

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 09/30/2024

- 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2060 COMMINGLED POOL
1b Three-digit plan number (PN): 207
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.

Form 5500 (2024) v. 240311

| | |
|---|--|
| 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 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 |
|--|--|

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) |
|---|--|

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 0

| | | |
|---|--|--|
| 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|---|--|--------------|
| A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2060 COMMINGLED POOL | B Three-digit plan number (PN) | ▶ <u>207</u> |
| 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) <u>20-4659714</u> | |

| | |
|---------------|--|
| 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: <u>FIAM INSTITUTIONAL CASH COMMINGLED</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-055</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>826953</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL EQUITY GROWTH CO</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71986188</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL EQUITY VALUE COM</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72266084</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM OVERSEAS COMMINGLED POOL -</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72024216</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM TARGET DATE CANADA COMMINGLED</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26774983</u> |
| 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)

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d Entity code

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d Entity code

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

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) | |
|---|----------------------|--|--------------------------------|
| <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 | ALTERRA MOUNTAIN COMPANY U.S. INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | ALTERRA MOUNTAIN COMPANY U.S. INC. | c EIN-PN 91-1616891-001 |
| a | Plan name | AQUENT LLC 401(K) PLAN | |
| b | Name of plan sponsor | AQUENT, LLC | c EIN-PN 04-3583617-003 |
| a | Plan name | ARISTA NETWORKS INC. 401(K) PLAN | |
| b | Name of plan sponsor | ARISTA NETWORKS INC. | c EIN-PN 20-1751121-001 |
| a | Plan name | ARTERA SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ARTERA SERVICES, LLC | c EIN-PN 46-1505840-001 |
| a | Plan name | BARNES & NOBLE EDUCATION 401(K) PLAN | |
| b | Name of plan sponsor | BARNES & NOBLE EDUCATION, INC. | c EIN-PN 46-0599018-001 |
| a | Plan name | BARNES GROUP INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | BARNES GROUP INC. | c EIN-PN 06-0247840-012 |
| a | Plan name | BELL AND HOWELL 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | BELL AND HOWELL, LLC | c EIN-PN 80-0728837-001 |
| a | Plan name | BIG 5 SPORTING GOODS SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BIG 5 CORPORATION | c EIN-PN 95-1854273-001 |
| a | Plan name | BIOGEN 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | BIOGEN INC. | c EIN-PN 33-0112644-001 |
| a | Plan name | CELESTICA 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | CELESTICA | c EIN-PN 84-1428543-001 |
| a | Plan name | CENTRAL HUDSON SAVINGS PLAN MASTER TRUST | |
| b | Name of plan sponsor | CENTRAL HUDSON GAS & ELECTRIC | c EIN-PN 14-0555980-006 |
| a | Plan name | CHILDREN'S OF ALABAMA 401(K) PLAN | |
| b | Name of plan sponsor | CHILDRENS HOSPITAL OF ALABAMA | c EIN-PN 63-0307306-001 |

| 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 | CLAYTON HOMES, INC 401(K) PLAN | |
| b | Name of plan sponsor | CLAYTON HOMES, INC | c EIN-PN 62-1671360-002 |
| a | Plan name | COOK INLET REGION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | COOK INLET REGION, INC. | c EIN-PN 92-0042304-001 |
| a | Plan name | CORT 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | CORT BUSINESS SERVICES CORPORATION | c EIN-PN 14-1543982-501 |
| a | Plan name | CROWDSTRIKE, INC. RETIREMENT TRUST | |
| b | Name of plan sponsor | CROWDSTRIKE, INC. | c EIN-PN 45-3135639-001 |
| a | Plan name | DAIRY FARMERS OF AMERICA, INC. SUPER SAVINGS PLAN | |
| b | Name of plan sponsor | DAIRY FARMERS OF AMERICA, INC. | c EIN-PN 43-0905874-032 |
| a | Plan name | DAVIS POLK ASSOCIATES SAVINGS PLAN | |
| b | Name of plan sponsor | DAVIS POLK & WARDWELL LLP | c EIN-PN 13-5023295-004 |
| a | Plan name | DAVIS POLK PARTNERS/STAFF SAVINGS PLAN | |
| b | Name of plan sponsor | DAVIS POLK & WARDWELL LLP | c EIN-PN 13-5023295-003 |
| a | Plan name | DAVIS POLK PROFIT SHARING PLAN FOR PARTNERS, COUNSEL AND CHIEFS | |
| b | Name of plan sponsor | DAVIS POLK & WARDWELL LLP | c EIN-PN 13-5023295-002 |
| a | Plan name | DEACONESS HEALTH SYSTEM, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DEACONESS HEALTH SYSTEM | c EIN-PN 35-1532889-010 |
| a | Plan name | DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DEACONESS HEALTH SYSTEM | c EIN-PN 81-0693478-001 |
| a | Plan name | DFA DAIRY BRANDS SMARTCHOICE SAVINGS PLAN | |
| b | Name of plan sponsor | DAIRY FARMERS OF AMERICA, INC. | c EIN-PN 85-0489626-001 |
| a | Plan name | DMGT US EMPLOYEE SERVICES, INC. | |
| b | Name of plan sponsor | DMGT US EMPLOYEE SERVICES, INC. | c EIN-PN 06-1486807-001 |

