Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☒ a DFE (specify) C

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2045 TRUST SELECT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
VANGUARD FIDUCIARY TRUST COMPANY

100 VANGUARD BOULEVARD
MALVERN, PA 19355

2b Employer Identification Number (EIN)
47-6944355

2c Plan Sponsor's telephone number
610-669-1000

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2026	NANCY BIEDENKAPP
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**DFE/Participating Plan Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2045 TRUST SELECT	**B** Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	**D** Employer Identification Number (EIN) 47-6944355

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET. 2045 MASTER TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0329385-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23709997000

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)

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)

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)

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	ASRC WAGE DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	**c** EIN-PN	11-1724631-006
a Plan name	BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	**c** EIN-PN	11-1724631-037
a Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN		
b Name of plan sponsor	CARGILL, INCORPORATED	**c** EIN-PN	41-0177680-018
a Plan name	CARGILL INVESTMENT PLAN		
b Name of plan sponsor	CARGILL, INCORPORATED	**c** EIN-PN	41-0177680-013
a Plan name	JACOBS 401(K) PLUS SAVINGS PLAN		
b Name of plan sponsor	JACOBS ENGINEERING GROUP INC.	**c** EIN-PN	95-4081636-002
a Plan name	JACOBS UNION 401(K) PLUS SAVINGS PLAN		
b Name of plan sponsor	JACOBS ENGINEERING GROUP, INC.	**c** EIN-PN	95-4081636-005
a Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. CAPITAL ACCUMULATION PLAN		
b Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	**c** EIN-PN	33-0653185-003
a Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	**c** EIN-PN	33-0653185-002
a Plan name	MICHELIN 401(K) SAVINGS PLAN		
b Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	**c** EIN-PN	11-1724631-003
a Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' PROFIT SHARING RETIREMENT UND		
b Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.	**c** EIN-PN	04-2432614-001
a Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' SAVINGS PLAN AND PROFIT S RING RETIREMENT FUND		
b Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.	**c** EIN-PN	04-2432614-004
a Plan name	THE CARGILL PARTNERSHIP PLAN		
b Name of plan sponsor	CARGILL, INCORPORATED	**c** EIN-PN	41-0177680-015

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	b Name of plan sponsor	c EIN-PN
W.W. GRAINGER, INC. 401(K) PLAN	W.W. GRAINGER, INC.	36-1150280-002
W.W. GRAINGER, INC. RETIREMENT SAVINGS PLAN	W.W. GRAINGER, INC.	36-1150280-001
401(K) SAVINGS AND INVESTMENT PLAN	MERCK KGAA DARMSTADT, GERMANY	04-2170233-001
ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	ADOBE INC.	77-0019522-001
AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST	AECOM	81-6281769-108
ALLY FINANCIAL INC. RETIREMENT SAVINGS PLAN	ALLY FINANCIAL INC.	38-0572512-001
ARCBEST 401(K) AND DC RETIREMENT PLAN	ARCBEST CORPORATION	71-0673405-002
ASTRAZENECA SAVINGS AND SECURITY PLAN	ASTRAZENECA PHARMACEUTICALS LP	23-2967016-002
ATH RETIREMENT PLAN AND TRUST	ADVANCED TECHNOLOGY HOLDING, LLC	26-4662192-001
BAE SYSTEMS EMPLOYEES SAVINGS AND INVESTMENT PLAN	BAE SYSTEMS, INC.	22-3537950-003
BAXTER INTERNATIONAL INC. AND SUBSIDIARIES U.S. RETIREMENT SAVINGS	BAXTER INTERNATIONAL INC.	36-0781620-023
BAYCARE HEALTH SYSTEM RETIREMENT PLAN	BAYCARE HEALTH SYSTEM	59-2796965-001

