

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 FREEDOM BLEND 2065 COMMINGLED POOL
1b Three-digit plan number (PN): 168
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FREEDOM BLEND 2065 COMMINGLED POOL</u>	<b>B</b> Three-digit plan number (PN)	<u>168</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4659714</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS COMMINGLED PO</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-032</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS DEBT COMMINGL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5466712</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS DEBT LOCAL CU</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1359163</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS OPPORTUNITIES</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>84120996</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM FLOATING RATE HIGH INCOME COMM</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-058</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1153521</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM INTERNATIONAL EQUITY GROWTH CO</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>53775507</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM INTERNATIONAL EQUITY VALUE COM</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>53980173</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM OVERSEAS COMMINGLED POOL -		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53785858
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-100	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19205186
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12458221
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE POOL		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-008	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30019382
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 5+ YEAR INFLATION-		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375183
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE BLUE CHIP GROWTH C		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95550652
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE CANADA COMMINGLED		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22523589
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE LARGE CAP STOCK CO		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61573543
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE LONG TERM TREASURY		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31255560
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE TREASURY BILL INDE		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 551704

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE VALUE DISCOVERY CO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>41131735</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SPARTAN COMMODITY INDEX POOL -</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GEODE CAPITAL MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>82-6293122-008</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1549539</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SPARTAN INTERNATIONAL INDEX POOL A</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GEODE CAPITAL MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>82-6293122-011</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20508286</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SPARTAN LARGE CAP GROWTH INDEX POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GEODE CAPITAL MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>82-6293122-003</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>60648545</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SPARTAN LARGE CAP VALUE INDEX POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GEODE CAPITAL MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>82-6293122-004</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>113345572</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM INSTITUTIONAL CASH COMMINGLED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-055</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>368023</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM HIGH YIELD BOND COMMINGLED POO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-013</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3479316</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE 0-5 YEAR INFLATION</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5574422</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACEC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ACEC RETIREMENT TRUST	<b>c</b> EIN-PN 26-4055924-001
<b>a</b>	Plan name	AEGIS AEROSPACE 401K PLAN	
<b>b</b>	Name of plan sponsor	AEGIS AEROSPACE, INC.	<b>c</b> EIN-PN 76-0359573-001
<b>a</b>	Plan name	ALLOGENE THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLOGENE THERAPEUTICS, INC.	<b>c</b> EIN-PN 82-3562771-001
<b>a</b>	Plan name	AMENTUM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMENTUM SERVICES, INC.	<b>c</b> EIN-PN 27-1628265-001
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING, INC. PERSONAL SAVINGS PLAN FOR HOURLY ASSOCIATES	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3138388-004
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING, INC. SALARIED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3138388-005
<b>a</b>	Plan name	AMERICAN EAGLE OUTFITTERS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EAGLE OUTFITTERS, INC.	<b>c</b> EIN-PN 13-2721761-001
<b>a</b>	Plan name	AMWAY HOTEL CORPORATION 401(K) RETIRMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMWAY GRAND PLAZA HOTEL	<b>c</b> EIN-PN 38-2239010-003
<b>a</b>	Plan name	AMWAY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALTICOR INC.	<b>c</b> EIN-PN 38-1736584-002
<b>a</b>	Plan name	ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASSA ABLOY INC.	<b>c</b> EIN-PN 93-0925319-001
<b>a</b>	Plan name	ASSOCIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATIONS, INC.	<b>c</b> EIN-PN 75-3014941-001
<b>a</b>	Plan name	ATRIUS HEALTH 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATRIUS HEALTH INC.	<b>c</b> EIN-PN 04-3397450-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BEKAERT CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEKAERT CORPORATION	<b>c</b> EIN-PN 62-1340165-005
<b>a</b>	Plan name	BETH ISRAEL DEACONESS MEDICAL CENTER 401-K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BETH ISRAEL DEACONESS MEDICAL CENTER	<b>c</b> EIN-PN 04-2103881-004
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS, INC. - EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUECROSS BLUESHIELD OF MA	<b>c</b> EIN-PN 04-1045815-002
<b>a</b>	Plan name	BLUESCOPE EMPLOYEE SAVINGS TRUST (BEST) PLAN	
<b>b</b>	Name of plan sponsor	BLUESCOPE STEEL NORTH AMERICA	<b>c</b> EIN-PN 23-2081882-041
<b>a</b>	Plan name	BOART LONGYEAR COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOART LONGYEAR COMPANY	<b>c</b> EIN-PN 87-0503343-005
<b>a</b>	Plan name	BOEING DISTRIBUTION SERVICES INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOEING DISTRIBUTION SERVICES INC.	<b>c</b> EIN-PN 47-1639172-001
<b>a</b>	Plan name	BOSTON PARTNERS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOSTON PARTNERS GLOBAL INVESTORS, INC.	<b>c</b> EIN-PN 98-0202744-004
<b>a</b>	Plan name	BRIDGESTONE AMERICA, INC. TAX-EFFICIENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-009
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-012
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-017
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-015
<b>a</b>	Plan name	BRIDON AMERICAN CORPORATION UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIDON AMERICAN CORPORATION	<b>c</b> EIN-PN 22-1671279-101

