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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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
SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN INTERNATIONAL INDEX POOL

1b Three-digit plan number (PN) ▶ 011

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)
GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

100 SUMMER ST 12TH FL
BOSTON, MA 02110-2106

100 SUMMER ST 12TH FL
BOSTON, MA 02110-2106

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.

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.	07/15/2026	SORIN CODREANU
	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

4b EIN

c Plan Name

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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN INTERNATIONAL INDEX POOL	**B** Three-digit plan number (PN) ▶ 011
C Plan or DFE 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 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: NT COLLECTIVE GOVERNMENT STIF

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-068	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345220304

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESVO GOVERNMENT LIQUIDITY FUND

b Name of sponsor of entity listed in (a): INVESCO ADVISERS, INC

c EIN-PN 81-5285123-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124230863

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	7-ELEVEN STORES OF OKLAHOMA 401(K) PLAN		
b Name of plan sponsor	7-ELEVEN STORES OF OKLAHOMA	**c** EIN-PN	73-0605594-002
a Plan name	7-ELEVEN, INC. 401(K) PLAN		
b Name of plan sponsor	7-ELEVEN, INC.	**c** EIN-PN	75-1085131-101
a Plan name	401(K) SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	EMD MILLIPORE CORPORATION	**c** EIN-PN	04-2170233-001
a Plan name	ABT ASSOCIATES INC. PROFIT SHARING AND SAVINGS PLAN		
b Name of plan sponsor	ABT GLOBAL INC	**c** EIN-PN	93-4368162-003
a Plan name	ACUSHNET COMPANY 401(K) PLAN		
b Name of plan sponsor	ACUSHNET COMPANY	**c** EIN-PN	04-2591836-010
a Plan name	AKZONOBEL HOURLY SAVINGS PLAN		
b Name of plan sponsor	AKZO NOBEL INC.	**c** EIN-PN	56-1349341-095
a Plan name	AKZONOBEL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AKZO NOBEL INC.	**c** EIN-PN	56-1349341-076
a Plan name	ALASKA AIRLINES, INC. PILOTS INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	92-0009235-011
a Plan name	ALIGN TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ALIGN TECHNOLOGY, INC.	**c** EIN-PN	94-3267295-001
a Plan name	AMC NETWORKS 401(K) SAVINGS PLAN		
b Name of plan sponsor	RAINBOW MEDIA HOLDINGS LLC	**c** EIN-PN	11-3342870-001
a Plan name	AMERICAN TOWER RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMERICAN TOWER CORPORATION	**c** EIN-PN	65-0723837-001
a Plan name	ANALOG DEVICES, INC. THE INVESTMENT PARTNERSHIP PLAN		
b Name of plan sponsor	ANALOG DEVICES, INC.	**c** EIN-PN	04-2348234-003

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	AQUENT LLC 401(K) PLAN		
b Name of plan sponsor	AQUENT LLC	**c** EIN-PN	04-3583617-003
a Plan name	ARUP US RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ARUP US, INC.	**c** EIN-PN	36-2711213-002
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	ATHENAHEALTH, INC. 401(K) PLAN		
b Name of plan sponsor	ATHENAHEALTH, INC.	**c** EIN-PN	04-3387530-001
a Plan name	BASELL RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EQUISTAR CHEMICALS, LP	**c** EIN-PN	76-0550481-014
a Plan name	BASELL SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	EQUISTAR CHEMICALS, LP	**c** EIN-PN	76-0550481-013
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	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	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

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	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	CAPGEMINI FINANCIAL SERVICES USA, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CAPGEMINI AMERICA, INC.	**c** EIN-PN	22-2575929-004
a Plan name	CAPGEMINI SAFE HARBOR 401(K) PLAN		
b Name of plan sponsor	CAPGEMINI AMERICA, INC.	**c** EIN-PN	22-2575929-005
a Plan name	CARESOURCE MANAGEMENT SERVICES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CARESOURCE MANAGEMENT SERVICES LLC	**c** EIN-PN	31-1703371-001
a Plan name	CENGAGE LEARNING, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	CENGAGE LEARNING, INC.	**c** EIN-PN	59-2124491-001
a Plan name	CHG COMPANIES, INC. EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	CHG COMPANIES, INC.	**c** EIN-PN	58-1615085-003
a Plan name	COLLEGE OF AMERICAN PATHOLOGISTS EMPLOYEE'S RETIREMENT AND 401(K) PLAN		
b Name of plan sponsor	COLLEGE OF AMERICAN PATHOLOGISTS	**c** EIN-PN	36-2118323-002
a Plan name	COMMERCE BANCSHARES, INC. PARTICIPATING INVESTMENT PLAN		
b Name of plan sponsor	COMMERCE BANCSHARES, INC.	**c** EIN-PN	43-0889454-002
a Plan name	CONNECTION EMPLOYEE 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	PC CONNECTION, INC.	**c** EIN-PN	02-0513618-001
a Plan name	COTALITY 401(K) SAVINGS PLAN		
b Name of plan sponsor	CORELOGIC, INC.	**c** EIN-PN	95-1068610-001
a Plan name	COUPA SOFTWARE, INC. RETIREMENT TRUST		
b Name of plan sponsor	COUPA SOFTWARE, INC.	**c** EIN-PN	20-4429448-001
a Plan name	DENVER HEALTH AND HOSPITAL AUTHORITY 401(A) DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	DENVER HEALTH AND HOSPITAL AUTHORITY	**c** EIN-PN	84-1343242-401