| 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 | EPICOR SOFTWARE 401(K) SAVINGS PLAN | |
| b Name of plan sponsor | EPICOR SOFTWARE CORPORATION | c EIN-PN 45-1478440-001 |
| a Plan name | EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN | |
| b Name of plan sponsor | EVERCORE PARTNERS SERVICES EAST, LLC | c EIN-PN 01-0552543-001 |
| a Plan name | EXEL 401(K) SAVINGS PLAN | |
| b Name of plan sponsor | EXEL INC. | c EIN-PN 04-2801160-003 |
| a Plan name | FLATIRON CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | FLATIRON CONSTRUCTION CORP | c EIN-PN 04-3147491-004 |
| a Plan name | FLATIRON NON-UNION HOURLY EMPLOYEES' 401(K) PLAN | |
| b Name of plan sponsor | FLATIRON CONSTRUCTORS INC | c EIN-PN 84-1245002-005 |
| a Plan name | FLEXENTIAL CORP. 401(K) PLAN | |
| b Name of plan sponsor | FLEXENTIAL CORP. | c EIN-PN 59-3638780-001 |
| a Plan name | GEI PROFIT SHARING AND 401(K) PLAN | |
| b Name of plan sponsor | GEI CONSULTANTS, INC. | c EIN-PN 04-2468348-001 |
| a Plan name | GENESIS LOGISTICS INC. UNION RETIREMENT PLAN | |
| b Name of plan sponsor | GENESIS LOGISTICS INC. | c EIN-PN 22-3590938-001 |
| a Plan name | GERSON LEHRMAN GROUP INC PLAN | |
| b Name of plan sponsor | GERSON LEHRMAN GROUP | c EIN-PN 13-4101226-001 |
| a Plan name | GROUP 1 AUTOMOTIVE PLAN | |
| b Name of plan sponsor | GROUP 1 AUTOMOTIVE | c EIN-PN 76-0506313-001 |
| a Plan name | HEALTH PLANS, INC. 401(K) & PROFIT SHARING PLAN | |
| b Name of plan sponsor | HEALTH PLANS, INC. | c EIN-PN 04-2734278-002 |
| a Plan name | IHEART MEDIA 401(K) SAVINGS PLAN FOR UNION EMPLOYEES | |
| b Name of plan sponsor | IHEART COMMUNICATIONS, INC | c EIN-PN 74-1787539-002 |

| 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 | IHEART MEDIA, INC 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | IHEART COMMUNICATIONS, INC | c EIN-PN 74-1787539-001 |
| a | Plan name | ILITCH HOLDINGS 401(K) PLAN | |
| b | Name of plan sponsor | ILITCH HOLDINGS, INC. | c EIN-PN 38-3357937-002 |
| a | Plan name | INFINEUM SAVINGS PLAN | |
| b | Name of plan sponsor | INFINEUM | c EIN-PN 74-2890923-002 |
| a | Plan name | INFORMA USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | INFORMA USA, INC. | c EIN-PN 04-2991330-001 |
| a | Plan name | INVOCA, INC. 401K PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | INVOCA, INC. | c EIN-PN 26-4390865-001 |
| a | Plan name | JAYCO INC. 401(K) SAVINGS & INVESTMENT PLAN | |
| b | Name of plan sponsor | JAYCO, INC. | c EIN-PN 35-1144978-001 |
| a | Plan name | JAZZ PHARMACEUTICALS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JAZZ PHARMACEUTICALS, INC. | c EIN-PN 05-0563787-001 |
| a | Plan name | KAO AMERICA INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | KAO AMERICA INC. | c EIN-PN 52-2064483-001 |
| a | Plan name | KEWAUNEE FABRICATIONS LLC 401(K) PLAN | |
| b | Name of plan sponsor | KEWAUNEE FABRICATIONS | c EIN-PN 39-1975610-010 |
| a | Plan name | MACQUARIE HOLDINGS (USA) INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | MACQUARIE HOLDINGS USA, INC. | c EIN-PN 13-3789912-001 |
| a | Plan name | MARINE CORPS NAF 401(K) PLAN | |
| b | Name of plan sponsor | MARINE CORPS COMMUNITY SERVICES | c EIN-PN 54-1465325-002 |
| a | Plan name | MBS TEXTBOOK EXCHANGE, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MBS TEXTBOOK EXCHANGE, LLC | c EIN-PN 43-1379686-001 |

