

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: SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN EXTENDED MARKET INDEX POOL
1b Three-digit plan number (PN): 010
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 82-6293122
2c Plan Sponsor's telephone number
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	
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.....	6a(1)	
	6a(2)	
	6b	
	6c	
	6d	
	6e	
	6f	
	6g(1)	
	6g(2)	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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 <u>SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN EXTENDED MARKET INDEX POOL</u>	B Three-digit plan number (PN)	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>82-6293122</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4257945</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESVO GOVERNMENT LIQUIDITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO ADVISERS, INC</u>		
c EIN-PN <u>81-5285123-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>260985416</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor MERCK KGAA DARMSTADT, GERMANY	c EIN-PN 04-2170233-001
a	Plan name AIR PRODUCTS AND CHEMICALS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AIR PRODUCTS AND CHEMICALS, INC.	c EIN-PN 23-1274455-001
a	Plan name ALLINA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLINA HEALTH SYSTEM	c EIN-PN 36-3261413-002
a	Plan name ANALOG DEVICES INC. THE INVESTMENT PARTNERSHIP PLAN	
b	Name of plan sponsor ANALOG DEVICES, INC.	c EIN-PN 04-2348234-003
a	Plan name AQUENT LLC 401(K) PLAN	
b	Name of plan sponsor AQUENT LLC	c EIN-PN 04-3583617-003
a	Plan name ARAMARK HOURLY 401(K) PLAN	
b	Name of plan sponsor ARAMARK SERVICES, INC	c EIN-PN 95-2051630-001
a	Plan name ARAMARK RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor ARAMARK SERVICES, INC.	c EIN-PN 95-2051630-041
a	Plan name ARAMARK UNIFORM AND CAREER APPAREL GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARAMARK UNIFORM & CAREER APPAREL, LLC SAVINGS PLAN	c EIN-PN 95-3082883-006
a	Plan name ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-001
a	Plan name AUTOKINITON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AUTOKINITON US HOLDINGS, INC.	c EIN-PN 82-5285212-001
a	Plan name AUTOKINITON UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AUTOKINITON US HOLDINGS, INC.	c EIN-PN 82-5285212-002
a	Plan name AVNET 401(K) PLAN	
b	Name of plan sponsor AVNET, INC.	c EIN-PN 11-1890605-102

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	BAYCARE HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	BAYCARE HEALTH SYSTEM, INC.	c EIN-PN 59-2796965-001
a	Plan name	BCS FINANCIAL CORPORATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BCS FINANCIAL CORPORATION	c EIN-PN 36-4247278-002
a	Plan name	BIOGEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BIOGEN INC.	c EIN-PN 33-0112644-001
a	Plan name	BLUE CROSS BLUE SHIELD OF MISSISSIPPI, INC TAX FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY	c EIN-PN 64-0295748-003
a	Plan name	BLUE CROSS BLUE SHIELD OF WYOMING TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS & BLUE SHIELD OF WYOMING	c EIN-PN 83-0231011-002
a	Plan name	BLUE CROSS AND BLUE SHIELD ASSOCIATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD ASSOCIATION	c EIN-PN 13-5656874-002
a	Plan name	BLUE CROSS BLUE SHIELD OF VERMONT 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF VERMONT	c EIN-PN 03-0277307-003
a	Plan name	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	c EIN-PN 59-2015694-002
a	Plan name	BLUE CROSS BLUE SHIELD OF KANSAS TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.	c EIN-PN 48-0952857-002
a	Plan name	LOUISIANA HEALTH SERVICE & INDEMNITY CO. TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY	c EIN-PN 23-7384555-002
a	Plan name	BLUE CROSS AND BLUE SHIELD OF MINNESOTA EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BLUE CROSS & BLUE SHIELD OF MINNESOTA	c EIN-PN 41-0984460-002
a	Plan name	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA EMPLOYEE SAVINGS AND SALARY REDUCTION PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA	c EIN-PN 57-0287419-002

