Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2020 TRUST I

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
VANGUARD FIDUCIARY TRUST COMPANY

100 VANGUARD BOULEVARD
MALVERN, PA 19355

2b Employer Identification Number (EIN)
90-6083983

2c Plan Sponsor's telephone number
610-669-1000

2d Business code (see instructions)

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

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

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.	06/17/2026	NANCY BIEDENKAPP
	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**	
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 Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE D (Form 5500) 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 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan
VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2020 TRUST I

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VANGUARD FIDUCIARY TRUST COMPANY

D Employer Identification Number (EIN)
90-6083983

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: VANGUARD TARGET RET. 2020 MASTER TR

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

c EIN-PN 51-6590136-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5512660000

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	AGCO CORPORATION HESSTON EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	AGCO CORPORATION	**c** EIN-PN	58-1960019-012
a Plan name	AGCO CORPORATION SAVINGS PLAN		
b Name of plan sponsor	AGCO CORPORATION	**c** EIN-PN	58-1960019-001
a Plan name	ALERIS 401(K) PLAN FOR DAVENPORT UNION		
b Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC	**c** EIN-PN	20-8451513-002
a Plan name	ALERIS 401(K) PLAN FOR GMP AND ALLIED WORKERS, LOCAL 210, UHRICHSVILLE OH		
b Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	**c** EIN-PN	27-1539745-009
a Plan name	ALERIS 401(K) PLAN FOR IAMAW LODGE 10 RICHMOND		
b Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	**c** EIN-PN	27-1539745-006
a Plan name	ALERIS 401(K) PLAN FOR LINCOLNSHIRE UNION		
b Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC	**c** EIN-PN	20-8451513-003
a Plan name	ALERIS 401(K) PLAN FOR USW, BUCKHANNON		
b Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	**c** EIN-PN	27-1539745-010
a Plan name	ALERIS 401(K) PLAN FOR USW, LOCAL 7993, ASHVILLE		
b Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	**c** EIN-PN	27-1539745-005
a Plan name	AMPHENOL AFFILIATED COMPANIES EMPLOYEE SAVINGS 401(K) PLAN		
b Name of plan sponsor	AMPHENOL CORPORATION & AFFILIATED COMPANIES	**c** EIN-PN	22-2785165-015
a Plan name	AMPHENOL EMPLOYEE DEFERRAL SAVINGS 401(K) PLAN		
b Name of plan sponsor	AMPHENOL CORPORATION & AFFILIATED COMPANIES	**c** EIN-PN	22-2785165-016
a Plan name	AUTOMOTIVE COMPONENT CARRIER, INC. PERSONAL SAVINGS PLAN FOR HOURLY		
b Name of plan sponsor	PENSKE TRUCK LEASING CO. LP	**c** EIN-PN	23-2518618-012
a Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BRUNSWICK CORPORATION	**c** EIN-PN	36-0848180-154

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	BRUNSWICK REWARDS PLAN		
b Name of plan sponsor	BRUNSWICK CORPORATION	**c** EIN-PN	36-0848180-170
a Plan name	CHS INC. 401(K) PLAN		
b Name of plan sponsor	CHS INC.	**c** EIN-PN	41-0251095-014
a Plan name	CHS INC. 401(K) PLAN FOR UNION PRODUCTION EMPLOYEES		
b Name of plan sponsor	CHS INC.	**c** EIN-PN	41-0251095-028
a Plan name	CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR HOURLY E LOYEES		
b Name of plan sponsor	CHURCH & DWIGHT CO., INC.	**c** EIN-PN	13-4996950-006
a Plan name	CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR SALARIED MPLOYEES		
b Name of plan sponsor	CHURCH & DWIGHT CO., INC.	**c** EIN-PN	13-4996950-008
a Plan name	E. & J. GALLO WINERY RETIREMENT PLAN		
b Name of plan sponsor	E. & J. GALLO WINERY	**c** EIN-PN	94-1009696-011
a Plan name	E. & J. GALLO WINERY UNION RETIREMENT PLAN		
b Name of plan sponsor	E. & J. GALLO WINERY	**c** EIN-PN	94-1009696-015
a Plan name	HANFORD CONTRACTORS MULTI-EMPLOYER SAVINGS PLAN FOR HAMTC REPRESENTED PLOYEES		
b Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE	**c** EIN-PN	90-0501441-004
a Plan name	HANFORD OPERATIONS AND ENGINEERING INVESTMENT PLAN		
b Name of plan sponsor	HANFORD SITE	**c** EIN-PN	90-0501441-002
a Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN 1		
b Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	**c** EIN-PN	45-4652143-002
a Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN II		
b Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	**c** EIN-PN	45-4652143-003
a Plan name	MEMORIALCARE 401(K) PLAN		
b Name of plan sponsor	MEMORIAL HEALTH SERVICES	**c** EIN-PN	95-1643381-003

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	MEMORIALCARE RETIREMENT PLAN		
b Name of plan sponsor	MEMORIAL HEALTH SERVICES	**c** EIN-PN	95-1643381-001
a Plan name	MORGAN, LEWIS & BOCKIUS LLP DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	**c** EIN-PN	23-0891050-009
a Plan name	MORGAN, LEWIS & BOCKIUS LLP TAX-SAVER RETIREMENT PLAN		
b Name of plan sponsor	MORGAN, LEWIS & BOCKIUS LLP	**c** EIN-PN	23-0891050-005
a Plan name	PENSKE LOGISTICS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PENSKE TRUCK LEASING CO. LP	**c** EIN-PN	23-2518618-010
a Plan name	PERKINS COIE RETIREMENT AND 401(K) PLAN		
b Name of plan sponsor	PERKINS COIE LLP	**c** EIN-PN	91-0591206-003
a Plan name	PERKINS COIE SALARY DEFERRAL PLAN		
b Name of plan sponsor	PERKINS COIE LLP	**c** EIN-PN	91-0591206-006
a Plan name	THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PL		
b Name of plan sponsor	THE NEW YORK TIMES COMPANY	**c** EIN-PN	13-1102020-014
a Plan name	THE NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN		
b Name of plan sponsor	THE NEW YORK TIMES COMPANY	**c** EIN-PN	13-1102020-012
a Plan name	THE NEW YORK TIMES SAVINGS PLAN		
b Name of plan sponsor	THE NEW YORK TIMES COMPANY	**c** EIN-PN	13-1102020-020
a Plan name	THE NORTHWESTERN MUTUAL EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	**c** EIN-PN	39-0509570-005
a Plan name	THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY AGENTS PERSISTENCY FEE ARANTEE FUND		
b Name of plan sponsor	THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	**c** EIN-PN	39-0509570-001
a Plan name	THOROUGHBRED RETIREMENT INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATIO		
b Name of plan sponsor	NORFOLK SOUTHERN CORPORATION	**c** EIN-PN	52-1188014-003

