

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 06/07/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (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: FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM INDEX 2005 COMMINGLED POOL
1b Three-digit plan number (PN): 075
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY
2b Employer Identification Number (EIN): 20-4659714
2c Plan Sponsor's telephone number: 800-343-8736
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

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 10/01/2023 and ending 06/07/2024

A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM INDEX 2005 COMMINGLED POOL	B Three-digit plan number (PN) ▶	075
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 20-4659714	

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: FIAM U.S. BOND INDEX COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-106	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN GLOBAL EX US INDEX POOL A		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN TOTAL MARKET INDEX POOL A		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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	7-ELEVEN, INC. 401(K) PLAN	
b	Name of plan sponsor	7-ELEVEN STORES	c EIN-PN 75-1085131-101
a	Plan name	ACOSTA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACOSTA, INC.	c EIN-PN 84-3954764-002
a	Plan name	ADT CORPORATION RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ADT LLC	c EIN-PN 45-4343781-002
a	Plan name	ALASKA AIRLINES PILOT INVESTMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ALASKA AIRLINE, INC.	c EIN-PN 92-0009235-011
a	Plan name	ALSCO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALSCO INC.	c EIN-PN 87-0252999-002
a	Plan name	AM/NS CALVERT LLC 401(K) PLAN	
b	Name of plan sponsor	AM/NS CALVERT LLC	c EIN-PN 26-0206522-001
a	Plan name	AMERICAN SAVINGS BANK 401K PLAN	
b	Name of plan sponsor	AMERICAN SAVINGS BANK, F.S.B.	c EIN-PN 99-0253492-004
a	Plan name	AMWINS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AMWINS GROUP, INC.	c EIN-PN 13-4009411-001
a	Plan name	ARCFIELD CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ARCFIELD CORPORATION	c EIN-PN 71-0869563-001
a	Plan name	BAKER TILLY US, LLP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BAKER TILLY US, LLP	c EIN-PN 39-0859910-001
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	BERTELSMANN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BERTELSMANN, INC.	c EIN-PN 95-2949493-004

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BERTELSMANN PRINTING GROUP 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.
c	EIN-PN	23-1873471-002
a	Plan name	BIG RIVER STEEL 401(K) PLAN
b	Name of plan sponsor	UNITED STATES STEEL CORPORATION AND AFFILIATED COS.
c	EIN-PN	25-1897152-040
a	Plan name	BIOMERIEUX, INC. EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	BIOMERIEUX, INC.
c	EIN-PN	43-1109770-001
a	Plan name	BLUE 401(K) PLAN
b	Name of plan sponsor	BLUE ORIGIN LLC
c	EIN-PN	61-1770771-002
a	Plan name	BOSTON COLLEGE 401(K) RETIREMENT PLAN II
b	Name of plan sponsor	BOSTON COLLEGE
c	EIN-PN	04-2103545-002
a	Plan name	CLUB CAR 401(K) PLAN
b	Name of plan sponsor	CLUB CAR, LLC
c	EIN-PN	13-3488925-001
a	Plan name	COCA-COLA BOTTLING COMPANY UNITED, INC. 401(K) PLAN
b	Name of plan sponsor	COCA-COLA BOTTLING COMPANY UNITED, INC.
c	EIN-PN	58-0148710-003
a	Plan name	COMERICA INCORPORATED PREFERRED SAVINGS PLAN
b	Name of plan sponsor	COMERICA INCORPORATED
c	EIN-PN	38-1998421-002
a	Plan name	CURTISS-WRIGHT CORPORATION SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	CURTISS WRIGHT COPORATION
c	EIN-PN	13-0612970-004
a	Plan name	ENDEAVOR HEALTH 401(K) PLAN
b	Name of plan sponsor	ENDEAVOR HEALTH
c	EIN-PN	87-4520691-001
a	Plan name	EPIC SYSTEMS CORPORATION 401(K) PLAN
b	Name of plan sponsor	EPIC SYSTEMS CORPORATION
c	EIN-PN	39-1319950-001
a	Plan name	ERIE INSURANCE GROUP EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	ERIE INDEMNITY COMPANY
c	EIN-PN	25-0466020-001