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	DENVER HEALTH AND HOSPITAL AUTHORITY 457 DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	DENVER HEALTH AND HOSPITAL AUTHORITY	**c** EIN-PN	84-1343242-457
a Plan name	EMPLOYEE SAVINGS INCENTIVE THRIFT PLAN OF FORBES MEDIA LLC		
b Name of plan sponsor	FORBES MEDIA LLC	**c** EIN-PN	34-2065766-001
a Plan name	EMPLOYEE SAVINGS PLAN OF WINSTON & STRAWN LLP		
b Name of plan sponsor	WINSTON & STRAWN LLP	**c** EIN-PN	36-1975990-022
a Plan name	ENTERPRISE HOLDINGS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE CRAWFORD GROUP, INC.	**c** EIN-PN	43-1233684-001
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	EQUISTAR CHEMICALS, LP SAVINGS & INVESTMENT PLAN FOR HOURLY REPRESENTED EMPLOYEES		
b Name of plan sponsor	EQUISTAR CHEMICALS, LP	**c** EIN-PN	76-0550481-007
a Plan name	ESSILORLUXOTTICA PUERTO RICO RETIREMENT SAVINGS PLAN 3		
b Name of plan sponsor	ESSILORLUXOTTICA USA INC	**c** EIN-PN	86-3625314-003
a Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 1		
b Name of plan sponsor	ESSILORLUXOTTICA USA INC	**c** EIN-PN	86-3625314-001
a Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 2		
b Name of plan sponsor	ESSILORLUXOTTICA USA INC	**c** EIN-PN	86-3625314-025
a Plan name	EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN		
b Name of plan sponsor	EVERCORE PARTNERS SERVICES EAST, LLC	**c** EIN-PN	01-0552543-001
a Plan name	EXPEDIA RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EXPEDIA, INC.	**c** EIN-PN	91-1996083-002
a Plan name	FIDELITY FREEDOM BLEND 2010 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-087

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	FIDELITY FREEDOM BLEND INCOME COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-085
a Plan name	FIDELITY FREEDOM PLUS 2010 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-176
a Plan name	FIDELITY FREEDOM PLUS 2015 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-177
a Plan name	FIDELITY FREEDOM PLUS 2020 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-178
a Plan name	FIDELITY FREEDOM PLUS 2025 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-179
a Plan name	FIDELITY FREEDOM PLUS 2030 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-180
a Plan name	FIDELITY FREEDOM PLUS 2035 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-181
a Plan name	FIDELITY FREEDOM PLUS 2040 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-182
a Plan name	FIDELITY FREEDOM PLUS 2045 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-183
a Plan name	FIDELITY FREEDOM PLUS 2050 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-184
a Plan name	FIDELITY FREEDOM PLUS 2055 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-185
a Plan name	FIDELITY FREEDOM PLUS 2060 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-186