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	THRIFT AND INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATION AND PARTICI TING SUBSIDIARIES		
b Name of plan sponsor	NORFOLK SOUTHERN CORPORATION	**c** EIN-PN	52-1188014-002
a Plan name	8TH AVENUE FOOD & PROVISIONS, INC. 401(K) PLAN		
b Name of plan sponsor	8TH AVENUE FOOD & PROVISIONS, INC.	**c** EIN-PN	82-4745288-001
a Plan name	ACTIVISION BLIZZARD 401(K) PLAN		
b Name of plan sponsor	ACTIVISION BLIZZARD	**c** EIN-PN	94-2606438-001
a Plan name	ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ADVANCED MICRO DEVICES, INC.	**c** EIN-PN	94-1692300-003
a Plan name	AGILENT TECHNOLOGIES INC 401(K) PLAN		
b Name of plan sponsor	AGILENT TECHNOLOGIES, INC.	**c** EIN-PN	77-0518772-003
a Plan name	ALERIS 401(K) PLAN FOR UMW LOCAL 4994, UHRICHSVILLE		
b Name of plan sponsor	NOVELIS ALR RECYCLING OF OHIO, LLC	**c** EIN-PN	75-2421405-001
a Plan name	AMERICAN FAMILY 401(K) PLAN		
b Name of plan sponsor	AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.	**c** EIN-PN	39-0273710-002
a Plan name	AMERICAN FINANCIAL GROUP 401K RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	AMERICAN FINANCIAL GROUP, INC.	**c** EIN-PN	31-1544320-001
a Plan name	AMERICAN RED CROSS SAVINGS PLAN		
b Name of plan sponsor	AMERICAN NATIONAL RED CROSS	**c** EIN-PN	53-0196605-008
a Plan name	AMERIHEALTH CARITAS 401(K) PLAN		
b Name of plan sponsor	AMERIHEALTH CARITAS SERVICES, LLC	**c** EIN-PN	45-5415725-001
a Plan name	AMPHENOL CORPORATION EMPLOYEE SAVINGS/401(K) PLAN		
b Name of plan sponsor	AMPHENOL CORPORATION & AFFILIATED COMPANIES	**c** EIN-PN	22-2785165-001
a Plan name	AMPHENOL THERMOMETRICS, INC. EMPLOYEE SAVINGS/401K PLAN		
b Name of plan sponsor	AMPHENOL THERMOMETRICS, INC.	**c** EIN-PN	25-0590780-002

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	ANDERSEN 401K PLAN		
b Name of plan sponsor	ANDERSEN CORPORATION	**c** EIN-PN	41-0123208-002
a Plan name	ARAMCO U.S. SAVINGS PLAN		
b Name of plan sponsor	ARAMCO SHARED BENEFITS COMPANY	**c** EIN-PN	84-4364434-002
a Plan name	ARCADIS U.S. INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ARCADIS U.S. INC.	**c** EIN-PN	57-0373224-002
a Plan name	ARCBEST 401(K) AND DC RETIREMENT PLAN		
b Name of plan sponsor	ARCBEST CORPORATION	**c** EIN-PN	71-0673405-002
a Plan name	ARCH CAPITAL GROUP (US) INC EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	ARCH CAPITAL GROUP (US) INC	**c** EIN-PN	06-1424716-001
a Plan name	ARCH RESOURCES, INC. 401(K) PLAN		
b Name of plan sponsor	ARCH RESOURCES, INC.	**c** EIN-PN	43-0921172-006
a Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN		
b Name of plan sponsor	UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY	**c** EIN-PN	68-0628477-009
a Plan name	ARROW ELECTRONICS SAVINGS PLAN		
b Name of plan sponsor	ARROW ELECTRONICS, INC.	**c** EIN-PN	11-1806155-006
a Plan name	ASHLAND INC. MASTER TRUST		
b Name of plan sponsor	ASHLAND INC.	**c** EIN-PN	93-6421281-030
a Plan name	ASSURANT 401(K) PLAN		
b Name of plan sponsor	ASSURANT, INC.	**c** EIN-PN	39-1126612-002
a Plan name	ASSUREDPARTNERS 401(K) PLAN		
b Name of plan sponsor	ASSUREDPARTNERS, INC.	**c** EIN-PN	27-5176829-001
a Plan name	ATI STOCK FUND MASTER TRUST		
b Name of plan sponsor	ALLEGHENY TECHNOLOGIES INCORPORATED	**c** EIN-PN	25-1792394-065

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	ATKINSREALIS US RETIREMENT SAVINGS PROGRAM		
b Name of plan sponsor	ATKINSREALIS	**c** EIN-PN	73-0972002-001
a Plan name	AUDACY INC. 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	AUDACY INC.	**c** EIN-PN	23-1701044-004
a Plan name	AUTODESK 401(K) PLAN		
b Name of plan sponsor	AUTODESK, INC.	**c** EIN-PN	94-2819853-001
a Plan name	AVANTOR RETIREMENT SAVINGS 401(K) PLAN AND TRUST		
b Name of plan sponsor	AVANTOR, INC.	**c** EIN-PN	81-3921566-002
a Plan name	AVAYA INC. SAVINGS PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	AVAYA INC.	**c** EIN-PN	22-3713430-003
a Plan name	BAIN & COMPANY, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	BAIN & COMPANY, INC.	**c** EIN-PN	04-2878322-005
a Plan name	BARRICK RETIREMENT PLAN		
b Name of plan sponsor	BARRICK GOLD OF NORTH AMERICA, INC.	**c** EIN-PN	98-0065088-001
a Plan name	BATTELLE EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	BATTELLE MEMORIAL INSTITUTE	**c** EIN-PN	31-4379427-003
a Plan name	BELK 401K SAVINGS PLAN		
b Name of plan sponsor	BELK STORES SERVICES, LLC	**c** EIN-PN	56-0616731-333
a Plan name	BELLRING BRANDS, INC. 401(K) PLAN		
b Name of plan sponsor	BELLRING BRANDS, INC.	**c** EIN-PN	83-4096323-001
a Plan name	BIMBO BAKERIES USA DEFINED CONTRIBUTION SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	BBU, INC.	**c** EIN-PN	61-1621204-200
a Plan name	BLACK & VEATCH MASTER TRUST		
b Name of plan sponsor	BLACK & VEATCH HOLDING COMPANY	**c** EIN-PN	43-1603954-301