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	FEDERAL HOME LOAN BANK OF CINCINNATI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FHLB CINCINNATI	c EIN-PN 31-6000228-001
a	Plan name	FPI RETIREMENT PLAN	
b	Name of plan sponsor	FREMANTLE MEDIA NORTH AMERICA, INC.	c EIN-PN 13-3621012-001
a	Plan name	FRONTIER COMMUNICATIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FRONTIER COMMUNICATIONS PARENT, INC	c EIN-PN 86-2359749-002
a	Plan name	FRONTIER COMMUNICATIONS CORPORATE SERVICES INC. SAVINGS AND SECURITY PLAN FOR MID-ATLANTIC ASSOCIATES	
b	Name of plan sponsor	FRONTIER COMMUNICATIONS PARENT, INC	c EIN-PN 81-1859298-003
a	Plan name	GARDNER DENVER INC. INDIVIDUAL RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES AT THE QUINCY, ILLINOIS PLANT	
b	Name of plan sponsor	GARDNER DENVER, INC.	c EIN-PN 76-0419383-006
a	Plan name	GARDNER DENVER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GARDNER DENVER, INC.	c EIN-PN 76-0419383-002
a	Plan name	GEISINGER HEALTH PLAN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GEISINGER HEALTH PLAN	c EIN-PN 23-2311553-001
a	Plan name	GEISINGER MEDICAL MANAGEMENT CORPORATION 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	GEISINGER MEDICAL MANAGEMENT	c EIN-PN 23-2077663-004
a	Plan name	GEISINGER SYSTEM SERVICES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GEISINGER SYSTEM SERVICES	c EIN-PN 23-2164794-002
a	Plan name	HAWAIIAN ELECTRIC INDUSTRIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAWAIIAN ELECTRIC INDUSTRIES, INC.	c EIN-PN 99-0208097-003
a	Plan name	HENRY SCHEIN 401(K) SAVINGS	
b	Name of plan sponsor	HENRY SCHEIN 401K SAVINGS	c EIN-PN 11-2771121-087
a	Plan name	HENRY SCHEIN ONE 401(K) PLAN	
b	Name of plan sponsor	HENRY SCHEIN ONE, LLC	c EIN-PN 82-3417064-001

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 <u>HITACHI EMPLOYEE 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>HITACHI AMERICA, LTD.</u>	c EIN-PN <u>13-1896069-002</u>
a	Plan name <u>HOAG SHELTERED SAVINGS PLAN</u>	
b	Name of plan sponsor <u>HOAG MEMORIAL HOSPITAL PRESBYTERIAN</u>	c EIN-PN <u>95-1643327-005</u>
a	Plan name <u>HOLLISTER 401(K) SUPPLEMENTAL RETIREMENT PLAN FOR THE KIRKSVILLE, MISSOURI, BARGAINING UNIT EMPLOYEES</u>	
b	Name of plan sponsor <u>HOLLISTER INCORPORATED</u>	c EIN-PN <u>36-2404865-005</u>
a	Plan name <u>HOLLISTER SUPPLEMENTAL RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>HOLLISTER INCORPORATED</u>	c EIN-PN <u>36-2404865-003</u>
a	Plan name <u>IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN</u>	
b	Name of plan sponsor <u>IBEW LOCAL 595</u>	c EIN-PN <u>94-6125583-002</u>
a	Plan name <u>IN-N-OUT BURGER ASSOCIATES' PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>IN-N-OUT BURGERS, A CALIFORNIA CORPORATION</u>	c EIN-PN <u>95-2246829-001</u>
a	Plan name <u>INSIGHT GLOBAL, LLC 401(K) PLAN</u>	
b	Name of plan sponsor <u>INSIGHT GLOBAL, LLC</u>	c EIN-PN <u>20-8775560-001</u>
a	Plan name <u>ITRON INC. INCENTIVE SAVINGS PLAN</u>	
b	Name of plan sponsor <u>ITRON, INC.</u>	c EIN-PN <u>91-1011792-001</u>
a	Plan name <u>JONES LANG LASALLE SAVINGS AND RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>JONES LANG LASALLE</u>	c EIN-PN <u>36-4160760-001</u>
a	Plan name <u>KYNDRYL 401(K) PLAN</u>	
b	Name of plan sponsor <u>IBM CORPORATION</u>	c EIN-PN <u>86-1182761-001</u>
a	Plan name <u>LYONDELLBASELL SAVINGS PLAN</u>	
b	Name of plan sponsor <u>LYONDELL CHEMICAL COMPANY</u>	c EIN-PN <u>95-4160558-007</u>
a	Plan name <u>MAXAR 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>MAXAR TECHNOLOGIES INC.</u>	c EIN-PN <u>98-0544351-001</u>