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.)	
<b>a</b>	Plan name <a href="#">CALGON CARBON CORPORATION THRIFT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALGON CARBON CORPORATION</a>	<b>c</b> EIN-PN <a href="#">25-0530110-010</a>
<b>a</b>	Plan name <a href="#">CAMDEN DEVELOPMENT INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAMDEN DEVELOPMENT INC.</a>	<b>c</b> EIN-PN <a href="#">76-0417730-001</a>
<b>a</b>	Plan name <a href="#">CLEARSTEAD ADVISORS 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEARSTEAD ADVISORS, LLC</a>	<b>c</b> EIN-PN <a href="#">34-1597728-001</a>
<b>a</b>	Plan name <a href="#">CMG FINANCIAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CMG MORTGAGE, INC. DBA CMG FINANCIAL</a>	<b>c</b> EIN-PN <a href="#">68-0309242-001</a>
<b>a</b>	Plan name <a href="#">COLEMAN CABLE UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWIRE COMPANY</a>	<b>c</b> EIN-PN <a href="#">36-4410887-001</a>
<b>a</b>	Plan name <a href="#">CONSOL ENERGY, INC. INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONSOL ENERGY, INC.</a>	<b>c</b> EIN-PN <a href="#">82-1954058-002</a>
<b>a</b>	Plan name <a href="#">CONTRACT LUMBER RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONTRACT LUMBER, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1269968-001</a>
<b>a</b>	Plan name <a href="#">CORA 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL OREGON RADIOLOGY ASSOC., P.C.</a>	<b>c</b> EIN-PN <a href="#">93-0688156-001</a>
<b>a</b>	Plan name <a href="#">COTERRA ENERGY INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COTERRA ENERGY INC.</a>	<b>c</b> EIN-PN <a href="#">04-3072771-001</a>
<b>a</b>	Plan name <a href="#">CRH AMERICAS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRH AMERICAS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3298140-002</a>
<b>a</b>	Plan name <a href="#">CROWN EQUIPMENT CORPORATION 401(K) RETIREMENT SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CROWN EQUIPMENT CORPORATION</a>	<b>c</b> EIN-PN <a href="#">34-4412691-004</a>
<b>a</b>	Plan name <a href="#">DENVER HEALTH AND HOSPITAL AUTHORITY 401A DEFINED CONTRIBUTION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DENVER HEALTH AND HOSPITAL AUTHORITY</a>	<b>c</b> EIN-PN <a href="#">84-1343242-001</a>

