name of plan sponsor	COMMERCE BANCSHARES, INC.	**c** EIN-PN	43-0889454-001
a Plan name	THE VENTURA COUNTY 401(K) SHARED SAVINGS PLAN		
b Name of plan sponsor	COUNTY OF VENTURA	**c** EIN-PN	95-6000944-501
a Plan name	VENTURA COUNTY SECTION 457 PLAN		
b Name of plan sponsor	COUNTY OF VENTURA	**c** EIN-PN	95-6000944-501
a Plan name	CALIFORNIA RESOURCES CORPORATION SAVINGS PLAN		
b Name of plan sponsor	CRC SERVICES, LLC	**c** EIN-PN	46-5676989-001
a Plan name	DANAHER CORPORATION & SUBSIDIARIES SAVINGS PLAN		
b Name of plan sponsor	DANAHER CORPORATION	**c** EIN-PN	59-1995548-004
a Plan name	DIAMOND OFFSHORE 401(K) PLAN		
b Name of plan sponsor	DIAMOND OFFSHORE MANAGEMENT COMPANY	**c** EIN-PN	13-3560049-001
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	EXPERIAN INFORMATION SOLUTIONS PERSONAL INVESTMENT PLAN		
b Name of plan sponsor	EXPERIAN	**c** EIN-PN	31-1343192-001
a Plan name	FMC CORPORATION SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	FMC CORPORATION	**c** EIN-PN	94-0479804-061
a Plan name	MILLMAN COMPANIES PROFIT SHARING PLAN		
b Name of plan sponsor	GREAT CENTRAL LUMBER COMPANY	**c** EIN-PN	43-0636488-004

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	HOLOGIC, INC. SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	HOLOGIC, INC.	**c** EIN-PN	04-2902449-001
a Plan name	HOUGHTON MIFFLIN 401K SAVINGS PLAN		
b Name of plan sponsor	HOUGHTON MIFFLIN COMPANY	**c** EIN-PN	04-1456030-003
a Plan name	HYDRO EXTRUSION USA, LLC SAVINGS PLAN		
b Name of plan sponsor	HYDRO EXTRUSION USA, LLC	**c** EIN-PN	58-2216096-001
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	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	MANTECH INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	MANTECH INTERNATIONAL CORP.	**c** EIN-PN	22-1852179-002
a Plan name	MITSUBISHI ELECTRIC U.S. COMPANIES' RETIREMENT PLAN		
b Name of plan sponsor	MITSUBISHI ELECTRIC US, INC.	**c** EIN-PN	33-0909808-001
a Plan name	DEFERRED COMPENSATION PLAN OF MONTGOMERY COUNTY, MARYLAND		
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	**c** EIN-PN	52-2137541-999
a Plan name	MONTGOMERY COUNTY, MARYLAND POLICE DEFERRED RETIREMENT OPTION PLAN		
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	**c** EIN-PN	30-0606393-999
a Plan name	MCGEO DROP PLAN		
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	**c** EIN-PN	30-0606393-999
a Plan name	BOARD OF TRUSTEES, TRUSTEE MONTGOMERY COUNTY GOVT RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	**c** EIN-PN	52-6000980-999
a Plan name	MONTGOMERY COUNTY ELECTED OFFICIALS PLAN		
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	**c** EIN-PN	30-0606393-999