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	MICROCHIP TECHNOLOGY INCORPORATED	
b	Name of plan sponsor	MICROCHIP TECHNOLOGY INCORPORATED	c EIN-PN 86-0629024-001
a	Plan name	MKS INSTRUMENTS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	MKS INSTRUMENTS, INC.	c EIN-PN 04-2277512-001
a	Plan name	MULTI-COLOR 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MULTI-COLOR CORPORATION	c EIN-PN 31-1125853-001
a	Plan name	NATIONSTAR MORTGAGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MR. COOPER GROUP INC.	c EIN-PN 75-2921540-001
a	Plan name	NAVISTAR, INC. 401(K) PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	NAVISTAR, INC.	c EIN-PN 43-6830613-032
a	Plan name	NAVISTAR, INC. RETIREMENT ACCUMULATION PLAN	
b	Name of plan sponsor	NAVISTAR, INC.	c EIN-PN 43-6830613-033
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN FOR ASSOCIATES ATTORNEYS	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-021
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-023
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-025
a	Plan name	NORTON ROSE FULBRIGHT US LLP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTON ROSE FULBRIGHT US LLP	c EIN-PN 74-1201087-007
a	Plan name	NVR INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	NVR INC.	c EIN-PN 54-1394360-334
a	Plan name	NVR INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NVR INC.	c EIN-PN 54-1394360-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor OFFSET PAPERBACK MFRS., INC.	c EIN-PN 23-1873471-003
a	Plan name ONCOR THRIFT PLAN	
b	Name of plan sponsor ONCOR ELECTRIC DELIVERY COMPANY LLC	c EIN-PN 75-2967830-002
a	Plan name OPEN TEXT, INC. 401(K) PLAN	
b	Name of plan sponsor OPEN TEXT, INC.	c EIN-PN 46-0525483-001
a	Plan name PALOMAR HEALTH DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor PALOMAR HEATLH	c EIN-PN 95-6003843-002
a	Plan name PALOMAR HEALTH MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor PALOMAR HEALTH	c EIN-PN 95-6003843-001
a	Plan name PARTY CITY HOLDINGS INC 401(K) PLAN	
b	Name of plan sponsor PARTY CITY HOLDINGS INC.	c EIN-PN 20-1033029-001
a	Plan name PILLSBURY WINTHROP SHAW PITTMAN LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PILLSBURY WINTHROP SHAW PITTMAN LLP	c EIN-PN 94-1311126-001
a	Plan name PRIVATE DIAGNOSTIC CLINIC PLLC PROFIT SHARING & 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRIVATE DIAGNOSTIC CLINIC PLLC	c EIN-PN 56-1029437-001
a	Plan name PROFIT PARTICIPATION PLAN OF MOODY'S CORPORATION	
b	Name of plan sponsor MOODYS CORPORATION	c EIN-PN 13-3998945-002
a	Plan name PUBLICIS BENEFITS CONNECTION 401(K) PLAN	
b	Name of plan sponsor MMS USA HOLDINGS, INC.	c EIN-PN 36-2677628-002
a	Plan name ROCKWELL AUTOMATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROCKWELL AUTOMATION, INC	c EIN-PN 25-1797617-008
a	Plan name ROLLS-ROYCE CORPORATION PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES	
b	Name of plan sponsor ROLLS-ROYCE NORTH AMERICA	c EIN-PN 35-1899021-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ROLLS-ROYCE ENGINE SERVICES RETIREMENT SAVINGS PLAN FOR UNION HOURLY EMPLOYEES	
b	Name of plan sponsor	ROLLS-ROYCE NORTH AMERICA, INC.	c EIN-PN 95-2742753-012
a	Plan name	ROLLS-ROYCE NORTH AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ROLLS-ROYCE NORTH AMERICA, INC.	c EIN-PN 54-1967187-012
a	Plan name	ROLLS-ROYCE NORTH AMERICA MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	ROLLS-ROYCE NORTH AMERICA, INC.	c EIN-PN 54-1967187-003
a	Plan name	RYDER PUERTO RICO, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	RYDER SYSTEM INC.	c EIN-PN 65-0366749-002
a	Plan name	RYDER SYSTEM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RYDER SYSTEM INC.	c EIN-PN 59-0739250-005
a	Plan name	RYERSON COMBINED RETIREMENT PLAN	
b	Name of plan sponsor	JOSEPH T. RYERSON & SON, INC.	c EIN-PN 36-1717960-003
a	Plan name	SAVINGS PLAN FOR EMPLOYEES OF THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS MEMBER SYSTEMS	
b	Name of plan sponsor	NATIONAL TELEPHONE COOPERATIVE ASSOCIATION (NTCA)	c EIN-PN 52-0741336-334
a	Plan name	SENSIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SENSIA LLC	c EIN-PN 25-1797617-001
a	Plan name	SLALOM, LLC 401K PLAN	
b	Name of plan sponsor	SLALOM, LLC	c EIN-PN 84-1246887-001
a	Plan name	SMITHS INDUSTRIES INC., INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	SMITHS GROUP SERVICES CORP.	c EIN-PN 22-3015350-002
a	Plan name	SPX CORP. RETIREMENT SAVINGS AND STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	SPX CORPORATION	c EIN-PN 38-1016240-004
a	Plan name	STAR TRIBUNE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STAR TRIBUNE MEDIA COMPANY LLC	c EIN-PN 80-0481962-015