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	BLACK HILLS CORPORATION 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BLACK HILLS CORPORATION	**c** EIN-PN	46-0458824-003
a Plan name	BNP PARIBAS 401K SAVINGS PLAN		
b Name of plan sponsor	BNP PARIBAS	**c** EIN-PN	94-1677765-003
a Plan name	BORGWARNER INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BORGWARNER INC.	**c** EIN-PN	13-3404508-066
a Plan name	BORGWARNER INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BORGWARNER INC.	**c** EIN-PN	13-3404508-066
a Plan name	BREAD FINANCIAL 401(K) PLAN		
b Name of plan sponsor	BREAD FINANCIAL PAYMENTS, INC.	**c** EIN-PN	13-3163498-001
a Plan name	BWXT THRIFT PLAN		
b Name of plan sponsor	BWX TECHNOLOGIES, INC.	**c** EIN-PN	72-1172705-002
a Plan name	BYTEDANCE 401(K) PLAN		
b Name of plan sponsor	BYTEDANCE INC.	**c** EIN-PN	81-2345210-001
a Plan name	C&W SERVICES SECURITY FUND 401(K) PLAN		
b Name of plan sponsor	C&W FACILITY SERVICES, INC.	**c** EIN-PN	77-0698582-005
a Plan name	CALIFORNIA IRONWORKERS FIELD DEFINED CONTRIBUTION PENSION TRUST FUND		
b Name of plan sponsor	BRD OF TRTEES OF THE CALIF. AND VICINITY FIELD IRONWORKERS ANNUITY TR	**c** EIN-PN	95-3304279-001
a Plan name	CAMPBELL SOUP COMPANY 401K RETIREMENT PLAN		
b Name of plan sponsor	CAMPBELL SOUP COMPANY	**c** EIN-PN	21-0419870-008
a Plan name	CANON BUSINESS PROCESS SERVICES RETIREMENT AND INVESTMENT PLAN		
b Name of plan sponsor	CANON BUSINESS PROCESS SERVICES, INC.	**c** EIN-PN	13-3978583-001
a Plan name	CANON EMPLOYEE SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	CANON U.S.A., INC.	**c** EIN-PN	13-2561772-001

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	CANON NANOTECHNOLOGIES 401(K) PLAN		
b Name of plan sponsor	CANON NANOTECHNOLOGIES, INC.	**c** EIN-PN	74-2994370-001
a Plan name	CANTEL MEDICAL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CANTEL MEDICAL LLC	**c** EIN-PN	22-1760285-004
a Plan name	CENTERPOINT ENERGY SAVINGS PLAN		
b Name of plan sponsor	CENTERPOINT ENERGY, INC.	**c** EIN-PN	74-0694415-015
a Plan name	CGI TECHNOLOGIES AND SOLUTIONS INC 401(K) SAVINGS PLAN		
b Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS INC	**c** EIN-PN	54-0856778-001
a Plan name	CGI TECHNOLOGIES AND SOLUTIONS SCA 401(K) SAVINGS PLAN		
b Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS, INC.	**c** EIN-PN	54-0856778-002
a Plan name	CIBC RETIREMENT SAVINGS PLAN FOR U.S. EMPLOYEES		
b Name of plan sponsor	CANADIAN IMPERIAL BANK OF COMMERCE	**c** EIN-PN	13-1942440-006
a Plan name	CITY NATIONAL BANK PROFIT SHARING PLAN		
b Name of plan sponsor	CITY NATIONAL BANK	**c** EIN-PN	95-1780067-001
a Plan name	CLEAN HARBORS CARIBE INC 401K PLAN		
b Name of plan sponsor	CLEAN HARBORS CARIBE INC	**c** EIN-PN	66-0595892-001
a Plan name	CLIFTONLARSONALLEN LLP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CLIFTONLARSONALLEN LLP	**c** EIN-PN	41-0746749-001
a Plan name	CNMC AFFILIATES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CHILDRENS NATIONAL HOSPITAL	**c** EIN-PN	52-1640403-002
a Plan name	COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	COADVANTAGE CORPORATION	**c** EIN-PN	27-3007025-333
a Plan name	COMMERCIAL METALS COMPANIES RETIREMENT PLAN		
b Name of plan sponsor	COMMERCIAL METALS COMPANY	**c** EIN-PN	75-0725338-001