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	ECC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MSH CHEVROLET CADILLAC, INC.	**c** EIN-PN	43-1381175-001
a Plan name	PANASONIC PROJECTOR AND DISPLAY AMERICAS LLC RETIREMENT PLAN		
b Name of plan sponsor	PANASONIC PROJECTOR AND DISPLAY AMERICAS	**c** EIN-PN	33-1468990-001
a Plan name	QUANTA SERVICES, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	QUANTA SERVICES INC.	**c** EIN-PN	74-2851603-001
a Plan name	RALLIANT RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	RALLIANT CORPORATION	**c** EIN-PN	99-5127620-999
a Plan name	RELIANCE, INC. MASTER 401(K) PLAN		
b Name of plan sponsor	RELIANCE, INC.	**c** EIN-PN	95-1142616-003
a Plan name	PRECISION STRIP RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	RELIANCE, INC.	**c** EIN-PN	34-1207681-001
a Plan name	KOOZIE GROUP 401(K) SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	SCRIBE OPCO, LLC DBA KOOZIE GROUP	**c** EIN-PN	82-1795538-001
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	SMITH & NEPHEW U.S. SAVINGS PLAN		
b Name of plan sponsor	SMITH & NEPHEW, INC.	**c** EIN-PN	51-0123924-008

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	SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 401(K) SAVINGS PLAN		
b Name of plan sponsor	SUPERIOR COURT OF CALIFORNIA COUNTY OF V	**c** EIN-PN	52-2219097-999
a Plan name	SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 457(B) PLAN		
b Name of plan sponsor	SUPERIOR COURT OF CALIFORNIA COUNTY OF V	**c** EIN-PN	52-2219097-999
a Plan name	TECHNIP USA, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TECHNIP ENERGIES USA, INC.	**c** EIN-PN	76-0386371-002
a Plan name	TECHNIPFMC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TECHNIPFMC PLC	**c** EIN-PN	36-4446761-002
a Plan name	THE HANOVER INSURANCE GROUP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE HANOVER INSURANCE COMPANY	**c** EIN-PN	13-5129825-002
a Plan name	THE UNIVERSITY OF KANSAS HOSPITAL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE UNIVERSITY OF KANSAS HEALTH SYSTEM	**c** EIN-PN	48-1202402-999
a Plan name	THE UNIVERSITY OF KANSAS HOSPITAL VOLUNTARY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE UNIVERSITY OF KANSAS HEALTH SYSTEM	**c** EIN-PN	48-1202402-999
a Plan name	TITANX ENGINE COOLING, INC 401(K) PLAN		
b Name of plan sponsor	TITANX ENGINE COOLING, INC	**c** EIN-PN	26-1260408-001
a Plan name	TOTALENERGIES FINANCE USA, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	TOTALENERGIES FINANCE USA, INC.	**c** EIN-PN	23-3060301-003
a Plan name	TRANSOCEAN U.S. SAVINGS PLAN		
b Name of plan sponsor	TRANSOCEAN INTERNATIONAL LIMITED	**c** EIN-PN	66-0582307-001
a Plan name	VALEO, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VALEO NORTH AMERICA, INC.	**c** EIN-PN	13-3744485-001
a Plan name	VERALTO CORPORATION & SUBSIDIARIES SAVINGS PLAN		
b Name of plan sponsor	VERALTO CORPORATION	**c** EIN-PN	92-1941413-001

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	VISTEON INVESTMENT PLAN		
b Name of plan sponsor	VISTEON	**c** EIN-PN	38-3519512-005
a Plan name	WABTEC CORPORATION SAVINGS PLAN		
b Name of plan sponsor	WABTEC CORPORATION	**c** EIN-PN	25-1615902-004
a Plan name	WEBSTER BANK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WEBSTER	**c** EIN-PN	06-0273620-003
a Plan name	THE WEGMANS RETIREMENT PLANS		
b Name of plan sponsor	WEGMANS FOOD MARKETS, INC.	**c** EIN-PN	16-1309424-001
a Plan name	ZF CHASSIS MODULES (USA) INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	ZF CHASSIS MODULES (USA) INC.	**c** EIN-PN	88-4412957-001
a Plan name	ZF CHASSIS MODULES (USA) INC. HOURLY 401(K) SAVINGS PLAN		
b Name of plan sponsor	ZF CHASSIS MODULES (USA) INC.	**c** EIN-PN	88-4412957-002
a Plan name	ZF PASSIVE SAFETY US INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	ZF PASSIVE SAFETY US INC.	**c** EIN-PN	34-1758354-001
a Plan name	ZIONS BANCORPORATION PAYSHELTER 401K AND EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	ZIONS BANCORPORATION	**c** EIN-PN	87-0227400-006
a Plan name	AMENTUM 401(K) RETIREMENT PLAN		
b Name of plan sponsor	AMENTUM SERVICES, INC.	**c** EIN-PN	27-1628265-001
a Plan name	AVANGRID 401(K) PLAN		
b Name of plan sponsor	AVANGRID	**c** EIN-PN	45-5063049-003
a Plan name	THE BERTELSMANN 401(K) SAVINGS PLAN		
b Name of plan sponsor	BERTELSMANN, INC.	**c** EIN-PN	95-2949493-004
a Plan name	FPI RETIREMENT PLAN		
b Name of plan sponsor	BERTELSMANN, INC.	**c** EIN-PN	13-3621012-001