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.)	
<b>a</b>	Plan name DENVER HEALTH AND HOSPITAL AUTHORITY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor DENVER HEALTH AND HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1343242-002
<b>a</b>	Plan name DIAMOND FOODS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIAMOND FOODS	<b>c</b> EIN-PN 81-4577932-010
<b>a</b>	Plan name DIAMOND MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIAMOND FOODS	<b>c</b> EIN-PN 81-4577932-013
<b>a</b>	Plan name DOLESE BROS. CO. 401(K) EMPLOYEE SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor DOLESE BROS., CO	<b>c</b> EIN-PN 73-1359190-006
<b>a</b>	Plan name ECOBAT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOBAT, LLC	<b>c</b> EIN-PN 84-3365117-001
<b>a</b>	Plan name EMPLOYBRIDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMPLOYMENT SOLUTIONS MANAGEMENT, INC.	<b>c</b> EIN-PN 27-2269356-001
<b>a</b>	Plan name EMPLOYEE SAVINGS AND INVESTMENT PLAN OF COCHLEAR AMERICAS	
<b>b</b>	Name of plan sponsor COCHLEAR AMERICAS	<b>c</b> EIN-PN 84-0945658-001
<b>a</b>	Plan name EMPLOYEES' PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NUNES COMPANY, INC.	<b>c</b> EIN-PN 94-2366816-001
<b>a</b>	Plan name EPIC GAMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPIC GAMES INC	<b>c</b> EIN-PN 52-1853991-001
<b>a</b>	Plan name EQUIFAX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EQUIFAX, INC.	<b>c</b> EIN-PN 58-0401100-003
<b>a</b>	Plan name EQUINIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor EQUINIX	<b>c</b> EIN-PN 77-0487526-001
<b>a</b>	Plan name EXLSERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXLSERVICE HOLDINGS, INC.	<b>c</b> EIN-PN 94-3326476-001

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.)	
<b>a</b>	Plan name FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 1	
<b>b</b>	Name of plan sponsor FAEGRE DRINKER BIDDLE & REATH	<b>c</b> EIN-PN 41-0244008-002
<b>a</b>	Plan name FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 2	
<b>b</b>	Name of plan sponsor FAEGRE DRINKER BIDDLE & REATH	<b>c</b> EIN-PN 41-0244008-033
<b>a</b>	Plan name FIRSTHEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRSTHEALTH OF THE CAROLINAS	<b>c</b> EIN-PN 56-1936354-007
<b>a</b>	Plan name FIRSTHEALTH RETIREMENT GROWTH PLAN	
<b>b</b>	Name of plan sponsor FIRSTHEALTH OF THE CAROLINAS	<b>c</b> EIN-PN 56-1936354-003
<b>a</b>	Plan name FLETCHER JONES MANAGEMENT	
<b>b</b>	Name of plan sponsor FLETCHER JONES MANAGEMENT	<b>c</b> EIN-PN 81-3843265-001
<b>a</b>	Plan name FORTUNE-JOHNSON LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FORTUNE-JOHNSON LLC	<b>c</b> EIN-PN 86-2115392-001
<b>a</b>	Plan name FRIEDKIN SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor THE FRIEDKIN GROUP, INC.	<b>c</b> EIN-PN 27-5549425-333
<b>a</b>	Plan name GASSEARCH DRILLING SERVICES	
<b>b</b>	Name of plan sponsor COTERRA ENERGY INC.	<b>c</b> EIN-PN 20-8066203-001
<b>a</b>	Plan name GILEAD SCIENCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GILEAD SCIENCES, INC.	<b>c</b> EIN-PN 94-3047598-001
<b>a</b>	Plan name GKN GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GKN AEROSPACE INC.	<b>c</b> EIN-PN 54-1566763-002
<b>a</b>	Plan name GKN U.S. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GKN DRIVELINE NORTH AMERICA, INC.	<b>c</b> EIN-PN 13-2886932-001
<b>a</b>	Plan name GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOODWIN PROCTER LLP	<b>c</b> EIN-PN 04-1378465-001