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	CONDUENT SAVINGS PLAN		
b Name of plan sponsor	CONDUENT BUSINESS SERVICES LLC	**c** EIN-PN	32-0293031-333
a Plan name	CORE & MAIN 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CORE & MAIN	**c** EIN-PN	03-0550887-001
a Plan name	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN		
b Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	**c** EIN-PN	95-4715639-001
a Plan name	CROWE LLP RETIREMENT PLAN		
b Name of plan sponsor	CROWE LLP	**c** EIN-PN	35-0921680-002
a Plan name	CUSHMAN & WAKEFIELD 401(K) PLAN		
b Name of plan sponsor	CUSHMAN & WAKEFIELD	**c** EIN-PN	43-0955234-003
a Plan name	DARDEN SAVINGS PLAN		
b Name of plan sponsor	DARDEN RESTAURANTS, INC.	**c** EIN-PN	59-3305930-044
a Plan name	DART CAPITAL ACCUMULATION PLAN		
b Name of plan sponsor	DALLAS AREA RAPID TRANSIT	**c** EIN-PN	75-1813169-001
a Plan name	DART CONTAINER CORPORATION EMPLOYEES' 401(K) PLUS PLAN		
b Name of plan sponsor	DART CONTAINER OF MICHIGAN, LLC	**c** EIN-PN	06-1720526-001
a Plan name	DART RETIREMENT PLAN		
b Name of plan sponsor	DALLAS AREA RAPID TRANSIT	**c** EIN-PN	75-1813169-002
a Plan name	DICK'S SPORTING GOODS, INC. SMART SAVINGS 401(K) PLAN		
b Name of plan sponsor	DICK'S SPORTING GOODS, INC.	**c** EIN-PN	16-1241537-003
a Plan name	DLA PIPER LLP (US) PROFIT SHARING & 401(K)		
b Name of plan sponsor	DLA PIPER LLP (US)	**c** EIN-PN	52-0616490-004
a Plan name	DOLLAR TREE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DOLLAR TREE, INC.	**c** EIN-PN	26-2018846-001

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	DOT HOLDINGS CO. 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	DOT HOLDINGS CO.	**c** EIN-PN	82-3213853-003
a Plan name	DOVER CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DOVER CORPORATION	**c** EIN-PN	53-0257888-030
a Plan name	DPR CONSTRUCTION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DPR CONSTRUCTION	**c** EIN-PN	27-0853429-001
a Plan name	EMPLOYEE 401(K) SAVINGS PLAN		
b Name of plan sponsor	KEYSTONE HEALTHCARE HOLDINGS INC	**c** EIN-PN	20-0189193-001
a Plan name	ENCOMPASS HEALTH CORPORATION RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	ENCOMPASS HEALTH	**c** EIN-PN	63-0860407-001
a Plan name	ENTERPRISE 401(K) PLAN		
b Name of plan sponsor	ENTERPRISE PRODUCTS COMPANY	**c** EIN-PN	74-1675622-003
a Plan name	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC 401(K) INVESTMENT AND		
b Name of plan sponsor	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC	**c** EIN-PN	95-2775732-001
a Plan name	ENVISION HEALTHCARE CORPORATION 401(K) PLAN		
b Name of plan sponsor	ENVISION HEALTHCARE CORPORATION	**c** EIN-PN	62-1493316-002
a Plan name	EUROFINS SCIENTIFIC INC 401(K) INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	EUROFINS NSC US, INC.	**c** EIN-PN	27-3225082-002
a Plan name	FINRA SAVINGS PLUS PLAN		
b Name of plan sponsor	FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.	**c** EIN-PN	53-0088710-003
a Plan name	FUJIFILM DIMATIX, INC. 401(K) PLAN		
b Name of plan sponsor	FUJIFILM DIMATIX, INC.	**c** EIN-PN	02-0489402-001
a Plan name	FUJIFILM DIOSYNTH BIOTECHNOLOGIES LONG TERM SAVINGS PLAN		
b Name of plan sponsor	FUJIFILM DIOSYNTH BIOTECHNOLOGIES U.S.A., INC.	**c** EIN-PN	45-1177477-001

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	FUJIFILM LONG TERM SAVINGS PLAN		
b Name of plan sponsor	FUJIFILM NORTH AMERICA CORPORATION	**c** EIN-PN	13-2550352-001
a Plan name	FUJIFILM WAKO CHEMICALS USA CORPORATION EMPLOYEE SAVINGS & INVESTMENT AN		
b Name of plan sponsor	FUJIFILM WAKO CHEMICALS USA CORPORATION	**c** EIN-PN	45-5385256-001
a Plan name	G3 ENTERPRISES, INC. RETIREMENT PLAN		
b Name of plan sponsor	G3 ENTERPRISES, INC.	**c** EIN-PN	94-1081077-001
a Plan name	GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN #1		
b Name of plan sponsor	GENESIS ADMINISTRATIVE SERVICES LLC	**c** EIN-PN	30-0847166-006
a Plan name	GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN #2		
b Name of plan sponsor	GENESIS ADMINISTRATIVE SERVICES LLC	**c** EIN-PN	30-0847166-007
a Plan name	GORDON FOOD SERVICE, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	GORDON FOOD SERVICE, INC.	**c** EIN-PN	38-1249848-001
a Plan name	GREATER LAKES MENTAL HEALTHCARE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	GREATER LAKES MENTAL HEALTHCARE	**c** EIN-PN	91-6064184-002
a Plan name	GUIDEHOUSE INC. RETIREMENT PLAN		
b Name of plan sponsor	GUIDEHOUSE INC.	**c** EIN-PN	36-4094854-001
a Plan name	GUIDEHOUSE MANAGED SERVICES LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	GUIDEHOUSE MANAGED SERVICES LLC	**c** EIN-PN	20-2858838-002
a Plan name	H & R BLOCK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	H&R BLOCK MANAGEMENT, LLC	**c** EIN-PN	43-1632589-002
a Plan name	HANESBRANDS INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HANESBRANDS INC.	**c** EIN-PN	20-3552316-401
a Plan name	HANFORD GUARDS UNION, LOCAL 21 SAVINGS PLAN		
b Name of plan sponsor	HANFORD SITE	**c** EIN-PN	83-0947948-006