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	BERTELSMANN PRINTING GROUP 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	BERTELSMANN, INC.	**c** EIN-PN	23-1873471-002
a Plan name	OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	BERTELSMANN, INC.	**c** EIN-PN	23-1873471-003
a Plan name	CAPGEMINI SAFE HARBOR 401(K) PLAN		
b Name of plan sponsor	CAPGEMINI AMERICA, INC.	**c** EIN-PN	22-2575929-002
a Plan name	CBRE 401(K) PLAN		
b Name of plan sponsor	CBRE SERVICES, INC.	**c** EIN-PN	52-1616016-001
a Plan name	COMAU LLC 401(K) PLAN		
b Name of plan sponsor	COMAU LLC	**c** EIN-PN	38-2296242-001
a Plan name	COMPASS GROUP RETIREMENT PLAN		
b Name of plan sponsor	COMPASS GROUP USA INC	**c** EIN-PN	56-1874931-007
a Plan name	EMPLOYEES' SAVINGS PLAN OF CONSUMERS ENERGY COMPANY		
b Name of plan sponsor	CONSUMERS ENERGY - CMS ENERGY	**c** EIN-PN	38-0442310-001
a Plan name	COUNTY OF SACRAMENTO DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	COUNTY OF SACRAMENTO	**c** EIN-PN	94-0000529-999
a Plan name	CRH AMERICAS 401(K) PLAN		
b Name of plan sponsor	CRH	**c** EIN-PN	95-3962933-001
a Plan name	DANAHER CORPORATION & SUBSIDIARIES SAVINGS PLAN		
b Name of plan sponsor	DANAHER CORPORATION	**c** EIN-PN	59-1995548-004
a Plan name	ECOLAB SAVINGS PLAN AND ESOP		
b Name of plan sponsor	ECOLAB INC.	**c** EIN-PN	41-0231510-007
a Plan name	ENTERPRISE HOLDINGS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ENTERPRISE MOBILITY	**c** EIN-PN	43-1233684-001

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	ERNST & YOUNG RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ERNST & YOUNG, LLP	**c** EIN-PN	34-6565596-112
a Plan name	IVECO GROUP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FIAT POWERTRAIN TECHNOLOGIES OF NORTH AM	**c** EIN-PN	23-2808268-002
a Plan name	FORTIVE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FORTIVE CORPORATION	**c** EIN-PN	47-5654583-001
a Plan name	FRONTIER COMMUNICATIONS 401(K) SAVINGS PLAN		
b Name of plan sponsor	FRONTIER COMMUNICATIONS	**c** EIN-PN	06-0619596-005
a Plan name	FRONTIER COMMUNICATIONS CORPORATE SERVICES, INC. 401(K) PLAN FOR MID-ATLANTIC ASSOCIATES		
b Name of plan sponsor	FRONTIER COMMUNICATIONS	**c** EIN-PN	06-0619596-053
a Plan name	JOHNS MANVILLE EMPLOYEES 401(K) PLAN		
b Name of plan sponsor	JOHNS MANVILLE CORPORATION	**c** EIN-PN	84-0856796-005
a Plan name	DR PEPPER SNAPPLE GROUP, INC. UNION EMPLOYEES SAVINGS PLAN		
b Name of plan sponsor	KEURIG DR PEPPER INC.	**c** EIN-PN	06-1074905-007
a Plan name	KEURIG DR PEPPER 401(K) PLAN		
b Name of plan sponsor	KEURIG DR PEPPER INC.	**c** EIN-PN	98-0517725-007
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	LINDE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	LINDE	**c** EIN-PN	06-1249050-334
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	MOHAWK INDUSTRIES RETIREMENT SAVINGS PLAN 1		
b Name of plan sponsor	MOHAWK INDUSTRIES, INC.	**c** EIN-PN	58-2185429-001