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	BECHTEL NR PROGRAM DC MASTER TRUST		
b Name of plan sponsor	BECHTEL PLANT MACHINERY, INC.	**c** EIN-PN	45-3559445-001
a Plan name	BJC 401(K) PLAN		
b Name of plan sponsor	BJC HEALTH SYSTEM	**c** EIN-PN	43-1617558-003
a Plan name	BNSF RAILWAY COMPANY NON-SALARIED EMPLOYEES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	BNSF RAILWAY COMPANY	**c** EIN-PN	41-6034000-006
a Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION	**c** EIN-PN	04-2695240-001
a Plan name	BROADCOM U.S. 401(K) PLAN		
b Name of plan sponsor	BROADCOM LIMITED	**c** EIN-PN	20-3387670-001
a Plan name	BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN		
b Name of plan sponsor	BURLINGTON NORTHERN SANTA FE, LLC	**c** EIN-PN	27-1754839-002
a Plan name	CBRE 401(K) PLAN		
b Name of plan sponsor	CBRE SERVICES INC	**c** EIN-PN	52-1616016-001
a Plan name	CORNING INCORPORATED INVESTMENT PLAN		
b Name of plan sponsor	CORNING INCORPORATED	**c** EIN-PN	16-0393470-002
a Plan name	COX ENTERPRISES, INC. 401(K) PLAN		
b Name of plan sponsor	COX ENTERPRISES, INC.	**c** EIN-PN	58-1035149-003
a Plan name	CUMMINS INC. MASTER RETIREMENT SAVINGS TRUST		
b Name of plan sponsor	CUMMINS INC.	**c** EIN-PN	23-2662529-102
a Plan name	EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN		
b Name of plan sponsor	EMERSON ELECTRIC COMPANY	**c** EIN-PN	43-0259330-016
a Plan name	EMERSON ELECTRIC CO. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EMERSON ELECTRIC COMPANY	**c** EIN-PN	43-0259330-101

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.)

a Plan name	FIDELITY NATIONAL INFORMATION SERVICES, INC. 401(K) PROFIT SHARING		
b Name of plan sponsor	FIDELITY NATIONAL INFORMATION SERVICES INC.	**c** EIN-PN	37-1490331-001
a Plan name	FISERV 401(K) SAVINGS PLAN		
b Name of plan sponsor	FISERV SOLUTIONS, LLC.	**c** EIN-PN	39-1833695-004
a Plan name	GEICO 401(K) SAVINGS PLAN		
b Name of plan sponsor	GEICO CORPORATION	**c** EIN-PN	52-1135801-001
a Plan name	GROUP HEALTH PLAN, INC. 401(K) PLAN		
b Name of plan sponsor	GROUP HEALTH PLAN, INC.	**c** EIN-PN	41-0797853-003
a Plan name	GSK 401(K) PLAN		
b Name of plan sponsor	GLAXOSMITHKLINE LLC	**c** EIN-PN	23-1099050-002
a Plan name	HEALTHPARTNERS SERVICES INC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HEALTHPARTNERS SERVICES INC	**c** EIN-PN	41-1683568-004
a Plan name	HONDA 401(K) SAVINGS PLAN		
b Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY, INC.	**c** EIN-PN	95-2041006-335
a Plan name	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HUTCHINSON HEALTH	**c** EIN-PN	84-1715908-001
a Plan name	INTUIT INC. 401(K) PLAN		
b Name of plan sponsor	INTUIT INC.	**c** EIN-PN	77-0034661-001
a Plan name	IU HEALTH 401(K) SAVINGS PLAN		
b Name of plan sponsor	INDIANA UNIVERSITY HEALTH INC.	**c** EIN-PN	35-1955872-005
a Plan name	JACOBS TECHNOLOGY, INC. EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	JACOBS TECHNOLOGY, INC.	**c** EIN-PN	62-0510412-003
a Plan name	JETBLUE AIRWAYS RETIREMENT PLAN		
b Name of plan sponsor	JETBLUE AIRWAYS CORPORATION	**c** EIN-PN	87-0617894-001