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	HAWAIIAN AIRLINES 401K PLAN FOR FLIGHT ATTENDANTS		
b Name of plan sponsor	HAWAIIAN AIRLINES INC	**c** EIN-PN	99-0042880-005
a Plan name	HAWAIIAN AIRLINES INC PILOTS 401K PLAN		
b Name of plan sponsor	HAWAIIAN AIRLINES INC	**c** EIN-PN	99-0042880-007
a Plan name	HAWAIIN AIRLINES INC 401K SAVINGS PLAN		
b Name of plan sponsor	HAWAIIAN AIRLINES INC	**c** EIN-PN	99-0042880-008
a Plan name	HBC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HBC US HOLDINGS LLC	**c** EIN-PN	99-0372181-001
a Plan name	HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HEALTH NEW ENGLAND, INC.	**c** EIN-PN	04-2864973-001
a Plan name	HEALTHCARE AUTHORITY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	**c** EIN-PN	63-0845288-002
a Plan name	HEALTHCARE AUTHORITY SPECIAL 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	**c** EIN-PN	63-0845288-003
a Plan name	HEARTLAND DENTAL 401(K) AND STOCK PARTICIPATION PLAN		
b Name of plan sponsor	HEARTLAND DENTAL, LLC	**c** EIN-PN	01-0854205-001
a Plan name	HEXAGON EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	INTERGRAPH CORPORATION	**c** EIN-PN	63-0573222-002
a Plan name	HH HEART CENTER INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	**c** EIN-PN	81-2971996-001
a Plan name	HH HEART CENTER, LLC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	**c** EIN-PN	81-2971996-006
a Plan name	HNI CORPORATION PROFIT-SHARING RETIREMENT PLAN		
b Name of plan sponsor	HNI CORPORATION	**c** EIN-PN	42-0617510-001

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	HUSCH BLACKWELL LLP 401(K) MASTER TRUST		
b Name of plan sponsor	HUSCH BLACKWELL LLP	**c** EIN-PN	26-1688286-013
a Plan name	IAT INSURANCE GROUP, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	IAT INSURANCE GROUP INC.	**c** EIN-PN	56-1171691-003
a Plan name	ICF RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ICF CONSULTING GROUP, INC.	**c** EIN-PN	95-2565362-001
a Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN		
b Name of plan sponsor	BATELLE ENERGY ALLIANCE, LLC AND FLUOR IDAHO, LLC	**c** EIN-PN	68-0588324-001
a Plan name	IDEX CORPORATION SAVINGS PLAN		
b Name of plan sponsor	IDEX CORPORATION	**c** EIN-PN	36-3555336-045
a Plan name	IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	IDEXX LABORATORIES, INC.	**c** EIN-PN	01-0393723-001
a Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	INFOSYS LIMITED	**c** EIN-PN	58-1760235-001
a Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) SAFE HARBOR PLAN		
b Name of plan sponsor	INFOSYS LIMITED	**c** EIN-PN	58-1760235-002
a Plan name	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 98 PENSION LAN		
b Name of plan sponsor	BOARD OF TRUSTEES INTERNATIONAL BROTHERH ELECTRICAL WORKERS PENSION PL	**c** EIN-PN	23-1990722-001
a Plan name	IQVIA 401(K) PLAN		
b Name of plan sponsor	IQVIA INC.	**c** EIN-PN	06-1506026-004
a Plan name	ISO 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	INSURANCE SERVICES OFFICE, INC.	**c** EIN-PN	13-3131412-003
a Plan name	JABIL 401(K) RETIREMENT PLAN		
b Name of plan sponsor	JABIL, INC.	**c** EIN-PN	38-1886260-002

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	KEMPER CORPORATION 401(K) RETIREMENT PLAN		
b Name of plan sponsor	KEMPER CORPORATION	**c** EIN-PN	95-4255452-003
a Plan name	KEYSIGHT TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	**c** EIN-PN	46-4254555-003
a Plan name	KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN		
b Name of plan sponsor	KIRKLAND & ELLIS LLP	**c** EIN-PN	36-1326630-003
a Plan name	KOMATSU AMERICA CORP TARGET BENEFIT DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	KOMATSU AMERICA CORP.	**c** EIN-PN	94-1715128-006
a Plan name	KOMATSU AMERICA CORP. 401(K) DEFERRED SAVINGS PLAN FOR UNION HOURLY		
b Name of plan sponsor	KOMATSU AMERICA CORP.	**c** EIN-PN	94-1715128-003
a Plan name	KOMATSU MINING CORP. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	KOMATSU MINING CORP.	**c** EIN-PN	39-1566457-005
a Plan name	KWIK TRIP PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	KWIK TRIP, INC.	**c** EIN-PN	39-1036365-001
a Plan name	LAFARGE NORTH AMERICA INC PENSION PLAN		
b Name of plan sponsor	LAFARGE NORTH AMERICA INC	**c** EIN-PN	58-1290226-002
a Plan name	LATHAM AND WATKINS 401(K) SAVINGS AND PROFIT SHARING PLAN		
b Name of plan sponsor	LATHAM AND WATKINS LLP	**c** EIN-PN	95-2018373-001
a Plan name	LEONARDO DRS, INC.401(K) PLAN		
b Name of plan sponsor	LEONARDO DRS, INC.	**c** EIN-PN	13-2632319-001
a Plan name	LKQ CORPORATION EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	LKQ CORPORATION	**c** EIN-PN	36-4215970-001
a Plan name	MARITIME ASSOCIATION - I.L.A. PENSION, RETIREMENT, WELFARE & VACATION NDS RETIREMENT PLAN		
b Name of plan sponsor	MARITIME ASSOCIATION - I.L.A. RETIREMENT PLAN	**c** EIN-PN	74-1867847-003

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	MARITIME ASSOCIATION - I.L.A. RETIREMENT PLAN		
b Name of plan sponsor	THE BOARD OF THE TRUSTEES OF THE MARITIME ASSOCIATION - I.L.A.	**c** EIN-PN	76-0527865-002
a Plan name	MCDERMOTT SAVINGS PLAN		
b Name of plan sponsor	MCDERMOTT INVESTMENTS	**c** EIN-PN	74-1032246-004
a Plan name	MEDLINE INDUSTRIES, LP RETIREMENT PLAN		
b Name of plan sponsor	MEDLINE INDUSTRIES,LP	**c** EIN-PN	36-2596612-001
a Plan name	MEIJER 401K RETIREMENT PLAN MASTER TRUST		
b Name of plan sponsor	MEIJER INC	**c** EIN-PN	38-1274536-203
a Plan name	MEMORIAL HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MEMORIAL HEALTH SYSTEM	**c** EIN-PN	37-1110690-002
a Plan name	MILLERKNOLL RETIREMENT PLAN		
b Name of plan sponsor	MILLERKNOLL, INC.	**c** EIN-PN	38-0837640-002
a Plan name	MOSAIC MASTER TRUST		
b Name of plan sponsor	THE MOSAIC COMPANY	**c** EIN-PN	83-2016637-001
a Plan name	MTI DISTRIBUTING 401(K) PLAN		
b Name of plan sponsor	MTI DISTRIBUTING INC	**c** EIN-PN	41-1939333-002
a Plan name	MULTICARE HEALTH SYSTEM 401(K) PLAN		
b Name of plan sponsor	MULTICARE HEALTH SYSTEM	**c** EIN-PN	91-1352172-005
a Plan name	MULTICARE HEALTH SYSTEM RETIREMENT ACCOUNT PLAN		
b Name of plan sponsor	MULTICARE HEALTH SYSTEM	**c** EIN-PN	91-1352172-002
a Plan name	MUNICH RE U.S. SAVINGS PLAN		
b Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.	**c** EIN-PN	13-4924125-003
a Plan name	MW INDUSTRIES, INC. CONSOLIDATED EMPLOYER RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MATTHEW WARREN INC. DBA MW INDUSTRIES INC	**c** EIN-PN	38-2938499-001