| 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 | MEDSTAR AFFILIATES 401K PLAN |
| b | Name of plan sponsor | MEDSTAR HEALTH, INC. |
| c | EIN-PN | 52-2087445-010 |
| a | Plan name | NEW YORK COMMUNITY BANCORP, INC. EMPLOYEE SAVINGS PLAN |
| b | Name of plan sponsor | NEW YORK COMMUNITY BANCORP, INC. |
| c | EIN-PN | 06-1377322-004 |
| a | Plan name | OREGON TOOL 401(K) RETIREMENT PROFIT SHARING PLUS PLAN |
| b | Name of plan sponsor | OREGON TOOL, INC |
| c | EIN-PN | 63-0780521-006 |
| a | Plan name | OSHKOSH CORPORATION AND AFFILIATES TAX DEFERRED INVESTMENT PLAN |
| b | Name of plan sponsor | OSHKOSH CORPORATION |
| c | EIN-PN | 39-0520270-003 |
| a | Plan name | OSHKOSH CORPORATION TAX DEFERRED INVESTMENT PLAN FOR PRODUCTION EMPLOYEES |
| b | Name of plan sponsor | OSHKOSH CORPORATION |
| c | EIN-PN | 39-0520270-004 |
| a | Plan name | OTSUKA AMERICA 401(K) SAVINGS PLAN |
| b | Name of plan sponsor | OTSUKA AMERICA PHARMACEUTICAL INC. |
| c | EIN-PN | 52-1630683-001 |
| a | Plan name | POINT32HEALTH 401(K) PLAN |
| b | Name of plan sponsor | POINT32HEALTH SERVICES, INC |
| c | EIN-PN | 04-2985923-001 |
| a | Plan name | PREMIER HEALTHCARE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | PREMIER HEALTHCARE SOLUTIONS, INC. |
| c | EIN-PN | 33-0054358-002 |
| a | Plan name | PROGRESS SOFTWARE CORPORATION 401(K) PLAN |
| b | Name of plan sponsor | PROGRESS SOFTWARE CORPORATION |
| c | EIN-PN | 04-2746201-002 |
| a | Plan name | RAVAGO AMERICAS 401(K) SAVINGS AND PROFIT SHARING PLAN |
| b | Name of plan sponsor | RAVAGO AMERICAS, LLC |
| c | EIN-PN | 84-1652221-003 |
| a | Plan name | RED HAT, INC. 401(K) AND PROFIT SHARING PLAN |
| b | Name of plan sponsor | RED HAT, INC. |
| c | EIN-PN | 06-1364380-001 |
| a | Plan name | RESIDEO TECHNOLOGIES INC. 401(K) PLAN |
| b | Name of plan sponsor | RESIDEO TECHNOLOGIES, INC |
| c | EIN-PN | 82-5318796-001 |

| 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 | RSUI 401(K) / RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | RSUI INDEMNITY COMPANY | c EIN-PN 16-0366830-001 |
| a | Plan name | S & B ENGINEERS AND CONSTRUCTORS, LTD. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | S & B ENGINEERS AND CONSTRUCTORS, LTD | c EIN-PN 32-0625534-002 |
| a | Plan name | SCOR US GROUP RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | SCOR US CORPORATION | c EIN-PN 75-1791342-002 |
| a | Plan name | SOUTHWEST GAS CORPORATION EMPLOYEES' INVESTMENT PLAN | |
| b | Name of plan sponsor | SOUTHWEST GAS CORPORATION | c EIN-PN 88-0085720-004 |
| a | Plan name | STEWARD HEALTH CARE 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | STEWARD HEALTH CARE | c EIN-PN 27-2473240-001 |
| a | Plan name | SULLIVAN & CROMWELL LLP EMPLOYEES' SAVINGS PLAN | |
| b | Name of plan sponsor | SULLIVAN & CROMWELL LLP | c EIN-PN 13-5420320-003 |
| a | Plan name | SULLIVAN & CROMWELL LLP EMPLOYEES' SAVINGS PLAN II | |
| b | Name of plan sponsor | SULLIVAN & CROMWELL LLP | c EIN-PN 13-5420320-081 |
| a | Plan name | SULLIVAN & CROMWELL LLP SAVINGS PLAN FOR ASSOCIATES | |
| b | Name of plan sponsor | SULLIVAN & CROMWELL LLP | c EIN-PN 13-5420320-004 |
| a | Plan name | SUPPLY CHAIN RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | EXEL INC. | c EIN-PN 04-2801160-001 |
| a | Plan name | SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING AND TRUST | |
| b | Name of plan sponsor | SYSTEMS PLANNING AND ANALYSIS, INC. | c EIN-PN 52-0956951-002 |
| a | Plan name | THE DISH NETWORK CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | DISH NETWORK CORPORATION | c EIN-PN 88-0336997-001 |
| a | Plan name | THE EISAI RETIREMENT PLAN | |
| b | Name of plan sponsor | EISAI CORPORATION OF NORTH AMERICA | c EIN-PN 22-3166046-001 |