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.)	
<b>a</b>	Plan name <a href="#">GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING PLAN II</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOODWIN PROCTER LLP</a>	<b>c</b> EIN-PN <a href="#">04-1378465-007</a>
<b>a</b>	Plan name <a href="#">HARMAN INTERNATIONAL INDUSTRIES INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARMAN INTERNATIONAL</a>	<b>c</b> EIN-PN <a href="#">11-2534306-001</a>
<b>a</b>	Plan name <a href="#">HARVEST MANAGEMENT 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARVEST MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">86-0996954-001</a>
<b>a</b>	Plan name <a href="#">HEIDELBERG MATERIALS US EMPLOYEE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HM US SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4086708-005</a>
<b>a</b>	Plan name <a href="#">HEIDELBERG MATERIALS US SUPPLEMENTAL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEIDELBERG MATERIALS US SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4086708-178</a>
<b>a</b>	Plan name <a href="#">HORIZON LINES CAPITAL SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORIZON LINES, LLC</a>	<b>c</b> EIN-PN <a href="#">56-2098440-002</a>
<b>a</b>	Plan name <a href="#">HORIZON TELCOM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORIZON TELCOM</a>	<b>c</b> EIN-PN <a href="#">31-1449037-005</a>
<b>a</b>	Plan name <a href="#">HOUGHTON MIFFLIN 401K SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOUGHTON MIFFLIN COMPANY</a>	<b>c</b> EIN-PN <a href="#">04-1456030-003</a>
<b>a</b>	Plan name <a href="#">ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ICW GROUP HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2890041-001</a>
<b>a</b>	Plan name <a href="#">ID CASTINGS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ID CASTINGS, LLC</a>	<b>c</b> EIN-PN <a href="#">61-1720109-001</a>
<b>a</b>	Plan name <a href="#">IKEA RETIREMENT AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IKEA NORTH AMERICA SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">23-3005722-001</a>
<b>a</b>	Plan name <a href="#">ILWU-PMA SAVINGS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PACIFIC MARITIME ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">94-1126322-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTERMED, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERMED, PA	<b>c</b> EIN-PN 01-0484903-001
<b>a</b>	Plan name	IRVINE COMPANY UNIFIED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IRVINE MANAGEMENT COMPANY	<b>c</b> EIN-PN 82-1749352-002
<b>a</b>	Plan name	JH KELLY HOLDINGS LLC NON-UNION 401K PLAN AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JH KELLY HOLDINGS LLC	<b>c</b> EIN-PN 91-1704136-003
<b>a</b>	Plan name	JH KELLY HOLDINGS LLC UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	JH KELLY HOLDINGS LLC	<b>c</b> EIN-PN 91-1704136-002
<b>a</b>	Plan name	KILROY REALTY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KILROY REALTY CORPORATION	<b>c</b> EIN-PN 95-4598246-001
<b>a</b>	Plan name	KONTOOR BRANDS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KONTOOR BRANDS, INC.	<b>c</b> EIN-PN 83-2680248-501
<b>a</b>	Plan name	LENNOX INTERNATIONAL INC 401K PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	LENNOX INTERNATIONAL INC.	<b>c</b> EIN-PN 42-0991521-045
<b>a</b>	Plan name	LENNOX INTERNATIONAL INC MERGED PROFIT SHARING AND 401K RETIREMENT PLAN FOR SALARIED EMPLOYEES (DB & DC)	
<b>b</b>	Name of plan sponsor	LENNOX INTERNATIONAL INC.	<b>c</b> EIN-PN 42-0991521-042
<b>a</b>	Plan name	LEXMARK SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEXMARK INTERNATIONAL, INC.	<b>c</b> EIN-PN 06-1308215-002
<b>a</b>	Plan name	LIBERTY MEDIA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY MEDIA CORP.	<b>c</b> EIN-PN 37-1699499-001
<b>a</b>	Plan name	MARATHON OIL COMPANY THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON OIL COMPANY	<b>c</b> EIN-PN 25-1410539-003
<b>a</b>	Plan name	MARATHON PETROLEUM THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	<b>c</b> EIN-PN 31-1537655-010