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	MOHAWK INDUSTRIES RETIREMENT SAVINGS PLAN 2		
b Name of plan sponsor	MOHAWK INDUSTRIES, INC.	**c** EIN-PN	58-2185429-002
a Plan name	NEWS CORP 401(K) SAVINGS PLAN		
b Name of plan sponsor	NC TRANSACTION, INC.	**c** EIN-PN	13-5034940-001
a Plan name	NEWELL BRANDS EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	NEWELL BRANDS	**c** EIN-PN	36-1953130-012
a Plan name	NRG AFFILIATES EMPLOYEES SAVINGS PLAN		
b Name of plan sponsor	NRG ENERGY, INC.	**c** EIN-PN	41-1960764-001
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	PACCAR INC SAVINGS INVESTMENT PLAN		
b Name of plan sponsor	PACCAR INC	**c** EIN-PN	91-0351110-002
a Plan name	PACIFIC MARITIME ASSOC QUALIFIED DEFERRED COMPENSATION PLAN FMTC TRUSTEE		
b Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	**c** EIN-PN	94-2914940-001
a Plan name	ILWU-PMA SAVINGS 401(K) PLAN		
b Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	**c** EIN-PN	94-1126322-001
a Plan name	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LLC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LL	**c** EIN-PN	99-2777326-001
a Plan name	PANASONIC RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	PANASONIC CORPORATION OF NORTH AMERICA	**c** EIN-PN	22-2504913-003
a Plan name	PONDERAY NEWSPRINT COMPANY EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PONDERAY NEWSPRINT COMPANY	**c** EIN-PN	91-1814612-001
a Plan name	401(K) SAVINGS PLAN		
b Name of plan sponsor	PROVIDENCE	**c** EIN-PN	51-0216586-010

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	PROVIDENCE HEALTH & SERVICES 401(A) SERVICE PLAN		
b Name of plan sponsor	PROVIDENCE	**c** EIN-PN	51-0216586-999
a Plan name	ST. JOSEPH HEALTH AND COVENANT HEALTH SYSTEMS 401(K) PLAN		
b Name of plan sponsor	PROVIDENCE	**c** EIN-PN	95-3589356-004
a Plan name	SWEDISH HEALTH SERVICES 401(K) PLAN		
b Name of plan sponsor	PROVIDENCE	**c** EIN-PN	91-0433740-010
a Plan name	QUEST DIAGNOSTICS PROFIT SHARING PLAN		
b Name of plan sponsor	QUEST DIAGNOSTICS INCORPORATED	**c** EIN-PN	16-1387862-001
a Plan name	RBC U.S.A. RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	ROYAL BANK OF CANADA	**c** EIN-PN	41-1228350-003
a Plan name	SAS RETIREMENT PLAN		
b Name of plan sponsor	SAS INSTITUTE INC.	**c** EIN-PN	56-1133017-001
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	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 SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN		
b Name of plan sponsor	SHERWIN-WILLIAMS	**c** EIN-PN	34-0526850-002
a Plan name	THE SHERWIN-WILLIAMS COMPANY HOURLY 401(K) PLAN		
b Name of plan sponsor	SHERWIN-WILLIAMS	**c** EIN-PN	34-0526850-022
a Plan name	SPX RETIREMENT SAVINGS AND STOCK OWNERSHIP PLAN		
b Name of plan sponsor	SPX	**c** EIN-PN	38-1016240-005
a Plan name	THE TENNESSEE VALLEY AUTHORITY SAVINGS & DEFERRAL RETIREMENT PLAN		
b Name of plan sponsor	TENNESSEE VALLEY AUTHORITY	**c** EIN-PN	04-2467232-999