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 BLUE CROSS OF IDAHO HEALTH SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	c EIN-PN 82-0344294-002
a	Plan name BLUE SHIELD OF CALIFORNIA TAX DEFERRED SALARY INVESTMENT PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD ASSOCIATION	c EIN-PN 94-0360524-002
a	Plan name BLUECROSS BLUESHIELD OF TENNESSEE EMPLOYEE RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS BLUE SHIELD OF TENNESSEE	c EIN-PN 62-0427913-002
a	Plan name BREAKTHRU BEVERAGE GROUP 401(K) PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-001
a	Plan name BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC	c EIN-PN 37-1367202-001
a	Plan name BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC LOCAL 50 401(K) PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC	c EIN-PN 37-1367202-002
a	Plan name BREAKTHRU BEVERAGE LOCALS 14, 26, 533, 710 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-007
a	Plan name BREAKTHRU BEVERAGE MINNESOTA BEER, LLC LOCAL 792 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-005
a	Plan name CAMBIA HEALTH SOLUTIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAMBIA HEALTH SOLUTIONS, INC.	c EIN-PN 93-1179316-002
a	Plan name CHEVRON PHILLIPS CHEMICAL COMPANY LP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY LP	c EIN-PN 73-1587712-001
a	Plan name CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC SAVINGS PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC	c EIN-PN 26-1428318-001
a	Plan name CIRCOR INTERNATIONAL INC RETIREMENT PLAN	
b	Name of plan sponsor CIRCOR INTERNATIONAL INC	c EIN-PN 04-3477276-001

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 CITGO PETROLEUM CORPORATION EMPLOYEES' RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-003
a	Plan name CLAYTON HOMES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CLAYTON HOMES, INC.	c EIN-PN 62-1671360-002
a	Plan name DEALER TIRE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor DEALER TIRE, LLC	c EIN-PN 38-4288032-001
a	Plan name DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT & 401(K) SAVINGS PLAN	
b	Name of plan sponsor DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.	c EIN-PN 59-3307922-333
a	Plan name DIVERSIFIED SERVICE OPTIONS, INC DBA GUIDEWELL SOURCE 401(K) SAVINGS PLAN	
b	Name of plan sponsor DIVERSIFIED SERVICE OPTION, INC	c EIN-PN 59-3514333-001
a	Plan name EASTMAN INVESTMENT & EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-002
a	Plan name EMPLOYEES' THRIFT PLAN OF CITGO PETROLEUM CORPORATION	
b	Name of plan sponsor CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-001
a	Plan name ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ENTERPRISE PRODUCTS COMPANY	c EIN-PN 74-1675622-003
a	Plan name ENVISION HEALTHCARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor ENVISION HEALTHCARE OPERATING INC.	c EIN-PN 93-4099984-002
a	Plan name EPIC SYSTEMS CORPORATION 401(K) PLAN	
b	Name of plan sponsor EPIC SYSTEMS CORPORATION	c EIN-PN 39-1319950-001
a	Plan name ESSENDANT 401(K) SAVINGS PLAN	
b	Name of plan sponsor ESSENDANT CO.	c EIN-PN 36-2431718-001
a	Plan name EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN	
b	Name of plan sponsor EVERCORE PARTNERS SERVICES EAST, LLC	c EIN-PN 01-0552543-001

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	EXCELLUS 401(K) PLAN	
b Name of plan sponsor	EXCELLUS HEALTH PLAN INC.	c EIN-PN 15-0329043-002
a Plan name	EXPEDIA RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	EXPEDIA, INC.	c EIN-PN 91-1996083-002
a Plan name	FEDERAL HOME LOAN MORTGAGE CORPORATION THRIFT/401(K) SAVINGS PLAN	
b Name of plan sponsor	FEDERAL HOME LOAN MORTGAGE CORP	c EIN-PN 52-0904874-002
a Plan name	FLSMIDTH 401(K) PLAN TRUST	
b Name of plan sponsor	FLSMIDTH INC.	c EIN-PN 23-0606560-009
a Plan name	FRONTIER COMMUNICATIONS 401(K) SAVINGS PLAN	
b Name of plan sponsor	FRONTIER COMMUNICATIONS PARENT, INC	c EIN-PN 86-2359749-002
a Plan name	FRONTIER COMMUNICATIONS CORPORATE SERVICES INC. SAVINGS AND SECURITY PLAN FOR MID-ATLANTIC ASSOCIATES	
b Name of plan sponsor	FRONTIER COMMUNICATIONS PARENT, INC	c EIN-PN 86-2359749-003
a Plan name	GILBANE 401(K) AND RETIREMENT PLAN	
b Name of plan sponsor	GILBANE INC.	c EIN-PN 05-0147010-001
a Plan name	HANESBRANDS INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	HANESBRANDS INC.	c EIN-PN 20-3552316-401
a Plan name	HEALTH INTELLIGENCE COMPANY, LLC TAX-FAVORED SAVINGS PROGRAM	
b Name of plan sponsor	HEALTH INTELLIGENCE COMPANY, LLC	c EIN-PN 27-4269034-001
a Plan name	HITACHI EMPLOYEE 401(K) RETIREMENT PLAN	
b Name of plan sponsor	HITACHI AMERICA, LTD.	c EIN-PN 13-1896069-002
a Plan name	HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	HOLLAND & KNIGHT LLP	c EIN-PN 59-0663819-001
a Plan name	IKEA RETIREMENT AND SAVINGS PLAN	
b Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	c EIN-PN 23-3005722-001