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 TAKEDA PHARMACEUTICALS U.S.A INC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor TAKEDA PHARMACEUTICALS U.S.A., INC.	c EIN-PN 13-4013710-001
a	Plan name THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-003
a	Plan name THE ROCKWELL AUTOMATION 1165(E)	
b	Name of plan sponsor ROCKWELL AUTOMATION, INC.	c EIN-PN 25-1797617-011
a	Plan name THE WONDERFUL COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor THE WONDERFUL COMPANY LLC	c EIN-PN 27-3429394-001
a	Plan name THYSSEN KRUPP ELEVATOR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THYSSEN KRUPP ELEVATOR CORP.	c EIN-PN 62-1211267-003
a	Plan name THYSSENKRUPP 401K PLAN NORTH AMERICA	
b	Name of plan sponsor THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 22-2393554-002
a	Plan name THYSSENKRUPP ACCESS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THYSSENKRUPP, ACCESS CORP.	c EIN-PN 43-1861064-001
a	Plan name THYSSENKRUPP AIRPORT SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THYSSEN KRUPP ELEVATOR CORP.	c EIN-PN 52-2089962-009
a	Plan name THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC. 401K PLAN	
b	Name of plan sponsor THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.	c EIN-PN 39-1858155-001
a	Plan name THYSSENKRUPP SYSTEM ENGINEERING 401(K)	
b	Name of plan sponsor THYSSENKRUPP SYSTEM ENGINEERING	c EIN-PN 30-0018348-002
a	Plan name TOPBUILD CORP. 401(K) PLAN	
b	Name of plan sponsor TOPBUILD CORP.	c EIN-PN 47-3096382-001
a	Plan name TURNER RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor THE TURNER CORPORATION	c EIN-PN 13-3209884-002