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	TERADYNE, INC SAVINGS PLAN		
b Name of plan sponsor	TERADYNE, INC.	**c** EIN-PN	04-6342093-001
a Plan name	THE PROGRESSIVE 401(K)PLAN		
b Name of plan sponsor	THE PROGRESSIVE CORPORATION	**c** EIN-PN	34-0963169-003
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	25-1897152-028
a Plan name	USS 401(K) PLAN FOR USW-REPRESENTED EMPLOYEES		
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	**c** EIN-PN	25-0996816-029
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	WILLIAMS INTERNATIONAL EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	WILLIAMS INTERNATIONAL	**c** EIN-PN	38-3232737-003
a Plan name	AECOM RETIREMENT & SAVINGS PLAN		
b Name of plan sponsor	AECOM TECHNOLOGY CORPORATION	**c** EIN-PN	61-1088522-055
a Plan name	OLDCASTLE BUILDINGENVELOPE 401(K) PLAN		
b Name of plan sponsor	OLDCASTLE BUILDINGENVELOPE, INC.	**c** EIN-PN	75-2196684-002
a Plan name	US FOODS 401(K) PLAN		
b Name of plan sponsor	US FOODS	**c** EIN-PN	36-3642294-001
a Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	OMNICOM GROUP	**c** EIN-PN	13-1514814-004
a Plan name	APTIV HOURLY 401(K) PLAN		
b Name of plan sponsor	APTIV	**c** EIN-PN	27-0791190-004

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	APTIV SALARIED 401(K) PLAN		
b Name of plan sponsor	APTIV	**c** EIN-PN	27-0791190-002
a Plan name	COMPASS GROUP RETIREMENT PLAN		
b Name of plan sponsor	COMPASS GROUP USA INC	**c** EIN-PN	56-1874931-007
a Plan name	EMPLOYEES RETIREMENT PLAN OF MARSHFIELD CLINIC FMTC TRUSTEE		
b Name of plan sponsor	MARSHFIELD CLINIC	**c** EIN-PN	39-0452970-001
a Plan name	MARSHFIELD CLINIC SALARY REDUCTION PLAN FMTC TRUSTEE		
b Name of plan sponsor	MARSHFIELD CLINIC	**c** EIN-PN	39-0452970-002
a Plan name	AIR LINE PILOTS ASSOCIATION INTERNATIONAL DEFERRED SAVINGS PLAN		
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	**c** EIN-PN	36-0710830-006
a Plan name	AIR LINE PILOTS ASSOCIATION INTERNATIONAL DEFERRED SAVINGS PLAN FOR MANAGEMENT/NON-BARGAINING		
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	**c** EIN-PN	36-0710830-004
a Plan name	AIR LINE PILOTS ASSOCIATION INTERNATIONAL DEFERRED SAVINGS PLAN FOR BARGAINING NON-EXEMPT		
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	**c** EIN-PN	36-0710830-005
a Plan name	ADVANCE 401(K) PLAN		
b Name of plan sponsor	ADVANCE PUBLICATIONS, INC.	**c** EIN-PN	13-5576716-012
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	AMWAY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMWAY	**c** EIN-PN	38-1736584-002
a Plan name	THE INVESTMENT PARTNERSHIP		
b Name of plan sponsor	ANALOG DEVICES	**c** EIN-PN	04-2348234-003
a Plan name	ASTECH HOLDCO, LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASTECH HOLDCO, LLC	**c** EIN-PN	92-3642395-001