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	FIDELITY FREEDOM PLUS 2065 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-209
a Plan name	FIDELITY FREEDOM PLUS 2070 COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-220
a Plan name	FIDELITY FREEDOM PLUS INCOME COMMINGLED POOL		
b Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	20-4659714-174
a Plan name	FLSMIDTH 401(K) PLAN TRUST		
b Name of plan sponsor	FLSMIDTH INC.	**c** EIN-PN	23-0606560-009
a Plan name	FREDRIKSON & BYRON PA PROFIT SHARING PLAN		
b Name of plan sponsor	FREDRIKSON & BYRON PA	**c** EIN-PN	41-0971937-002
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	FUTUREGUARD 401(K) PLAN		
b Name of plan sponsor	GUARDIAN INDUSTRIES HOLDINGS, LLC	**c** EIN-PN	81-4211184-004
a Plan name	GEORGIA-PACIFIC LLC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GEORGIA-PACIFIC LLC	**c** EIN-PN	93-0432081-018
a Plan name	GEORGIA-PACIFIC LLC HOURLY 401(K) PLAN		
b Name of plan sponsor	GEORGIA-PACIFIC LLC	**c** EIN-PN	93-0432081-073
a Plan name	GOULD MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GOULD MEDICAL GROUP INC.	**c** EIN-PN	94-2151374-003
a Plan name	GUIDEHOUSE INC. RETIREMENT PLAN		
b Name of plan sponsor	GUIDEHOUSE INC.	**c** EIN-PN	36-4094854-001

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	GUIDEHOUSE MANAGED SERVICES LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	GUIDEHOUSE MANAGED SERVICES LLC	**c** EIN-PN	20-2858838-002
a Plan name	HACHETTE BOOK GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	HACHETTE BOOK GROUP, INC.	**c** EIN-PN	13-3922175-001
a Plan name	HOLLISTER 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HOLLISTER INCORPORATED	**c** EIN-PN	36-2404865-003
a Plan name	HOLLISTER 401(K) RETIREMENT SAVINGS PLAN FOR THE KIRKSVILLE MISSOURI BARGAINING UNIT EMPLOYEES.		
b Name of plan sponsor	HOLLISTER INCORPORATED	**c** EIN-PN	36-2404865-005
a Plan name	HOUSTON REFINING LP 401(K) AND SAVINGS PLAN FOR REPRESENTED EMPLOYEES		
b Name of plan sponsor	HOUSTON REFINING LP	**c** EIN-PN	76-0395303-065
a Plan name	HUSCH BLACKWELL LLP 401(K) PLAN		
b Name of plan sponsor	HUSCH BLACKWELL LLP	**c** EIN-PN	26-1688286-001
a Plan name	HUSCH BLACKWELL LLP ASSOCIATE 401(K) PLAN		
b Name of plan sponsor	HUSCH BLACKWELL LLP	**c** EIN-PN	26-1688286-012
a Plan name	INFOR 401(K) SAVINGS PLAN		
b Name of plan sponsor	INFOR (US), INC.	**c** EIN-PN	20-3469219-001
a Plan name	INGERSOLL RAND INDUSTRIAL U.S., INC. PENSION PLAN		
b Name of plan sponsor	INGERSOLL RAND INDUSTRIAL U.S., INC.	**c** EIN-PN	84-2172128-021
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	IONIS PHARMACEUTICALS 401(K) PLAN		
b Name of plan sponsor	IONIS PHARMACEUTICALS, INC.	**c** EIN-PN	33-0336973-001
a Plan name	IQVIA 401(K) PLAN		
b Name of plan sponsor	IQVIA INC.	**c** EIN-PN	06-1506026-004

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ITC SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	INTERNATIONAL TRANSMISSION COMPANY	**c** EIN-PN	81-0596181-001
a Plan name	KOCH INDUSTRIES EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	KOCH INDUSTRIES, INC.	**c** EIN-PN	48-0484227-002
a Plan name	KYNDRYL 401(K) PLAN		
b Name of plan sponsor	KYNDRYL, INC.	**c** EIN-PN	86-1182761-001
a Plan name	LENNOX INTERNATIONAL INC. 401(K) FOR HOURLY EMPLOYEES		
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	**c** EIN-PN	42-0991521-045
a Plan name	LENNOX INTERNATIONAL INC. MERGED PROFIT SHARING AND 401(K) RETIREMENT PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	**c** EIN-PN	42-0991521-042
a Plan name	LYONDELLBASELL SAVINGS PLAN		
b Name of plan sponsor	LYONDELL CHEMICAL COMPANY	**c** EIN-PN	95-4160558-007
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	MANTECH INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	MANTECH INTERNATIONAL CORPORATION	**c** EIN-PN	22-1852179-002
a Plan name	MARATHON OIL COMPANY THRIFT PLAN		
b Name of plan sponsor	MARATHON OIL COMPANY	**c** EIN-PN	25-1410539-003
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	VANTOR 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	VANTOR PARENT INC.	**c** EIN-PN	98-0544351-001
a Plan name	MERCURY EMPLOYEES RETIREMENT INVESTMENT TRUST		
b Name of plan sponsor	MERCURY SYSTEMS, INC.	**c** EIN-PN	04-2741391-001