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	KBR MASTER TRUST		
b Name of plan sponsor	KELLOGG BROWN & ROOT LLC	**c** EIN-PN	20-3897734-117
a Plan name	KECK MEDICINE OF USC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA	**c** EIN-PN	95-1642394-005
a Plan name	LAKEVIEW HEALTH 401(K) PLAN		
b Name of plan sponsor	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	**c** EIN-PN	41-0811697-008
a Plan name	LEIDOS, INC. RETIREMENT PLAN		
b Name of plan sponsor	LEIDOS, INC.	**c** EIN-PN	95-3630868-004
a Plan name	MACYS INC 401(K) RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	MACYS, INC.	**c** EIN-PN	13-3324058-013
a Plan name	MARRIOTT INTERNATIONAL INC POOLED INVESTMENT TRUST		
b Name of plan sponsor	MARRIOTT INTERNATIONAL, INC.	**c** EIN-PN	52-2055918-003
a Plan name	MASSACHUSETTS INSTITUTE OF TECHNOLOGY SUPPLEMENTAL 401(K) PLAN		
b Name of plan sponsor	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	**c** EIN-PN	04-2103594-005
a Plan name	MCKESSON CORPORATION 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MCKESSON CORPORATION	**c** EIN-PN	94-3207296-002
a Plan name	MICHELIN AFFILIATES 401(K) SAVINGS PLAN		
b Name of plan sponsor	OLIVER RUBBER COMPANY, LLC	**c** EIN-PN	26-1467411-001
a Plan name	NATIONAL GRID USA COMPANIES' INCENTIVE THRIFT PLAN		
b Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	**c** EIN-PN	04-1663150-007
a Plan name	NISSAN EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	NISSAN NORTH AMERICA, INC.	**c** EIN-PN	95-2108010-006
a Plan name	NORTHWESTERN MEMORIAL EMPLOYEE 401(K) PRE-TAX SAVINGS PLAN		
b Name of plan sponsor	NORTHWESTERN MEMORIAL HEALTHCARE	**c** EIN-PN	36-3152959-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	NOVARTIS CORPORATION DC MASTER TRUST		
b Name of plan sponsor	NOVARTIS CORPORATION	**c** EIN-PN	13-1834433-400
a Plan name	PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PARK NICOLLET HEALTH SERVICES	**c** EIN-PN	36-3465840-002
a Plan name	PHILIPS NORTH AMERICA 401(K) PLAN		
b Name of plan sponsor	PHILIPS NORTH AMERICA LLC	**c** EIN-PN	13-3429115-005
a Plan name	PHILLIPS 66 SAVINGS PLAN		
b Name of plan sponsor	PHILLIPS 66 COMPANY	**c** EIN-PN	37-1652702-002
a Plan name	QTC MANAGEMENT, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	QTC MANAGEMENT, INC.	**c** EIN-PN	95-3948968-003
a Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	QUALCOMM INCORPORATED	**c** EIN-PN	95-3685934-001
a Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN		
b Name of plan sponsor	REGIONS HOSPITAL	**c** EIN-PN	41-0956618-001
a Plan name	SAINT LUKE'S RETIREMENT BALANCE AND MATCHING PLAN		
b Name of plan sponsor	SAINT LUKE'S HEALTH SYSTEM	**c** EIN-PN	43-1747502-003
a Plan name	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	**c** EIN-PN	30-6419427-001
a Plan name	SCRI HOLDINGS LLC 401(K) PLAN		
b Name of plan sponsor	SCRI HOLDINGS LLC	**c** EIN-PN	59-3830450-001
a Plan name	SSM HEALTH 401(K) PLAN		
b Name of plan sponsor	SSM HEALTH CARE CORP.	**c** EIN-PN	46-6029223-005
a Plan name	SSM HEALTH DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	SSM HEALTH CARE CORPORATION	**c** EIN-PN	46-6029223-001