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MARIGOLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CM ACQUISITIONS HOLDINGS, INC.	<b>c</b> EIN-PN 82-2867962-001
<b>a</b>	Plan name	MASCO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MASCO CORPORATION	<b>c</b> EIN-PN 38-1794485-033
<b>a</b>	Plan name	MATERION CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MATERION CORPORATION	<b>c</b> EIN-PN 34-1919973-003
<b>a</b>	Plan name	MATSON & SUBSIDIARIES 401(K) RETIREMENT SAVINGS PLAN FOR BUES	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-022
<b>a</b>	Plan name	MATSON IDC & PROFIT SHARING PLAN FOR BUES	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-015
<b>a</b>	Plan name	MATSON, INC. 401(K) & PROFIT SHARING PLAN FOR NBES	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-016
<b>a</b>	Plan name	MAVENIR SYSTEMS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAVENIR SYSTEMS INC.	<b>c</b> EIN-PN 61-1489105-002
<b>a</b>	Plan name	MCCARTER AND ENGLISH RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCCARTER AND ENGLISH, LLP	<b>c</b> EIN-PN 22-1534652-004
<b>a</b>	Plan name	MERZ NORTH AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERZ, INCORPORATED	<b>c</b> EIN-PN 56-1540459-003
<b>a</b>	Plan name	MILLENNIUM SPACE SYSTEMS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM SPACE SYSTEMS INC	<b>c</b> EIN-PN 91-2166281-001
<b>a</b>	Plan name	NAVY FEDERAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NAVY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0116705-002
<b>a</b>	Plan name	NEW YORK CITY FOOTBALL CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK CITY FOOTBALL CLUB, LLC	<b>c</b> EIN-PN 46-2677915-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEWELL BRANDS EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEWELL BRANDS INC.	<b>c</b> EIN-PN 36-1953130-012
<b>a</b>	Plan name	NEXSTAR MEDIA GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXSTAR MEDIA GROUP INC.	<b>c</b> EIN-PN 23-3083125-001
<b>a</b>	Plan name	NISOURCE INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NISOURCE INC.	<b>c</b> EIN-PN 35-2108964-005
<b>a</b>	Plan name	NTT DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NTT DATA, INC.	<b>c</b> EIN-PN 04-2437166-001
<b>a</b>	Plan name	NTT DATA EAS PR EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NTT DATA EAS, INC.	<b>c</b> EIN-PN 38-3329879-002
<b>a</b>	Plan name	NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	<b>c</b> EIN-PN 04-2106505-024
<b>a</b>	Plan name	NUTTER, MCCLENNEN & FISH, LLP LAWYERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	<b>c</b> EIN-PN 04-2106505-001
<b>a</b>	Plan name	OLDCASTLE BUILDINGENVELOPE INC., 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	OLDCASTLE BUILDINGENVELOPE, INC.	<b>c</b> EIN-PN 75-2196684-001
<b>a</b>	Plan name	OMNICELL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNICELL, INC.	<b>c</b> EIN-PN 94-3166458-001
<b>a</b>	Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OMNICOM GROUP INC.	<b>c</b> EIN-PN 13-1514814-004
<b>a</b>	Plan name	ORIX CORPORATION USA SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ORIX USA CORPORATION	<b>c</b> EIN-PN 13-3095268-001
<b>a</b>	Plan name	OVERLAND SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OVERLAND SOLUTIONS, INC.	<b>c</b> EIN-PN 45-0497543-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OWENS CORNING SAVINGS AND SECURITY PLAN	
<b>b</b>	Name of plan sponsor	OWENS CORNING	<b>c</b> EIN-PN 43-2109021-014
<b>a</b>	Plan name	OWENS CORNING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OWENS CORNING	<b>c</b> EIN-PN 43-2109021-004
<b>a</b>	Plan name	PERKINELMER U.S. LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERKINELMER U.S. LLC	<b>c</b> EIN-PN 88-4129178-001
<b>a</b>	Plan name	PHINIA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHINIA INC.	<b>c</b> EIN-PN 92-2483604-001
<b>a</b>	Plan name	PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PHYSICIANS EAST, PA	<b>c</b> EIN-PN 56-1968491-001
<b>a</b>	Plan name	PRECISION STRIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIANCE INC.	<b>c</b> EIN-PN 34-1207681-001
<b>a</b>	Plan name	PREMIER FINANCIAL CORP 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER FINANCIAL CORP	<b>c</b> EIN-PN 34-1746771-002
<b>a</b>	Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	<b>c</b> EIN-PN 33-0943449-001
<b>a</b>	Plan name	PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIVILEGE UNDERWRITERS, INC.	<b>c</b> EIN-PN 84-1699173-001
<b>a</b>	Plan name	QUADIENT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUADIENT, INC.	<b>c</b> EIN-PN 94-2388882-001
<b>a</b>	Plan name	QUALIFIED DEFERRED COMPENSATION PLAN FOR EMPLOYEES OF PACIFIC MARITIME ASSOCIATION	
<b>b</b>	Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	<b>c</b> EIN-PN 94-2914940-333
<b>a</b>	Plan name	QUANTA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUANTA SERVICES INC.	<b>c</b> EIN-PN 74-2851603-001