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	MICROCHIP TECHNOLOGY INCORPORATED SAVINGS PLAN		
b Name of plan sponsor	MICROCHIP TECHNOLOGY INCORPORATED	**c** EIN-PN	86-0629024-001
a Plan name	MOLEX RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	MOLEX, LLC	**c** EIN-PN	36-2369491-004
a Plan name	MYRIAD GENETICS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MYRIAD GENETICS, INC.	**c** EIN-PN	87-0494517-003
a Plan name	NCR ATLEOS SAVINGS PLAN		
b Name of plan sponsor	CARDTRONICS USA, INC.	**c** EIN-PN	76-0419117-002
a Plan name	NETFLIX 401(K) PLAN		
b Name of plan sponsor	NETFLIX, INC.	**c** EIN-PN	77-0467272-001
a Plan name	NEXSTAR MEDIA GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	NEXSTAR MEDIA GROUP, INC.	**c** EIN-PN	23-3083125-001
a Plan name	NOMURA SECURITIES INTERNATIONAL, INC. RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	NOMURA SECURITIES INTERNATIONAL, INC.	**c** EIN-PN	13-2642206-002
a Plan name	NORTON ROSE FULBRIGHT US L.L.P. 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	NORTON ROSE FULBRIGHT US LLP	**c** EIN-PN	74-1201087-005
a Plan name	OREGON PUBLIC UNIVERSITIES OPTIONAL RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF OREGON	**c** EIN-PN	46-4727800-001
a Plan name	PERATON CORP. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PERATON CORP.	**c** EIN-PN	81-5224276-002
a Plan name	PROFIT PARTICIPATION PLAN OF MOODY'S CORPORATION		
b Name of plan sponsor	MOODY'S CORPORATION	**c** EIN-PN	13-3998945-002
a Plan name	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD INVESTMENT & SAVINGS PLAN		
b Name of plan sponsor	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD	**c** EIN-PN	74-3073065-001

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	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	ROBINS KAPLAN LLP PROFIT SHARING & SAVINGS PLAN		
b Name of plan sponsor	ROBINS KAPLAN LLP	**c** EIN-PN	41-0719631-001
a Plan name	ROLLS ROYCE ENGINE SERVICES RETIREMENT SAVINGS PLAN FOR UNION HOURLY EMPLOYEES		
b Name of plan sponsor	ROLLS ROYCE N.A. INC.	**c** EIN-PN	95-2742753-015
a Plan name	ROLLS-ROYCE CORPORATION PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES		
b Name of plan sponsor	ROLLS-ROYCE CORPORATION	**c** EIN-PN	35-1899021-002
a Plan name	ROLLS ROYCE NORTH AMERICA 401(K) SAVINGS PLAN		
b Name of plan sponsor	ROLLS ROYCE N.A. INC.	**c** EIN-PN	54-1967187-002
a Plan name	SALESFORCE 401(K) PLAN		
b Name of plan sponsor	SALESFORCE, INC.	**c** EIN-PN	94-3320693-001
a Plan name	SARGENTO PROFIT SHARING AND RETIREMENT PLAN		
b Name of plan sponsor	SARGENTO FOODS INC.	**c** EIN-PN	39-0859334-002
a Plan name	SCOR U.S. GROUP RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	SCOR U.S. CORPORATION	**c** EIN-PN	75-1791342-002
a Plan name	SIGNATURE AVIATION USA, LLC 401(K) PLAN		
b Name of plan sponsor	SIGNATURE AVIATION USA LLC	**c** EIN-PN	59-3096227-002
a Plan name	SOUTHERN UTE INDIAN TRIBE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SOUTHERN UTE INDIAN TRIBE	**c** EIN-PN	84-0404384-002
a Plan name	SPARTAN DEVELOPED INTERNATIONAL INDEX POOL		
b Name of plan sponsor	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC	**c** EIN-PN	82-6293122-006
a Plan name	SPEEDWAY RETIREMENT PLAN		
b Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	**c** EIN-PN	31-1537655-007