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 TURNER NON-UNION TRADE EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE TURNER CORPORATION	c EIN-PN 13-3209884-003
a	Plan name RYERSON SAVINGS PLAN	
b	Name of plan sponsor JOSEPH T. RYERSON & SON, INC.	c EIN-PN 36-1717960-334
a	Plan name UKG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UKG INC.	c EIN-PN 65-0694077-001
a	Plan name UL FINANCIAL SECURITY PLAN	
b	Name of plan sponsor UL LLC	c EIN-PN 94-3282454-002
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 25-0851750-003
a	Plan name UNIVERSAL HEALTH SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNIVERSAL HEALTH SERVICES, INC.	c EIN-PN 23-2077891-001
a	Plan name USS 401(K) PLAN FOR UNITED STEELWORKERS OF AMERICA REPRESENTED EMPLOYEES	
b	Name of plan sponsor UNITED STATES STEEL CORPORATION	c EIN-PN 25-0851750-028
a	Plan name VEOLIA NORTH AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor VEOLIA NORTH AMERICA, LLC	c EIN-PN 26-2756568-001
a	Plan name VERTEX PHARMACEUTICALS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor VERTEX PHARMACEUTICALS INCORPORATED	c EIN-PN 04-3039129-001
a	Plan name VISTRA ENERGY THRIFT PLAN	
b	Name of plan sponsor VISTRA OPERATIONS COMPANY LLC	c EIN-PN 36-4833461-001
a	Plan name WORTHINGTON INDUSTRIES, INC. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor WORTHINGTON INDUSTRIES, INC	c EIN-PN 31-1189850-333
a	Plan name WORTHINGTON INDUSTRIES, INC. RETIREMENT SAVINGS PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor WORTHINGTON INDUSTRIES, INC	c EIN-PN 31-1189815-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WORTHINGTON STEEL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WORTHINGTON STEEL, INC.	c EIN-PN 92-2632000-001
a	Plan name	ZF NORTH AMERICA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF NORTH AMERICA INC.	c EIN-PN 61-1462969-002
a	Plan name	ZF NORTH AMERICA, INC. HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF NORTH AMERICA INC.	c EIN-PN 61-1462969-058
a	Plan name	BASELL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EQUISTAR CHEMICALS, LP	c EIN-PN 76-0550481-014
a	Plan name	BASELL SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	EQUISTAR CHEMICALS, LP	c EIN-PN 76-0550481-013
a	Plan name	HOUSTON REFINING LP 401(K) AND SAVINGS PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	HOUSTON REFINING LP	c EIN-PN 76-0395303-065
a	Plan name	EQUISTAR CHEMICALS, LP SAVINGS & INVESTMENT PLAN FOR HOURLY REPRESENTED EMPLOYEES	
b	Name of plan sponsor	EQUISTAR CHEMICALS, LP	c EIN-PN 76-0550481-007
a	Plan name	CENTRAL STEEL & WIRE COMPANY SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL STEEL & WIRE COMPANY LLC	c EIN-PN 36-0885660-003
a	Plan name	7-ELEVEN STORES OF OKLAHOMA 401(K) PLAN	
b	Name of plan sponsor	7-ELEVEN STORES	c EIN-PN 73-0605594-002
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 06/07/2024	
A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM INDEX 2005 COMMINGLED POOL	B Three-digit plan number (PN) ▶ 075
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 20-4659714

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	469638
		0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	598
(2) U.S. Government securities	1c(2)	0
(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)	98175858
(10) Value of interest in pooled separate accounts	1c(10)	0
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	98646094	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	5446	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	469635	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	475081	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	98171013	0

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)	1994572
(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	1994572

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)	48147
(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)	48147
j Total expenses. Add all expense amounts in column (b) and enter total	2j	48147

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1946425
l Transfers of assets:		
(1) To this plan	2l(1)	129143243
(2) From this plan	2l(2)	229260681

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.