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	AUTOZONE, INC 401(K) PLAN		
b Name of plan sponsor	AUTOZONE, INC.	**c** EIN-PN	62-1482048-001
a Plan name	BANNER HEALTH EMPLOYEES 401K PLAN FMTC, TRUSTEE		
b Name of plan sponsor	BANNER HEALTH	**c** EIN-PN	45-0233470-002
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
a Plan name	BAUSCH HEALTH COMPANIES INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BAUSCH HEALTH COMPANIES INC.	**c** EIN-PN	33-0628076-001
a Plan name	BMW SAVINGS PLAN		
b Name of plan sponsor	BMW	**c** EIN-PN	22-2013053-002
a Plan name	BNP PARIBAS 401(K) SAVINGS PLAN		
b Name of plan sponsor	BNP PARIBAS US WHOLESALE HOLDINGS, CORP.	**c** EIN-PN	94-1677765-003
a Plan name	CENCORA EMPLOYEE INVESTMENT PLAN		
b Name of plan sponsor	CENCORA, INC.	**c** EIN-PN	23-2353106-010
a Plan name	CIRCANA 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CIRCANA, LLC	**c** EIN-PN	36-2947987-001
a Plan name	CITY OF DALLAS 457 DEFERRED COMPENSATION PLAN PST BOARD OF TRUSTEES-CITY OF DALLAS		
b Name of plan sponsor	CITY OF DALLAS	**c** EIN-PN	75-6000508-999
a Plan name	CITY OF DALLAS 457 DEFERRED COMPEN SATION PLAN FOR CITY EMPLOYEES BOARD OF TRUSTEES-CITY OF DALLAS		
b Name of plan sponsor	CITY OF DALLAS	**c** EIN-PN	75-6000508-999
a Plan name	CITY OF DALLAS 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CITY OF DALLAS	**c** EIN-PN	75-6000508-001
a Plan name	GERDAU AMERISTEEL US 401(K) RETIREMENT PLAN		
b Name of plan sponsor	GERDAU	**c** EIN-PN	59-0792436-005

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	GERDAU AMERISTEEL US SAVINGS PLAN		
b Name of plan sponsor	GERDAU	**c** EIN-PN	59-0792436-001
a Plan name	GERDAU MACSTEEL SAVINGS PLAN		
b Name of plan sponsor	GERDAU	**c** EIN-PN	38-1872178-001
a Plan name	GERDAU MACSTEEL SAVINGS PLAN FOR BARGAINING EMPLOYEES		
b Name of plan sponsor	GERDAU	**c** EIN-PN	38-1872178-001
a Plan name	GILEAD SCIENCES 401(K)PLAN		
b Name of plan sponsor	GILEAD SCIENCES, INC.	**c** EIN-PN	94-3047598-001
a Plan name	GKN GROUP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GKN AEROSPACE INC.	**c** EIN-PN	62-1382461-001
a Plan name	GLOBAL PAYMENTS INC. 401(K) PLAN		
b Name of plan sponsor	GLOBAL PAYMENTS	**c** EIN-PN	58-2567903-001
a Plan name	KLA 401(K) PLAN		
b Name of plan sponsor	KLA CORPORATION	**c** EIN-PN	04-2564110-001
a Plan name	LENOVO SAVINGS PLAN		
b Name of plan sponsor	LENOVO	**c** EIN-PN	52-2449153-002
a Plan name	MICRON TECHNOLOGY, INC. RETIREMENT AT MICRON PLAN		
b Name of plan sponsor	MICRON TECHNOLOGY, INC.	**c** EIN-PN	75-1618004-004
a Plan name	PROFIT PARTICIPATION PLAN OF MOODY'S CORPORATION		
b Name of plan sponsor	MOODYS CORPORATION	**c** EIN-PN	13-3998945-011
a Plan name	NTT DATA EAS, INC. PR EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	NTT DATA AMERICAS, INC.	**c** EIN-PN	04-2437166-501
a Plan name	NTT DATA AMERICAS 401(K) PLAN		
b Name of plan sponsor	NTT DATA AMERICAS, INC.	**c** EIN-PN	04-2437166-003