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	INVESTMENT PARTICIPATION PLAN FOR STAFF OF THE CHURCH PENSION FUND AND AFFILIATES	
b	Name of plan sponsor	THE CHURCH PENSION FUND	c EIN-PN 13-5562193-002
a	Plan name	LIFE AND SPECIALTY VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIFE AND SPECIALTY VENTURES, LLC	c EIN-PN 80-0233147-001
a	Plan name	MACQUARIE HOLDINGS (USA) INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MACQUARIE HOLDINGS (U.S.A.) INC.	c EIN-PN 13-3789912-001
a	Plan name	MAHLE 401(K) PLAN	
b	Name of plan sponsor	MAHLE INDUSTRIES, INCORPORATED	c EIN-PN 58-2431334-004
a	Plan name	MANTECH INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	MANTECH INTERNATIONAL CORPORATION	c EIN-PN 22-1852179-002
a	Plan name	MARATHON PETROLEUM THRIFT PLAN	
b	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	c EIN-PN 31-1537655-010
a	Plan name	MOLSON COORS CONSOLIDATED RETIREMENT AND THRIFT SAVINGS PLAN	
b	Name of plan sponsor	MOLSON COORS BEVERAGE COMPANY USA LLC	c EIN-PN 26-2387410-049
a	Plan name	MOLSON COORS EMPLOYEES' RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	MOLSON COORS BEVERAGE COMPANY USA LLC	c EIN-PN 26-2387410-065
a	Plan name	NATIONAL LIFE GROUP 401(K) PLAN	
b	Name of plan sponsor	NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 03-0144090-004
a	Plan name	NATIONAL LIFE INSURANCE COMPANY AGENTS RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 03-0144090-005
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	ORGANON U.S. SAVINGS PLAN	
b	Name of plan sponsor	ORGANON LLC	c EIN-PN 85-0540903-001

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 PANASONIC RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor PANASONIC CORPORATION OF NORTH AMERICA	c EIN-PN 36-2786846-003
a	Plan name PAYPAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor PAYPAL HOLDINGS, INC.	c EIN-PN 47-2989869-001
a	Plan name PERATON CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PERATON CORP.	c EIN-PN 81-5224276-002
a	Plan name PRECISION STRIP RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor PRECISION STRIP INC.	c EIN-PN 34-1207681-001
a	Plan name THE PURDUE PHARMA L.P. PENSION PLAN	
b	Name of plan sponsor PURDUE PHARMA L.P.	c EIN-PN 06-1307484-001
a	Plan name REGAL REXNORD 401(K) PLAN	
b	Name of plan sponsor REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-009
a	Plan name REGAL REXNORD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-008
a	Plan name RELIABLE CHURCHILL LOCAL 570 401(K) PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-002
a	Plan name RELIANCE INC. MASTER 401(K) PLAN	
b	Name of plan sponsor RELIANCE, INC.	c EIN-PN 95-1142616-003
a	Plan name REVVITY SAVINGS PLAN	
b	Name of plan sponsor REVVITY, INC.	c EIN-PN 04-2052042-001
a	Plan name ROCKWELL AUTOMATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROCKWELL AUTOMATION, INC.	c EIN-PN 25-1797617-008
a	Plan name SALESFORCE 401(K) PLAN	
b	Name of plan sponsor SALESFORCE, INC.	c EIN-PN 94-3320693-001