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	SSM HEALTH TAX DEFERRED ANNUITY PLAN		
b Name of plan sponsor	SSM HEALTH CARE CORPORATION	**c** EIN-PN	46-6029223-002
a Plan name	STARBUCKS CORPORATION 401(K) PLAN		
b Name of plan sponsor	STARBUCKS CORPORATION	**c** EIN-PN	91-1325671-001
a Plan name	STATE FARM 401(K) SAVINGS PLAN		
b Name of plan sponsor	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANIES	**c** EIN-PN	37-0533100-002
a Plan name	STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	STRYKER CORPORATION	**c** EIN-PN	38-1239739-002
a Plan name	SYSCO CORPORATION EMPLOYEES 401(K) PLAN		
b Name of plan sponsor	SYSCO CORPORATION	**c** EIN-PN	74-1648137-015
a Plan name	THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL		
b Name of plan sponsor	THE METHODIST HOSPITAL	**c** EIN-PN	76-0125391-334
a Plan name	THE HARTFORD INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	HARTFORD FIRE INSURANCE COMPANY	**c** EIN-PN	06-0383750-100
a Plan name	THE PROGRESSIVE 401(K) PLAN		
b Name of plan sponsor	THE PROGRESSIVE CORPORATION & ITS PARTICIPATING SUBSIDIARIES	**c** EIN-PN	34-0963169-003
a Plan name	THE SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	WPP GROUP USA, INC.	**c** EIN-PN	20-4031493-001
a Plan name	THE TJX COMPANIES INC GENERAL SAVINGS PROFIT SHARING PLAN		
b Name of plan sponsor	THE TJX COMPANIES INC	**c** EIN-PN	04-2207613-004
a Plan name	THE TRAVELERS 401(K) SAVINGS PLAN		
b Name of plan sponsor	TRAVELERS COMPANIES, INC.	**c** EIN-PN	41-0518860-002
a Plan name	THE VANGUARD RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	THE VANGUARD GROUP, INC.	**c** EIN-PN	23-1945930-002

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	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC	**c** EIN-PN	47-6602897-002
a Plan name	TRINET 401(K) COLLEAGUE PLAN		
b Name of plan sponsor	TRINET USA, INC.	**c** EIN-PN	32-0480267-006
a Plan name	TRINET 401K PLAN		
b Name of plan sponsor	TRINET HR III, INC.	**c** EIN-PN	48-1304650-334
a Plan name	TRINET SELECT 401(K) PLAN		
b Name of plan sponsor	TRINET HR IV, LLC	**c** EIN-PN	13-3867443-333
a Plan name	TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	TRUIST FINANCIAL CORPORATION	**c** EIN-PN	56-0939887-003
a Plan name	UBER TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	UBER TECHNOLOGIES, INC.	**c** EIN-PN	45-2647441-001
a Plan name	UBS 401(K) PLAN TRUST		
b Name of plan sponsor	UBS AG	**c** EIN-PN	98-0186363-002
a Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	**c** EIN-PN	94-6001323-015
a Plan name	UNION PACIFIC CORPORATION THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC CORPORATION	**c** EIN-PN	13-2626465-004
a Plan name	UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401(K) RETIREME THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC FRUIT EXPRESS COMPANY	**c** EIN-PN	47-0600268-001
a Plan name	UNIVERSITY OF NEBRASKA FOUNDATION DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF NEBRASKA FOUNDATION	**c** EIN-PN	47-0379839-001
a Plan name	UNIVERSITY OF SOUTHERN CALIFORNIA DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA	**c** EIN-PN	95-1642394-002

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	UNIVERSITY OF SOUTHERN CALIFORNIA DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA	**c** EIN-PN	95-1642394-002
a Plan name	VERILY 401(K) SAVINGS PLAN		
b Name of plan sponsor	VERILY LIFE SCIENCES LLC	**c** EIN-PN	47-4724521-001
a Plan name	XEROX PARTICIPANT DIRECTED POOL		
b Name of plan sponsor	XEROX CORPORATION	**c** EIN-PN	04-3192419-016
a Plan name	ZOOX, INC. 401(K) PLAN		
b Name of plan sponsor	ZOOX, INC.	**c** EIN-PN	47-1523316-001
a Plan name	ZURICH SAVINGS PLAN		
b Name of plan sponsor	ZURICH AMERICAN INSURANCE COMPANY	**c** EIN-PN	36-4233459-003
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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b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan
VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2045 TRUST SELECT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD FIDUCIARY TRUST COMPANY

D Employer Identification Number (EIN)
47-6944355

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(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)**	22679784000	23709997000
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**		
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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**	22679784000	23709997000
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	28174000	37034000
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	28174000	37034000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	22651610000	23672963000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1535223000
(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		1535223000

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)		
(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)	4670000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4670000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4670000

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		1530553000
l Transfers of assets:			
(1) To this plan	2l(1)		8403435000
(2) From this plan	2l(2)		8912635000

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 ____________________.