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	NVIDIA CORPORATION 401(K) PLAN		
b Name of plan sponsor	NVIDIA CORPORATION	**c** EIN-PN	94-3177549-001
a Plan name	PENTAIR, INC. RETIREMENT SAVINGS AND STOCK INCENTIVE PLAN		
b Name of plan sponsor	PENTAIR, INC.	**c** EIN-PN	41-0907434-002
a Plan name	PERATON CORP. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PERATON CORPORATION	**c** EIN-PN	81-5224276-002
a Plan name	PERFORMANCE FOOD GROUP EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	PERFORMANCE FOOD GROUP, INC.	**c** EIN-PN	84-0629503-002
a Plan name	PILLSBURY WINTHROP SHAW PITTMAN LLP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PILLSBURY WINTHROP SHAW PITTMAN LLP	**c** EIN-PN	94-1311126-005
a Plan name	PUBLICIS BENEFITS CONNECTION 401(K) PLAN		
b Name of plan sponsor	PUBLICIS	**c** EIN-PN	36-2677628-002
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	RSM US LLP RETIREMENT PLAN		
b Name of plan sponsor	RSM US, LLP	**c** EIN-PN	42-0714325-001
a Plan name	SELECT MEDICAL CORPORATION 401(K) PLAN		
b Name of plan sponsor	SELECT MEDICAL CORPORATION	**c** EIN-PN	23-2872718-001
a Plan name	SMITHS GROUP INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	SMITHS GROUP	**c** EIN-PN	22-3015350-002
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	13-6104558-999

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 EPISCOPAL CHURCH LAY EMPLOYEES' DEFINED CONTRIBUTION RETIREMENT PLAN (403(B))		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-6104558-999
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	13-6104558-999
a Plan name	EPISCOPAL CHURCH RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE CHURCH PENSION FUND	**c** EIN-PN	13-6104558-999
a Plan name	NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	**c** EIN-PN	95-4119509-001
a Plan name	THE NIELSEN COMPANY 401K SAVING PLAN		
b Name of plan sponsor	THE NIELSEN COMPANY	**c** EIN-PN	22-2145575-002
a Plan name	TURNER RETIREMENT INVESTMENT PLAN (TRIP)		
b Name of plan sponsor	THE TURNER CORPORATION	**c** EIN-PN	13-3209884-002
a Plan name	TURNER NON-UNION TRADE EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE TURNER CORPORATION	**c** EIN-PN	13-3209884-002
a Plan name	THE WILLIAMS INVESTMENT PLUS PLAN		
b Name of plan sponsor	THE WILLIAMS COMPANIES, INC.	**c** EIN-PN	73-0569878-008
a Plan name	UWMF, INC. EMPLOYEES 401K PROFIT SHARING PLAN		
b Name of plan sponsor	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	**c** EIN-PN	39-1824445-002
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	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	WOLTERS KLUWER 401(K) PLAN		
b Name of plan sponsor	WOLTERS KLUWER US CORPORATION	**c** EIN-PN	13-3577870-002