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 SENSIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor SENSIA LLC	c EIN-PN 25-1797617-001
a	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN	
b	Name of plan sponsor SPARTANNASH COMPANY	c EIN-PN 38-0593940-002
a	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN FOR UNION ASSOCIATES	
b	Name of plan sponsor SPARTANNASH COMPANY	c EIN-PN 38-0593940-003
a	Plan name SPEEDWAY RETIREMENT SAVING SUB PLAN OF MARATHON PETROLEUM THRIFT PLAN	
b	Name of plan sponsor MARATHON PETROLEUM CORPORATION LP	c EIN-PN 31-1537655-007
a	Plan name TACK	
b	Name of plan sponsor IKEA NORTH AMERICA SERVICES, LLC	c EIN-PN 23-3005722-002
a	Plan name TAYLOR MORRISON 401(K) SAVINGS PLAN	
b	Name of plan sponsor TAYLOR MORRISON, INC.	c EIN-PN 58-1426890-001
a	Plan name TELEDYNE TECHNOLOGIES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor TELEDYNE TECHNOLOGIES INCORPORATED	c EIN-PN 25-1843385-002
a	Plan name TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TENET HEALTHCARE CORPORATION	c EIN-PN 95-2557091-335
a	Plan name THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL	
b	Name of plan sponsor THE METHODIST HOSPITAL	c EIN-PN 76-0125391-004
a	Plan name THE EPISCOPAL CHURCH LAY EMPLOYEES' DEFINED CONTRIBUTION RETIREMENT PLAN 401(A)	
b	Name of plan sponsor THE CHURCH PENSION FUND	c EIN-PN 13-5562193-004
a	Plan name THE EPISCOPAL CHURCH LAY EMPLOYEES' DEFINED CONTRIBUTION RETIREMENT PLAN 403(B)	
b	Name of plan sponsor THE CHURCH PENSION FUND	c EIN-PN 13-5562193-001
a	Plan name THE EPISCOPAL CHURCH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CHURCH PENSION FUND	c EIN-PN 13-5562193-001

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	FIRST AMERICAN FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN FINANCIAL CORPORATION	c EIN-PN 26-1911571-003
a	Plan name	THE HUNTINGTON 401(K) PLAN	
b	Name of plan sponsor	HUNTINGTON BANCSHARES INCORPORATED	c EIN-PN 31-0724920-002
a	Plan name	THE ROCKWELL AUTOMATION 1165(E) PLAN	
b	Name of plan sponsor	ROCKWELL AUTOMATION, INC.	c EIN-PN 25-1797617-011
a	Plan name	TRANSCANADA 401(K) AND SAVINGS PLAN	
b	Name of plan sponsor	TRANSCANADA USA SERVICES INC.	c EIN-PN 98-0460263-001
a	Plan name	TYLER TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TYLER TECHNOLOGIES, INC.	c EIN-PN 75-2303920-002
a	Plan name	UCI MEDICAL AFFILIATES SAVINGS PLAN	
b	Name of plan sponsor	UCI MEDICAL AFFILIATES OF SOUTH CAROLINA, INC.	c EIN-PN 57-0784959-001
a	Plan name	UKG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UKG INC.	c EIN-PN 65-0694077-001
a	Plan name	UNUM GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	UNUM GROUP	c EIN-PN 62-1598430-002
a	Plan name	UPS/IBT LOCAL 2727 401(K) PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-004
a	Plan name	UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-001
a	Plan name	UPS/IPA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-003
a	Plan name	UPS/IPA DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-002

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	WEBSTER BANK RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WEBSTER BANK, N.A.	c EIN-PN 06-0273620-003

a Plan name	WEBTPA EMPLOYER SERVICES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WEBTPA EMPLOYER SERVICES, LLC	c EIN-PN 75-2611444-001

a Plan name	YELP INC. 401(K) PLAN	
b Name of plan sponsor	YELP INC.	c EIN-PN 20-1854266-001

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

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

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

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

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

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

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

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.	OMB No. 1210-0110 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 SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN EXTENDED MARKET INDEX POOL	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-6293122

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	181507	4141
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2527959	10100699
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	195783	471886
(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)	20	17
(B) Common	1c(4)(B)	1672013951	4334803589
(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)	1830548	4257945
(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)	51030006	260985416
(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	1727779774	4610623693
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	53034797	268788138
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	53034797	268788138
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1674744977	4341835555

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)	12350	
(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)	2516309	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2528659
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	33466111	
(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)		33466111
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	164499461	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	488040528	
(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		688534759

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	554760	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		554760
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		554760

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		687979999
l Transfers of assets:			
(1) To this plan.....	2l(1)		3734444134
(2) From this plan	2l(2)		1755333555

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 _____.