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.)		
<b>a</b>	Plan name <a href="#">QUORUM HEALTH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QHCCS, LLC</a>	<b>c</b> EIN-PN <a href="#">38-3980467-007</a>
<b>a</b>	Plan name <a href="#">QUORUM HEALTH BARSTOW COMMUNITY HOSPITAL STANDARD 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QHCCS, LLC</a>	<b>c</b> EIN-PN <a href="#">38-3980467-004</a>
<b>a</b>	Plan name <a href="#">QUORUM HEALTH RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QHCCS, LLC</a>	<b>c</b> EIN-PN <a href="#">38-3980467-001</a>
<b>a</b>	Plan name <a href="#">RADIO SYSTEMS CORPORATION RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RADIO SYSTEMS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">20-5548897-001</a>
<b>a</b>	Plan name <a href="#">RAINIER INDUSTRIES LTD. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAINIER INDUSTRIES, LTD</a>	<b>c</b> EIN-PN <a href="#">91-1057082-001</a>
<b>a</b>	Plan name <a href="#">RAYMOND JAMES FINANCIAL, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAYMOND JAMES FINANCIAL INC</a>	<b>c</b> EIN-PN <a href="#">59-1517485-010</a>
<b>a</b>	Plan name <a href="#">RECKITT BENCKISER SAVINGS INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RECKITT BENCKISER, NORTH AMERICA</a>	<b>c</b> EIN-PN <a href="#">16-1095651-006</a>
<b>a</b>	Plan name <a href="#">RELIANCE INC. MASTER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RELIANCE INC.</a>	<b>c</b> EIN-PN <a href="#">95-1142616-003</a>
<b>a</b>	Plan name <a href="#">RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RENEWABLE ENERGY SYSTEMS AMERICAS INC.</a>	<b>c</b> EIN-PN <a href="#">95-4683730-001</a>
<b>a</b>	Plan name <a href="#">RESIN SOLUTIONS LLC PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESIN SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">92-2506695-001</a>
<b>a</b>	Plan name <a href="#">REVVITY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REVVITY, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2052042-001</a>
<b>a</b>	Plan name <a href="#">SAGP 401-K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEACOAST AFFILIATED GROUP PRACTICE, INC</a>	<b>c</b> EIN-PN <a href="#">04-3485648-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SCHAEFFLER GROUP USA SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCHAEFFLER GROUP USA	<b>c</b> EIN-PN 57-0517596-003
<b>a</b>	Plan name	SCIO HEALTH ANALYTICS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCIOINSPIRE, CORP. DBA SCIO HEALTH ANALYTICS	<b>c</b> EIN-PN 26-0185383-001
<b>a</b>	Plan name	SERVICENOW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERVICENOW, INC.	<b>c</b> EIN-PN 20-2056195-001
<b>a</b>	Plan name	SHEET METAL WORKERS IA LOCAL UNION NO 73 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS, LOCAL #73	<b>c</b> EIN-PN 20-5002115-003
<b>a</b>	Plan name	SOUTHWIRE COMPANY HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY	<b>c</b> EIN-PN 58-2020515-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY	<b>c</b> EIN-PN 58-2020515-011
<b>a</b>	Plan name	SPARK THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPARK THERAPEUTICS, INC.	<b>c</b> EIN-PN 46-2654405-001
<b>a</b>	Plan name	SPEEDWAY RETIREMENT SAVING SUB PLAN OF MARATHON PETROLEUM THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM CORPORATION LP	<b>c</b> EIN-PN 31-1537655-007
<b>a</b>	Plan name	SPX FLOW RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPX FLOW, INC.	<b>c</b> EIN-PN 47-3110748-001
<b>a</b>	Plan name	TACK!	
<b>b</b>	Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	<b>c</b> EIN-PN 23-3005722-002
<b>a</b>	Plan name	TARGAREOURCES LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TARGA RESOURCES LLC	<b>c</b> EIN-PN 14-1904332-001
<b>a</b>	Plan name	TELEDYNE TECHNOLOGIES INCORPORATED 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	TELEDYNE TECHNOLOGIES INCORPORATED	<b>c</b> EIN-PN 25-1843385-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THALES USA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THALES USA, INC.	<b>c</b> EIN-PN 06-0938363-003
<b>a</b>	Plan name	THE 401(K) RETIREMENT PLAN OF HEIDELBERG MATERIALS US	
<b>b</b>	Name of plan sponsor	HM US SERVICES, LLC	<b>c</b> EIN-PN 81-4086708-016
<b>a</b>	Plan name	THE ACCIDENT FUND HOLDINGS, INC. EMPLOYEES' SAVINGS PLAN AND THE ACCIDENT FUND HOLDINGS, INC. REPRESENTED EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MICHIGAN	<b>c</b> EIN-PN 04-6766664-001
<b>a</b>	Plan name	THE FIRESTONE POLYMERS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-016
<b>a</b>	Plan name	THE MANITOWOC COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE MANITOWOC COMPANY, INC.	<b>c</b> EIN-PN 39-0448110-001
<b>a</b>	Plan name	THE PEW CHARITABLE TRUSTS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE PEW CHARITABLE TRUSTS	<b>c</b> EIN-PN 23-1512117-001
<b>a</b>	Plan name	THE PRINCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCE RESORTS HAWAII, INC.	<b>c</b> EIN-PN 99-0346178-002
<b>a</b>	Plan name	THE QUEST DIAGNOSTICS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.	<b>c</b> EIN-PN 38-2084239-333
<b>a</b>	Plan name	THE WEGMANS RETIREMENT PLANS	
<b>b</b>	Name of plan sponsor	WEGMANS FOOD MARKETS, INC.	<b>c</b> EIN-PN 16-1309424-001
<b>a</b>	Plan name	THE WEITZ RETIREMENT AND 401K PLAN	
<b>b</b>	Name of plan sponsor	THE WEITZ COMPANY	<b>c</b> EIN-PN 42-1512625-001
<b>a</b>	Plan name	THOR INDUSTRIES, INC. 401(K)	
<b>b</b>	Name of plan sponsor	THOR INDUSTRIES, INC.	<b>c</b> EIN-PN 93-0768752-001
<b>a</b>	Plan name	THRYV SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THRYV HOLDINGS, INC.	<b>c</b> EIN-PN 13-2740040-009