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	ZIONS BANCORPORATION PAYSHELTER 401K AND EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	ZIONS BANCORPORATION	**c** EIN-PN	87-0227400-006
a Plan name	SHEET METAL WORKERS LOCAL NO 73 ANNUITY PLAN FMTC TRUSTEE		
b Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	**c** EIN-PN	36-1764263-003
a Plan name	SHEET METAL WORKERS LOCAL NO 73 OFFICERS AND STAFF RETIREMENT FUND FMTC TRUSTEE		
b Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	**c** EIN-PN	36-6120880-999
a Plan name	SHEET METAL WORKERS LOCAL NO 73 PENS AND WELFARE OFFICE STAFF PLAN FMTC TRUSTEE		
b Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	**c** EIN-PN	36-6503783-999
a Plan name	QRG 401K RET SAVINGS PLAN FOR		
b Name of plan sponsor	QURATE RETAIL GROUP (QRG)	**c** EIN-PN	01-0520036-001
a Plan name	QRG 401K RET SAVINGS PLAN FOR QXH		
b Name of plan sponsor	QURATE RETAIL GROUP (QRG)	**c** EIN-PN	23-2414041-005
a Plan name	SOLVAY US COMPANIES 401K PLAN		
b Name of plan sponsor	ESSENTIAL HOLDING AMERICA, LLC	**c** EIN-PN	92-3594273-002
a Plan name	REDDAWAY PLAN		
b Name of plan sponsor	YELLOW CORPORATION	**c** EIN-PN	48-0948788-001
a Plan name	REVELYST INC 401K PLAN		
b Name of plan sponsor	REVELYST, INC	**c** EIN-PN	88-3763984-001
a Plan name	AECOM CARIBE		
b Name of plan sponsor	AECOM TECHNOLOGY CORPORATION	**c** EIN-PN	47-1336341-102
a Plan name	NATIONAL GRID USA COMPANIES		
b Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY	**c** EIN-PN	04-1663150-007
a Plan name	THE STATE OF INDIANA DEFERRED COMPENSATION MATCHING PLAN		
b Name of plan sponsor	INDIANA STATE COMPTROLLER	**c** EIN-PN	35-6000158-999

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	VISTA OUTDOOR INC 401K PLAN		
b Name of plan sponsor	VISTA OUTDOOR INC.	**c** EIN-PN	47-1016855-001
a Plan name	CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN		
b Name of plan sponsor	CONAGRA BRANDS, INC	**c** EIN-PN	47-0248710-014
a Plan name	CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN FOR UNION		
b Name of plan sponsor	CONAGRA BRANDS, INC	**c** EIN-PN	90-6036918-002
a Plan name	SJHS/CHS 401(K) PLAN		
b Name of plan sponsor	PROVIDENCE	**c** EIN-PN	95-3589356-004
a Plan name	LLC HANSON AGGREGATES E SUPPLEMENTAL RETIREMENT PLAN		
b Name of plan sponsor	LEHIGH HANSON COMPANY	**c** EIN-PN	81-4086708-178
a Plan name	LEHIGH HANSON		
b Name of plan sponsor	LEHIGH HANSON COMPANY	**c** EIN-PN	81-4086708-016
a Plan name	LEHIGH HANSON RET SAVINGS & INVSTMENT PLAN		
b Name of plan sponsor	LEHIGH HANSON COMPANY	**c** EIN-PN	81-4086708-005
a Plan name	SOLVAY USA INC SAVINGS PLUS PLAN		
b Name of plan sponsor	SOLVAY USA	**c** EIN-PN	22-3539954-010
a Plan name	VALOR HEALTHCARE 401K PLAN		
b Name of plan sponsor	VALOR HEALTHCARE, INC.	**c** EIN-PN	20-3585174-002
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
MANAGED INCOME PORTFOLIO II COMMINGLED POOL

B Three-digit plan number (PN) ▶ 025

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25969527	50170483
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	104543071	177421956
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(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)	15521776714	13216714563
(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)	-37	0

		(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	15652289275	13444307002
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3686748	3149137
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	-533906119	-416839790
1k Total liabilities (add all amounts in lines 1g through1j)	1k	-530219371	-413690653
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	16182508646	13857997655

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)	401644542	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		401644542
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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		401644542
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)	2706606783	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2706606783
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)	19548750	
(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)		19548750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2726155533
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2324510991
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 _____.