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	SQUIRE PATTON BOGGS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SQUIRE PATTON BOGGS (US) LLP	**c** EIN-PN	34-0648199-005
a Plan name	STATE EMPLOYEES' CREDIT UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STATE EMPLOYEES' CREDIT UNION	**c** EIN-PN	56-0475645-001
a Plan name	SULLIVAN & CROMWELL LLP EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-003
a Plan name	SULLIVAN & CROMWELL LLP SAVINGS PLAN FOR ASSOCIATES		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-004
a Plan name	SUPER MICRO COMPUTER 401(K) RETIREMENT PLAN		
b Name of plan sponsor	SUPER MICRO COMPUTER, INC.	**c** EIN-PN	77-0353939-001
a Plan name	TESLA, INC. 401(K) PLAN		
b Name of plan sponsor	TESLA, INC.	**c** EIN-PN	91-2197729-001
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	THORNTON TOMASETTI, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	THORNTON TOMASETTI, INC.	**c** EIN-PN	13-1251070-002
a Plan name	TRANE 401(K) AND THRIFT PLAN		
b Name of plan sponsor	TRANE U.S. INC.	**c** EIN-PN	25-0900465-043
a Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN (ESP)		
b Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC	**c** EIN-PN	13-5156640-078
a Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN FOR BARGAINED EMPLOYEES		
b Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC	**c** EIN-PN	13-5156640-076
a Plan name	TRANE TECHNOLOGIES RETIREMENT SAVINGS PLAN FOR PARTICIPATING AFFILIATES IN PUERTO RICO		
b Name of plan sponsor	THERMO KING PUERTO RICO MANUFACTURA, INC.	**c** EIN-PN	66-0777053-077

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	TRANSOCEAN U.S. SAVINGS PLAN		
b Name of plan sponsor	TRANSOCEAN INTERNATIONAL LIMITED	**c** EIN-PN	66-0582307-002
a Plan name	TSMC NORTH AMERICA 401(K) PLAN		
b Name of plan sponsor	TSMC NORTH AMERICA INC	**c** EIN-PN	77-0172737-001
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	UL FINANCIAL SECURITY PLAN		
b Name of plan sponsor	UL LLC	**c** EIN-PN	94-3282454-002
a Plan name	UNIFIED WOMEN'S HEALTHCARE, LP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	UNIFIED WOMEN'S HEALTHCARE, LP	**c** EIN-PN	26-3930592-001
a Plan name	UPS/IPA 401(K) SAVINGS PLAN		
b Name of plan sponsor	UNITED PARCEL SERVICE COMPANY	**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 COMPANY	**c** EIN-PN	13-1686691-002
a Plan name	URBAN OUTFITTERS, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	URBAN OUTFITTERS, INC.	**c** EIN-PN	23-2003332-002
a Plan name	VESUVIUS RETIREMENT PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	VESUVIUS USA CORPORATION	**c** EIN-PN	37-0893657-004
a Plan name	VESUVIUS RETIREMENT PLAN FOR SALARIED EMPLOYEES		
b Name of plan sponsor	VESUVIUS USA CORPORATION	**c** EIN-PN	37-0893657-005
a Plan name	WAYFAIR LLC 401(K) PLAN & TRUST		
b Name of plan sponsor	WAYFAIR LLC	**c** EIN-PN	26-2188108-001
a Plan name	WEBSTER BANK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WEBSTER BANK, N.A.	**c** EIN-PN	06-0273620-003

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	YAHOO 401(K) SAVINGS PLAN		
b Name of plan sponsor	YAHOO HOLDINGS INC	**c** EIN-PN	81-3443155-002
a Plan name	YELP INC. 401(K) PLAN		
b Name of plan sponsor	YELP INC.	**c** EIN-PN	20-1854266-001
a Plan name	ZIMVIE INC. SAVINGS AND INVESTMENT 401(K) PROGRAM		
b Name of plan sponsor	ZIMVIE US CORP LLC.	**c** EIN-PN	99-0769465-001
a Plan name	ZS ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ZS ASSOCIATES, INC.	**c** EIN-PN	36-3249852-001
a Plan name	ZSCALER, INC. 401(K) PLAN		
b Name of plan sponsor	ZSCALER, INC.	**c** EIN-PN	26-1173892-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN INTERNATIONAL INDEX POOL

B Three-digit plan number (PN) ▶ 011

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

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	25041313	55289423
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	130514730	182693549
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	13292280	8753791
(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)	75861726	76203774
(B) Common	1c(4)(B)	20072722851	25559110195
(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)	217905402	345220304
(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)	260538059	124230863
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	20795876361	26351501899
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	435946414	357493182
1k Total liabilities (add all amounts in lines 1g through1j)	1k	435946414	357493182
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20359929947	25994008717

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)	206581	
(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)	1016918	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1223499
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	689044318	
(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)		689044318
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	158761541	
(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)		158761541
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2645217176	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2645217176

		(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		3494246534
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)	698745	
(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)		698745
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		698745
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3493547789
l Transfers of assets:			
(1) To this plan	2l(1)		7088833566
(2) From this plan	2l(2)		4948302585

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 _____.