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIFFIN MOTOR HOMES, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TIFFIN MOTOR HOMES, INC.	<b>c</b> EIN-PN 63-0636444-001
<b>a</b>	Plan name	TOTAL FINANCE USA, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOTAL FINANCE USA, INC.	<b>c</b> EIN-PN 23-3060301-003
<b>a</b>	Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	<b>c</b> EIN-PN 51-0387033-003
<b>a</b>	Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR NON-COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	<b>c</b> EIN-PN 51-0387033-001
<b>a</b>	Plan name	TRANSWESTERN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSWESTERN COMMERCIAL SERVICES LLC	<b>c</b> EIN-PN 36-4232023-001
<b>a</b>	Plan name	TRAVEL & LEISURE CO. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL & LEISURE CO.	<b>c</b> EIN-PN 20-0052541-001
<b>a</b>	Plan name	TRAVELPORT EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRAVELPORT INC.	<b>c</b> EIN-PN 20-8352702-001
<b>a</b>	Plan name	TRIMBLE INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIMBLE INC.	<b>c</b> EIN-PN 94-2802192-001
<b>a</b>	Plan name	UNISYS CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-004
<b>a</b>	Plan name	UNISYS EXECUTIVE LIFE PLAN (USP/RIP)	
<b>b</b>	Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-001
<b>a</b>	Plan name	UNISYS SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-017
<b>a</b>	Plan name	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY FIXED CONTRIBUTION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-001