| 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 MITRE CORPORATION QUALIFIED RETIREMENT PLAN FMTC, TRUSTEE | |
| b | Name of plan sponsor MITRE CORP | c EIN-PN 04-2239742-002 |
| a | Plan name THE YOUNG LIFE 401(K) PLAN | |
| b | Name of plan sponsor YOUNG LIFE | c EIN-PN 84-0385934-001 |
| a | Plan name TIBBETT & BRITTEN GROUP NA LLC 401(K) PLAN | |
| b | Name of plan sponsor TIBBETT & BRITTEN GROUP NA LLC | c EIN-PN 98-0149758-001 |
| a | Plan name TIVITY HEALTH, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor TIVITY HEALTH, INC. | c EIN-PN 62-1117144-001 |
| a | Plan name TWILIO 401(K) PLAN | |
| b | Name of plan sponsor TWILIO INC. | c EIN-PN 26-2574840-001 |
| a | Plan name TYLER TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor TYLER TECHNOLOGIES, INC. | c EIN-PN 75-2303920-002 |
| a | Plan name UNICREDIT BANK AG, NEW YORK BRANCH EMPLOYEES DEFERRED SAVINGS PLAN | |
| b | Name of plan sponsor UNICREDIT BANK AG, NY BRANCH | c EIN-PN 13-2774123-002 |
| a | Plan name VIR BIOTECHNOLOGY 401(K) PLAN | |
| b | Name of plan sponsor VIR BIOTECHNOLOGY, INC. | c EIN-PN 81-2730369-001 |
| a | Plan name WARNER MUSIC GROUP INC. 401(K) PLAN | |
| b | Name of plan sponsor WARNER MUSIC GROUP, INC. | c EIN-PN 13-4271875-001 |
| a | Plan name WATTS WATER TECHNOLOGIES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor WATTS WATER TECHNOLOGIES, INC. | c EIN-PN 04-2916536-003 |
| a | Plan name WEC ENERGY GROUP EMPLOYEE RETIREMENT SAVINGS PLAN (ERSP) | |
| b | Name of plan sponsor WEC ENERGY GROUP | c EIN-PN 39-1391525-031 |
| a | Plan name WEC ENERGY GROUP LIMITED RETIREMENT SAVINGS PLAN (LRSP) | |
| b | Name of plan sponsor WEC ENERGY GROUP | c EIN-PN 39-1391525-050 |

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 | WEC ENERGY GROUP RETIREMENT SAVINGS PLAN (RSP) | |
| b Name of plan sponsor | WEC ENERGY GROUP | c EIN-PN 39-1391525-049 |

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | WESTERN RESERVE HEALTH EDUCATION, INC. | |
| b Name of plan sponsor | STEWARD HEALTH CARE | c EIN-PN 45-2409508-001 |

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | ZOLL MEDICAL CORPORATION EMPLOYEE SAVINGS PLAN | |
| b Name of plan sponsor | ZOLL MEDICAL CORPORATION | c EIN-PN 04-2711626-001 |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

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|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

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|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

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|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| 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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2060 COMMINGLED POOL | B Three-digit plan number (PN) ▶ 207 |
| 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 |
|---------------|--------------------------------------|

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) | 2820156 |
| | | 5355226 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 569 |
| (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) | 73153598 |
| (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) | 210585552 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 670398060 |
| (15) Other | 1c(15) | 0 |
| | | 243051471 |

| 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 | 286559875 | 922409010 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 79744 | 251813 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 2819965 | 5646743 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 2899709 | 5898556 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 283660166 | 916510454 |

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) | 33334 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 2289 | |
| (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) | | 35623 |
| (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) | 20187254 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 20187254 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 5562787 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 5525608 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 37179 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 7333 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 196638 |
| (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) | | 128771590 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 149235617 |

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) | 2026088 | |
| (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) | | 2026088 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2026088 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 147209529 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 587040285 |
| (2) From this plan | 2l(2) | | 101399526 |

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 _____.