

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 SMALL CAPITALIZATION CORE COMMINGLED POOL
1b Three-digit plan number (PN): 008
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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 09/30/2024

A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SMALL CAPITALIZATION CORE COMMINGLED POOL	B Three-digit plan number (PN)	▶ 008
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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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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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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ABARTA COCA COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PLAN	
b	Name of plan sponsor ABARTA COCA-COLA BEVERAGES, LLC	c EIN-PN 81-5335792-001
a	Plan name ABARTA, INC. PENSION PLAN	
b	Name of plan sponsor ABARTA, INC.	c EIN-PN 23-1882790-002
a	Plan name APTIV HOURLY 401(K) PLAN	
b	Name of plan sponsor APTIV CORPORATION	c EIN-PN 27-0791190-004
a	Plan name APTIV SALARIED 401(K) PLAN	
b	Name of plan sponsor APTIV CORPORATION	c EIN-PN 27-0791190-002
a	Plan name BNP PARIBAS PENSION PLAN	
b	Name of plan sponsor BNP PARIBAS SA	c EIN-PN 94-1677765-001
a	Plan name CALIFORNIA CLINICAL TRIALS MEDICAL GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALIFORNIA CLINICAL TRIALS MEDICAL GROUP	c EIN-PN 95-4689323-001
a	Plan name CAPGEMINI CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor CAPGEMINI AMERICA, INC	c EIN-PN 22-2575929-001
a	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARDINAL HEALTH, INC	c EIN-PN 31-0958666-055
a	Plan name CARLE HEALTH CENTRAL ILLINOIS PENSION PLAN	
b	Name of plan sponsor THE CARLE FOUNDATION	c EIN-PN 37-0673465-304
a	Plan name CITY OF HOLYOKE CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor CITY OF HOLYOKE CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 04-6042090-999
a	Plan name DETROIT EDISON COMPANY SAVINGS & STOCK OWNERSHIP PLAN FOR EMPLOYEES REPRESENTED BY LOCAL 17 OF THE BROTHERHOOD OF ELECTRICAL WORKERS	
b	Name of plan sponsor DTE ENERGY INVESTMENT COMMITTEE	c EIN-PN 20-5898509-004
a	Plan name DETROIT EDISON COMPANY SAVINGS & STOCK OWNERSHIP PLAN FOR EMPLOYEES REPRESENTED BY LOCAL 223 OF THE UTILITY WORKERS UNION OF AMERICA	
b	Name of plan sponsor DTE ENERGY INVESTMENT COMMITTEE	c EIN-PN 20-5898509-003

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	DTE ENERGY SAVINGS AND STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	DTE ENERGY INVESTMENT COMMITTEE	c EIN-PN 20-5898509-002
a	Plan name	DUPONT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOWDUPONT INC	c EIN-PN 81-1224539-001
a	Plan name	ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	
b	Name of plan sponsor	ERIE INDEMNITY COMPANY	c EIN-PN 25-0466020-001
a	Plan name	FERGUSON ENTERPRISES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FERGUSON ENTERPRISES	c EIN-PN 54-1473338-002
a	Plan name	FIAM PENSION JOURNEY 20/80 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-158
a	Plan name	FIAM PENSION JOURNEY 30/70 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-159
a	Plan name	FIAM PENSION JOURNEY 40/60 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-173
a	Plan name	FIAM PENSION JOURNEY 50/50 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-157
a	Plan name	FIAM PENSION JOURNEY 60/40 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-152
a	Plan name	FIAM PENSION JOURNEY 70/30 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-151
a	Plan name	FIDELITY FREEDOM BLEND 2005	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-086
a	Plan name	FIDELITY FREEDOM BLEND 2010	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-087