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	NATIONAL DISTRIBUTING COMPANY, INC. 401(K) PLAN		
b Name of plan sponsor	NATIONAL DISTRIBUTING COMPANY, INC.	**c** EIN-PN	58-0516238-004
a Plan name	NATURE CONSERVANCY SAVINGS & RETIREMENT PLAN		
b Name of plan sponsor	THE NATURE CONSERVANCY	**c** EIN-PN	53-0242652-003
a Plan name	NAVOS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NAVOS	**c** EIN-PN	91-0848698-002
a Plan name	NETJETS AVIATION INC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NETJETS AVIATION INC	**c** EIN-PN	31-0682096-001
a Plan name	NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NETJETS, INC.	**c** EIN-PN	51-0383060-001
a Plan name	NIELSENIQ 401(K) SAVINGS PLAN		
b Name of plan sponsor	NIELSEN CONSUMER LLC	**c** EIN-PN	84-5108832-001
a Plan name	NORTH HAWAII COMMUNITY HOSPITAL, INC. 401(K) PLAN		
b Name of plan sponsor	NORTH HAWAII COMMUNITY HOSPITAL, INC.	**c** EIN-PN	99-0260423-001
a Plan name	NOVELIS SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	NOVELIS CORPORATION	**c** EIN-PN	41-2098321-034
a Plan name	NV ENERGY 401(K) PLAN		
b Name of plan sponsor	NV ENERGY, INC.	**c** EIN-PN	88-0198358-002
a Plan name	PALO ALTO FOUNDATION MEDICAL GROUP INC 401(K) MASTER TRUST		
b Name of plan sponsor	PALO ALTO FOUNDATION MEDICAL GROUP INC	**c** EIN-PN	51-0656809-004
a Plan name	PARSONS CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PARSONS CORPORATION	**c** EIN-PN	95-3232481-115
a Plan name	PATTERSON COMPANIES INC, 401(K) PLAN		
b Name of plan sponsor	PATTERSON COMPANIES, INC.	**c** EIN-PN	41-0886515-045

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	PCB PIEZOTRONICS AND AFFILIATED COMPANIES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PCB PIEZOTRONICS INC.	**c** EIN-PN	16-1503703-001
a Plan name	PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT		
b Name of plan sponsor	PEABODY INVESTMENTS CORP.	**c** EIN-PN	20-0480084-003
a Plan name	PEABODY SOUTHEAST MINING - UMWA 401(K) PLAN		
b Name of plan sponsor	PEABODY SOUTHEAST MINING, LLC	**c** EIN-PN	61-1901165-001
a Plan name	PEABODY WESTERN - UMWA 401(K) PLAN		
b Name of plan sponsor	PEABODY WESTERN COAL COMPANY	**c** EIN-PN	86-0766626-001
a Plan name	PELLA CORPORATION MASTER TRUST		
b Name of plan sponsor	PELLA CORPORATION	**c** EIN-PN	80-0265639-401
a Plan name	PENSKE TRUCK LEASING CO, LP HOURLY PENSION PLAN		
b Name of plan sponsor	PENSKE TRUCK LEASING CO, LP	**c** EIN-PN	23-2518618-008
a Plan name	PERRIGO COMPANY PROFIT-SHARING AND INVESTMENT PLAN		
b Name of plan sponsor	PERRIGO COMPANY	**c** EIN-PN	38-2799573-003
a Plan name	PLUMBERS LOCAL UNION NO. 1 EMPLOYEE 401(K) SAVINGS PLAN		
b Name of plan sponsor	PLUMBERS LOCAL UNION NO. 1 EMPLOYEE 401(K) SAVINGS PLAN	**c** EIN-PN	13-3877439-003
a Plan name	POLARIS 401K RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	POLARIS INDUSTRIES INC.	**c** EIN-PN	41-1857431-001
a Plan name	POST HOLDINGS, INC. SAVINGS INVESTMENT PLAN		
b Name of plan sponsor	POST HOLDINGS, INC.	**c** EIN-PN	45-3355106-001
a Plan name	PRECISION CASTPARTS CORP 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PRECISION CASTPARTS CORP	**c** EIN-PN	93-0460598-004
a Plan name	PRIME THERAPEUTICS LLC 401(K) PLAN		
b Name of plan sponsor	PRIME THERAPEUTICS	**c** EIN-PN	26-0076803-001