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.)	
<b>a</b>	Plan name UNIVERSITY OF COLORADO HOSPITAL AUTHORITY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-002
<b>a</b>	Plan name UNIVERSITY OF COLORADO HOSPITAL DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-003
<b>a</b>	Plan name UNIVERSITY OF UTAH HOSPITALS AND CLINICS DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF UTAH	<b>c</b> EIN-PN 87-6000525-001
<b>a</b>	Plan name UNVERFERTH MANUFACTURING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNVERFERTH MANUFACTURING CO, INC.	<b>c</b> EIN-PN 34-0936989-001
<b>a</b>	Plan name UPS/IBT LOCAL 2727 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE CO.	<b>c</b> EIN-PN 13-1686691-004
<b>a</b>	Plan name UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE CO.	<b>c</b> EIN-PN 13-1686691-001
<b>a</b>	Plan name W.R. BERKLEY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.R. BERKLEY CORPORATION	<b>c</b> EIN-PN 22-1867895-001
<b>a</b>	Plan name WACHTELL, LIPTON, ROSEN & KATZ SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WACHTELL, LIPTON, ROSEN & KATZ	<b>c</b> EIN-PN 13-1935773-003
<b>a</b>	Plan name WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b>	Name of plan sponsor WARNER BROS. DISCOVERY, INC.	<b>c</b> EIN-PN 88-1660993-001
<b>a</b>	Plan name WARNERMEDIA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WARNERMEDIA LLC	<b>c</b> EIN-PN 88-1660993-002
<b>a</b>	Plan name WATERS EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor WATERS TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 04-3234558-002
<b>a</b>	Plan name WATERS EMPLOYEE INVESTMENT PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor WATERS TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 04-3234558-003



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>			
<b>A</b> Name of plan <b>FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FREEDOM BLEND 2065 COMMINGLED POOL</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>168</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>168</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>168</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>20-4659714</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>20-4659714</b>	
<b>D</b> Employer Identification Number (EIN) <b>20-4659714</b>			

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	4604930
		5587225
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	55
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	366891307
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	0
		518016306

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	371496292	781762678
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	69888	137347
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	4591667	5824075
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4661555	5961422
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	366834737	775801256

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	33340	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	382	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		33722
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	380000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	375049	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		4951
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5966	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		141576470
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		141621109

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>		
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>	1278061	
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses .....	<b>2i(11)</b>		
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1278061
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1278061

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		140343048
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		458878305
<b>(2)</b> From this plan .....	<b>2l(2)</b>		190254834

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.