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	FIDELITY FREEDOM BLEND 2015	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-088
a	Plan name	FIDELITY FREEDOM BLEND 2020	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-089
a	Plan name	FIDELITY FREEDOM BLEND 2025	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-090
a	Plan name	FIDELITY FREEDOM BLEND 2030	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-091
a	Plan name	FIDELITY FREEDOM BLEND 2035	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-092
a	Plan name	FIDELITY FREEDOM BLEND 2040	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-093
a	Plan name	FIDELITY FREEDOM BLEND 2045	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-094
a	Plan name	FIDELITY FREEDOM BLEND 2050	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-095
a	Plan name	FIDELITY FREEDOM BLEND 2055	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-113
a	Plan name	FIDELITY FREEDOM BLEND 2060	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-147
a	Plan name	FIDELITY FREEDOM BLEND 2065	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-168
a	Plan name	FIDELITY FREEDOM BLEND 2070	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-218

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	FIDELITY FREEDOM BLEND INCOME	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-085
a	Plan name	FIDELITY FREEDOM PLUS 2005 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-175
a	Plan name	FIDELITY FREEDOM PLUS 2010 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-176
a	Plan name	FIDELITY FREEDOM PLUS 2015 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-177
a	Plan name	FIDELITY FREEDOM PLUS 2020 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-178
a	Plan name	FIDELITY FREEDOM PLUS 2025 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-179
a	Plan name	FIDELITY FREEDOM PLUS 2030 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-180
a	Plan name	FIDELITY FREEDOM PLUS 2035 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-181
a	Plan name	FIDELITY FREEDOM PLUS 2040 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-182
a	Plan name	FIDELITY FREEDOM PLUS 2045 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-183
a	Plan name	FIDELITY FREEDOM PLUS 2050 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-184
a	Plan name	FIDELITY FREEDOM PLUS 2055 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-185

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	FIDELITY FREEDOM PLUS 2060 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-186
a	Plan name	FIDELITY FREEDOM PLUS 2065 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-209
a	Plan name	FIDELITY FREEDOM PLUS INCOME COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	c EIN-PN 20-4659714-174
a	Plan name	GATX CORPORATION HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-004
a	Plan name	GATX CORPORATION SALARIED EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-002
a	Plan name	GENERAL MOTORS SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 04-3259743-001
a	Plan name	GUIDEWIRE SOFTWARE RETIREMENT TRUST	
b	Name of plan sponsor	GUIDEWIRE SOFTWARE	c EIN-PN 36-4468504-001
a	Plan name	HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	HALEY & ALDRICH, INC.	c EIN-PN 04-2295689-001
a	Plan name	HARVEY INDUSTRIES INC PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	HARVEY INDUSTRIES INC	c EIN-PN 04-2282465-001
a	Plan name	ING FINANCIAL SERVICES LLC RETIREMENT PLAN	
b	Name of plan sponsor	ING FINANCIAL SERVICES LLC	c EIN-PN 13-3713590-001
a	Plan name	JONES DAY RETIREMENT PLAN	
b	Name of plan sponsor	JONES DAY	c EIN-PN 34-0319085-001
a	Plan name	JONES DAY SUPPLEMENTAL SAVINGS PLAN	
b	Name of plan sponsor	JONES DAY	c EIN-PN 34-0319085-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name LENNOX INTERNATIONAL INC MERGED PROFIT SHARING AND 401K RETIREMENT PLAN FOR SALARIED EMPLOYEES (DB & DC)	
b	Name of plan sponsor LENNOX INTERNATIONAL INC.	c EIN-PN 42-0991521-042
a	Plan name MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor MARELLI NORTH AMERICA, INC.	c EIN-PN 56-1996839-001
a	Plan name MASCO CORPORATION 401K PLAN	
b	Name of plan sponsor MASCO CORPORATION	c EIN-PN 38-1794485-033
a	Plan name MCKEE FOODS RETIREMENT PLAN	
b	Name of plan sponsor MCKEE FOODS CORPORATION	c EIN-PN 62-0450611-001
a	Plan name MG ADVANTAGE RETIREMENT PLAN	
b	Name of plan sponsor NEXSTAR BROADCASTING, INC.	c EIN-PN 23-3063152-002
a	Plan name MICHCON INVESTMENT AND STOCK OWNERSHIP PLAN	
b	Name of plan sponsor DTE ENERGY INVESTMENT COMMITTEE	c EIN-PN 20-5895809-006
a	Plan name MORGAN, LEWIS & BOCKIUS LLP DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor MORGAN, LEWIS & BOCKIUS LLP BENEFITS ADMINISTRATION COMMITTEE	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 BENEFITS ADMINISTRATION COMMITTEE	c EIN-PN 23-0891050-005
a	Plan name NEPC, LLC 401K PLAN	
b	Name of plan sponsor NEPC, LLC	c EIN-PN 20-6770656-001
a	Plan name NEW YORK LIFE INSURANCE COMPANY PENSION PLAN	
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-001
a	Plan name NRA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor THE NATIONAL RIFLE ASSOCIATION OF AMERICA, INC.	c EIN-PN 53-0116130-001
a	Plan name NW NATURAL GAS COMPANY RETIREMENT PLAN FOR BU AND NBU EMPLOYEES	
b	Name of plan sponsor NORTHWEST NATURAL GAS COMPANY	c EIN-PN 93-0256722-002