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	PRINCETON UNIVERSITY RETIREMENT PLAN		
b Name of plan sponsor	PRINCETON UNIVERSITY	**c** EIN-PN	21-0634501-004
a Plan name	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN A		
b Name of plan sponsor	PROSPECT MEDICAL HOLDINGS, INC.	**c** EIN-PN	33-0564370-001
a Plan name	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN B		
b Name of plan sponsor	PROSPECT MEDICAL HOLDINGS, INC.	**c** EIN-PN	37-1747940-003
a Plan name	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED MASTER RETIREMENT TRUST		
b Name of plan sponsor	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	**c** EIN-PN	22-3393752-001
a Plan name	PULSAFEEDER, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	PULSAFEEDER, INC., A UNIT OF IDEX CORPORATION	**c** EIN-PN	36-3817998-062
a Plan name	PULTEGROUP, INC. 401(K) PLAN		
b Name of plan sponsor	PULTEGROUP, INC.	**c** EIN-PN	38-2766606-001
a Plan name	QUIKTRIP CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	QUIKTRIP CORPORATION	**c** EIN-PN	73-0675375-003
a Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT-SHARING PLAN		
b Name of plan sponsor	RECREATIONAL EQUIPMENT, INC.	**c** EIN-PN	91-0656890-001
a Plan name	REGAL REXNORD 401(K) PLAN		
b Name of plan sponsor	REGAL REXNORD CORPORATION	**c** EIN-PN	39-0875718-009
a Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	REGAL REXNORD CORPORATION	**c** EIN-PN	39-0875718-008
a Plan name	REGENERON PHARMACEUTICALS, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	REGENERON PHARMACEUTICALS, INC.	**c** EIN-PN	13-3444607-001
a Plan name	RENTOKIL INITIAL USA 401(K) PLAN		
b Name of plan sponsor	RENTOKIL NORTH AMERICA, INC.	**c** EIN-PN	23-1568350-005

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	REPUBLIC NATIONAL 401(K) PLAN		
b Name of plan sponsor	REPUBLIC NATIONAL DISTRIBUTING COMPANY	**c** EIN-PN	20-5543506-004
a Plan name	RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE		
b Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	**c** EIN-PN	56-0686338-333
a Plan name	ROBINSON COMPANIES RETIREMENT PLAN		
b Name of plan sponsor	C.H. ROBINSON COMPANY, INC.	**c** EIN-PN	41-1956721-001
a Plan name	RTI BUSINESS SEGMENT 401(K) PLAN		
b Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	**c** EIN-PN	56-0686338-002
a Plan name	RV RETAILER LLC 401K PLAN		
b Name of plan sponsor	RV RETAILER LLC	**c** EIN-PN	83-0728758-001
a Plan name	SABRE INC 401(K) SAVINGS PLAN		
b Name of plan sponsor	SABRE INC	**c** EIN-PN	75-2109502-002
a Plan name	SAFELITE GROUP ASSOCIATES' RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SAFELITE GROUP, INC.	**c** EIN-PN	31-1725961-003
a Plan name	SALEM HEALTH HOSPITALS & CLINICS RETIREMENT PLAN		
b Name of plan sponsor	SALEM HEALTH HOSPITALS & CLINICS	**c** EIN-PN	93-0823471-002
a Plan name	SCHLAGE LOCK COMPANY LLC ESP AND ESPB MASTER TRUST		
b Name of plan sponsor	SCHLAGE LOCK COMPANY LLC	**c** EIN-PN	54-2139412-004
a Plan name	SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	SCHNEIDER NATIONAL, INC.	**c** EIN-PN	39-1258315-002
a Plan name	SEAGATE 401(K) PLAN		
b Name of plan sponsor	SEAGATE U.S. LLC	**c** EIN-PN	77-0545987-001
a Plan name	SEALED AIR CORPORATION 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	SEALED AIR CORPORATION	**c** EIN-PN	65-0654331-002

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	SIGNIFY NORTH AMERICA CORPORATION 401(K) PLAN		
b Name of plan sponsor	SIGNIFY NORTH AMERICA CORPORATION	**c** EIN-PN	04-3391805-002
a Plan name	SKANSKA HOURLY 401(K) PLAN		
b Name of plan sponsor	SKANSKA USA CIVIL, INC.	**c** EIN-PN	54-0406660-003
a Plan name	SKANSKA RETIREMENT PLAN PLUS		
b Name of plan sponsor	SKANSKA USA INC.	**c** EIN-PN	46-0466061-001
a Plan name	SKANSKA USA BUILDING, INC. PENSION BENEFIT PLAN AND TRUST		
b Name of plan sponsor	SKANSKA USA BUILDING, INC.	**c** EIN-PN	22-3752540-001
a Plan name	SMITH & NEPHEW U.S. SAVINGS PLAN		
b Name of plan sponsor	SMITH AND NEPHEW, INC.	**c** EIN-PN	51-0123924-008
a Plan name	SONEPAR USA 401(K) PLAN		
b Name of plan sponsor	SONEPAR MANAGEMENT US, INC	**c** EIN-PN	23-2975775-001
a Plan name	SRI INTERNATIONAL BASIC RETIREMENT PLAN		
b Name of plan sponsor	SRI INTERNATIONAL	**c** EIN-PN	94-1160950-001
a Plan name	SRI INTERNATIONAL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SRI INTERNATIONAL	**c** EIN-PN	94-1160950-004
a Plan name	STATE EMPLOYEES CREDIT UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STATE EMPLOYEES CREDIT UNION	**c** EIN-PN	56-0475645-001
a Plan name	STERIS CORPORATION 401(K) PLAN		
b Name of plan sponsor	STERIS CORPORATION	**c** EIN-PN	34-1482024-001
a Plan name	STRIPE, INC. 401K PLAN		
b Name of plan sponsor	STRIPE, INC.	**c** EIN-PN	27-0465600-001
a Plan name	TE CONNECTIVITY RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	TE CONNECTIVITY CORPORATION	**c** EIN-PN	23-0332575-008

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	TELEPHONE AND DATA SYSTEMS, INC TAX-DEFERRED SAVINGS PLAN		
b Name of plan sponsor	TELEPHONE AND DATA SYSTEMS INC	**c** EIN-PN	36-2669023-003
a Plan name	THE ANIMATION GUILD 401(K) PLAN		
b Name of plan sponsor	THE ANIMATION GUILD, LOCAL 839	**c** EIN-PN	95-1715755-001
a Plan name	THE AUTO CLUB GROUP 401K PLAN		
b Name of plan sponsor	AUTO CLUB INSURANCE ASSOCIATION	**c** EIN-PN	38-0477270-335
a Plan name	THE CLOROX COMPANY 401(K) PLAN		
b Name of plan sponsor	THE CLOROX COMPANY	**c** EIN-PN	31-0595760-001
a Plan name	THE GUARDIAN MASTER INVESTMENT TRUST PLAN		
b Name of plan sponsor	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	**c** EIN-PN	13-5123390-026
a Plan name	THE HERSHEY COMPANY 401(K) PLAN		
b Name of plan sponsor	THE HERSHEY COMPANY	**c** EIN-PN	23-0691590-010
a Plan name	THE HUNTINGTON 401(K) PLAN		
b Name of plan sponsor	HUNTINGTON BANCSHARES INCORPORATED	**c** EIN-PN	31-0724920-002
a Plan name	THE J.M. SMUCKER COMPANY EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	THE J.M. SMUCKER COMPANY	**c** EIN-PN	34-0538550-011
a Plan name	THE NIELSEN COMPANY 401(K) SAVINGS PLAN		
b Name of plan sponsor	TNC US HOLDINGS, INC.	**c** EIN-PN	22-2145575-002
a Plan name	THE PROFIT SHARING AND SAVINGS PLAN OF GRAYBAR ELECTRIC COMPANY, INC.		
b Name of plan sponsor	GRAYBAR ELECTRIC COMPANY, INC.	**c** EIN-PN	13-0794380-001
a Plan name	THE QUEEN'S HEALTH SYSTEMS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE QUEEN'S HEALTH SYSTEMS	**c** EIN-PN	99-0238120-003
a Plan name	THE RSM US LLP RETIREMENT PLAN		
b Name of plan sponsor	RSM US LLP	**c** EIN-PN	42-0714325-001

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 TORO COMPANY MASTER TRUST		
b Name of plan sponsor	THE TORO COMPANY	**c** EIN-PN	41-0580470-099
a Plan name	THE WILLIAMS INVESTMENT PLUS PLAN		
b Name of plan sponsor	THE WILLIAMS COMPANIES, INC.	**c** EIN-PN	73-0569878-008
a Plan name	TIMES MICROWAVE SYSTEMS UNION 401(K) PLAN		
b Name of plan sponsor	TIMES MICROWAVE SYSTEMS, INC.	**c** EIN-PN	01-0816035-002
a Plan name	TRANSDIGM, INC. 401(K) PLAN		
b Name of plan sponsor	TRANSDIGM, INC.	**c** EIN-PN	34-1750032-001
a Plan name	TRANSOCEAN U.S. SAVINGS PLAN		
b Name of plan sponsor	TRANSOCEAN INC.	**c** EIN-PN	66-0582307-002
a Plan name	TRANSUNION 401K & SAVINGS PLAN		
b Name of plan sponsor	TRANSUNION CORP.	**c** EIN-PN	74-3135689-001
a Plan name	TROUTMAN PEPPER DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	TROUTMAN PEPPER HAMILTON SANDERS LLP	**c** EIN-PN	58-0946915-001
a Plan name	TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	TRUIST FINANCIAL CORPORATION	**c** EIN-PN	56-0939887-003
a Plan name	U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN		
b Name of plan sponsor	U.S. ANESTHESIA PARTNERS, INC.	**c** EIN-PN	46-0872971-001
a Plan name	UNIVERSAL MUSIC GROUP 401(K) PLAN		
b Name of plan sponsor	UMG RECORDINGS, INC.	**c** EIN-PN	13-2613071-002
a Plan name	USG CORPORATION INVESTMENT PLAN		
b Name of plan sponsor	USG CORPORATION	**c** EIN-PN	36-3329400-002
a Plan name	VERICAST CORP. 401(K) PLAN		
b Name of plan sponsor	VERICAST CORP.	**c** EIN-PN	58-0278260-003

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	VERITIV RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VERITIV CORPORATION	**c** EIN-PN	46-3234977-002
a Plan name	VIZIENT, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	VIZIENT, INC.	**c** EIN-PN	38-2182248-335
a Plan name	VOLKSWAGEN GROUP OF AMERICA, INC. DEFINED CONTRIBUTION AND SAVINGS PLA		
b Name of plan sponsor	VOLKSWAGEN GROUP OF AMERICA, INC.	**c** EIN-PN	22-1585834-006
a Plan name	WAWA, INC. 401(K) PLAN		
b Name of plan sponsor	WAWA, INC.	**c** EIN-PN	21-0515330-003
a Plan name	WEYERHAEUSER 401(K) PLAN		
b Name of plan sponsor	WEYERHAEUSER COMPANY	**c** EIN-PN	91-0470860-035
a Plan name	XYLEM INC RETIREMENT SAVINGS MASTER TRUST		
b Name of plan sponsor	XYLEM, INC.	**c** EIN-PN	45-3304527-301
a Plan name	ZEBRA 401(K) PLAN		
b Name of plan sponsor	ZEBRA TECHNOLOGIES CORPORATION	**c** EIN-PN	36-2675536-002
a Plan name	ZILLOW GROUP 401(K) PLAN		
b Name of plan sponsor	ZILLOW GROUP, INC.	**c** EIN-PN	47-1645716-001
a Plan name	ZIMMER BIOMET HOLDINGS, INC. SAVINGS AND INVEST 401(K) PROGRAM MASTER		
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	**c** EIN-PN	04-6947827-001
a Plan name	ZIMMER SURGICAL INC UNITED STEEL WORKERS LOCAL 2737 15 PLAN		
b Name of plan sponsor	ZIMMER SURGICAL INC	**c** EIN-PN	81-0550216-001
a Plan name	ZOETIS SAVINGS PLAN		
b Name of plan sponsor	ZOETIS INC.	**c** EIN-PN	46-0696167-001
a Plan name	EXPEDIA RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EXPEDIA, INC.	**c** EIN-PN	91-1996083-002

SCHEDULE H (Form 5500)

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

2024

This Form is Open to Public Inspection

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

A Name of plan
VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2020 TRUST I

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
90-6083983

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)	4297000	2401000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6072566000	5512660000
(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6076863000	5515061000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	4471000	2554000
k Total liabilities (add all amounts in lines 1g through1j)	1k	4471000	2554000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6072392000	5512507000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		337780000
(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		337780000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1936000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1936000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1936000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		335844000
l Transfers of assets:			
(1) To this plan	2l(1)		1460806000
(2) From this plan	2l(2)		2356535000

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 _____.