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	NYLIC RETIREMENT PLAN	
b	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-005
a	Plan name	OERLIKON USA HOLDING INC. PENSION PLAN	
b	Name of plan sponsor	OERLIKON USA HOLDING INC	c EIN-PN 95-2549713-002
a	Plan name	OREGON TOOL RETIREMENT PLAN	
b	Name of plan sponsor	OREGON TOOL, INC.	c EIN-PN 63-0593908-011
a	Plan name	PAREXEL INTERNATIONAL CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PAREXEL INTERNATIONAL	c EIN-PN 04-2776269-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON	
b	Name of plan sponsor	ALCON VISION, LLC	c EIN-PN 75-2252369-014
a	Plan name	PHILADELPHIA MARINE TRADE ASSOCIATION INTERNATIONAL LONGSHORE MEN'S ASSOCIATION PENSION FUND	
b	Name of plan sponsor	PMTA-ILA PENSION FUND	c EIN-PN 23-6534704-001
a	Plan name	PREFERRED MUTUAL INSURANCE COMPANY RETIREMENT BENEFIT ACCUMULATION PLAN	
b	Name of plan sponsor	PREFERRED MUTUAL INSURANCE COMPANY	c EIN-PN 15-0420080-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES	
b	Name of plan sponsor	SOUTHERN STATES COOPERATIVE, INC.	c EIN-PN 54-0387200-333
a	Plan name	SOUTHWEST AIRLINES CO. 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-004
a	Plan name	SOUTHWEST AIRLINES CO. PROFITSHARING PLAN	
b	Name of plan sponsor	SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-001
a	Plan name	SOUTHWEST AIRLINES CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-003
a	Plan name	TERADYNE, INC. SAVINGS PLAN	
b	Name of plan sponsor	TERADYNE, INC.	c EIN-PN 04-2272148-001

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	TEXAS ONCOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	c EIN-PN 75-2131429-002
a	Plan name	TEXAS UNITED CORPORATION PENSION PLAN	
b	Name of plan sponsor	TEXAS UNITED CORPORATION	c EIN-PN 74-1663878-001
a	Plan name	THE BALTIMORE SUN COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	TRIBUNE MEDIA COMPANY	c EIN-PN 36-1880355-018
a	Plan name	THE BALTIMORE SUN COMPANY RETIREMENT PLAN FOR MAILERS	
b	Name of plan sponsor	TRIBUNE MEDIA COMPANY	c EIN-PN 36-1880355-019
a	Plan name	THE COCA-COLA BOTTLING CO. OF THE LEHIGH VALLEY PENSION PLAN	
b	Name of plan sponsor	THE COCA-COLA BOTTLING CO. OF THE LEHIGH VALLEY	c EIN-PN 24-0863382-003
a	Plan name	THE GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES	
b	Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 27-0383222-014
a	Plan name	THE MANITOWOC COMPANY, INC. PENSION PLAN	
b	Name of plan sponsor	THE MANITOWOC COMPANY, INC.	c EIN-PN 39-0448110-022
a	Plan name	THE OILGEAR RETIREMENT PLAN	
b	Name of plan sponsor	THE OILGEAR COMPANY	c EIN-PN 39-0514580-001
a	Plan name	THE RITE AID 401(K) PLAN	
b	Name of plan sponsor	RITE AID CORPORATION	c EIN-PN 23-1614034-025
a	Plan name	THE RITE AID CORPORATION 401(K) PLAN FOR COLLECTIVE BARGAINING ASSOCIATES	
b	Name of plan sponsor	RITE AID CORPORATION	c EIN-PN 23-1614034-032
a	Plan name	THE US ONCOLOGY CLINICAL PRACTICE 401K PLAN	
b	Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	c EIN-PN 84-1213501-001
a	Plan name	THRIFT PLAN FOR EMPLOYEES OF VISITING NURSE SERVICE OF NEW YORK	
b	Name of plan sponsor	VISTING NURSE SERVICE OF NEW YORK	c EIN-PN 13-3189926-002

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	THRIFTY PAYLESS INC. 401(K) RETIREMENT SAVINGS PLAN FOR COLLECTIVE BARGAINING PHARMACISTS	
b Name of plan sponsor	THRIFTY PAYLESS INC.	c EIN-PN 95-4391249-034
a Plan name	TOPBUILD CORP. 401(K) PLAN	
b Name of plan sponsor	TOPBUILD CORP.	c EIN-PN 47-3096382-001
a Plan name	TRIBUNE COMPANY CASH BALANCE PENSION PLAN	
b Name of plan sponsor	TRIBUNE MEDIA COMPANY	c EIN-PN 36-1880355-007
a Plan name	TRIBUNE MEDIA COMPANY RETIREMENT PLAN	
b Name of plan sponsor	TRIBUNE MEDIA COMPANY	c EIN-PN 36-1880355-002
a Plan name	TTT WEST COAST, INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TTT WEST COAST, INC.	c EIN-PN 88-1660993-001
a Plan name	UNIFY FINANCIAL CREDIT UNION PENSION PLAN	
b Name of plan sponsor	UNIFY FINANCIAL CREDIT UNION	c EIN-PN 34-6541032-001
a Plan name	US ONCOLOGY, INC. 401(K) PLAN	
b Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	c EIN-PN 76-0473455-001
a Plan name	VISITING NURSE SERVICE OF NEW YORK RETIREMENT PLAN FOR HOME HEALTH AIDES	
b Name of plan sponsor	VISITING NURSE SERVICE OF NEW YORK	c EIN-PN 84-1455663-001
a Plan name	WARNERMEDIA 401(K) SAVINGS PLAN	
b Name of plan sponsor	WARNERMEDIA LLC	c EIN-PN 88-1660993-002
a Plan name	WEST FRASER, INC. PENSION PLAN	
b Name of plan sponsor	WEST FRASER, INC.	c EIN-PN 72-1489951-002
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 09/30/2024			
A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SMALL CAPITALIZATION CORE COMMINGLED POOL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">008</td> </tr> </table>	B Three-digit plan number (PN) ▶	008
B Three-digit plan number (PN) ▶	008		
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 20-4659714</td> </tr> </table>	D Employer Identification Number (EIN) 20-4659714	
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)	14527536
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44298952
(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)	4905468796
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

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	3530662467	4964295284
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	869255	1162706
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	38117449	8699557
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38986704	9862263
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3491675763	4954433021

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)	2171077	
(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)		2171077
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	52481179	
(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)		52481179
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4183088725	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3981721799	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		201366926
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	859912419	
(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)		
(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		1115931601

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)	28724	
(5) Investment advisory and investment management fees	2i(5)	11153842	
(6) Bank or trust company trustee/custodial fees	2i(6)	78047	
(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)	281597	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11542210
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11542210

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1104389391
l Transfers of assets:			
(1) To this plan.....	2l(1)		1296997897
(2) From this plan	2l(2)		938630030

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 _____.