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| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

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

| | |
|---|--|
| <p>1a Name of plan <u>EARNEST PARTNERS MULTIPLE INVESTMENT TRUST</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>041</u></p> |
| <p>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) <u>SEI TRUST COMPANY</u></p> <p><u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456-9989</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>26-4377500</u></p> <p>2c Plan Sponsor's telephone number <u>610-676-2369</u></p> <p>2d Business code (see instructions)</p> |

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 | | Date | |
| | Signature of plan administrator | | Enter name of individual signing as plan administrator |
| SIGN HERE | | Date | |
| | Signature of employer/plan sponsor | | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>12/13/2024</u> | <u>HEATHER BILLERA</u> |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | |
|---|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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

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

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

| | |
|--|--|
| A Name of plan <u>EARNEST PARTNERS MULTIPLE INVESTMENT TRUST</u> | B Three-digit plan number (PN) ▶ <u>041</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u> | D Employer Identification Number (EIN) <u>26-4377500</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)

| | | |
|---|----------------------|---|
| 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:

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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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) | | |
|---|----------------------|---|
| <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 | 32BJ SCHOOL WORKERS' PENSION FUND |
| b | Name of plan sponsor | 32BJ SCHOOL WORKERS' PENSION FUND |
| c | EIN-PN | 13-1957585-001 |
| a | Plan name | ACUITY BRANDS, INC. PENSION PLAN |
| b | Name of plan sponsor | ACUITY BRANDS, INC. |
| c | EIN-PN | 58-2632672-034 |
| a | Plan name | AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN |
| b | Name of plan sponsor | AMERICAN INTERNATIONAL GROUP, INC. |
| c | EIN-PN | 13-2592361-003 |
| a | Plan name | AMES CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | AMES CONSTRUCTION, INC. |
| c | EIN-PN | 41-0871375-010 |
| a | Plan name | AON SAVINGS PLAN |
| b | Name of plan sponsor | AON CORPORATION |
| c | EIN-PN | 36-3051915-020 |
| a | Plan name | APARTMENT EMPLOYEES PENSION TRUST |
| b | Name of plan sponsor | BOARD OF TRUSTEES APARTMENT EMPLOYEES PENSION TRUST |
| c | EIN-PN | 94-6069859-001 |
| a | Plan name | APTIV CORPORATION SAVINGS TRUST |
| b | Name of plan sponsor | APTIV CORPORATION |
| c | EIN-PN | 27-0791190-001 |
| a | Plan name | ATLANTA IRONWORKERS LOCAL 387 PENSION PLAN |
| b | Name of plan sponsor | ATLANTA IRONWORKERS LOCAL 387 |
| c | EIN-PN | 58-6051152-001 |
| a | Plan name | ATLANTIC AVIATION FBO INC. 401(K) PLAN |
| b | Name of plan sponsor | ATLANTIC AVIATION FBO INC. |
| c | EIN-PN | 20-1301856-001 |
| a | Plan name | B.A.C. LOCAL NO. 4 PENSION PLAN |
| b | Name of plan sponsor | B.A.C. LOCAL NO. 4 PENSION PLAN |
| c | EIN-PN | 22-6041493-001 |
| a | Plan name | BLUECROSS BLUESHIELD OF ALABAMA 401(K) SALARY DEFERRAL PLAN |
| b | Name of plan sponsor | BLUECROSS BLUESHIELD OF ALABAMA |
| c | EIN-PN | 63-0103830-002 |
| a | Plan name | BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL NO. 5 PENSION PLAN |
| b | Name of plan sponsor | BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL NO. 5 PENSION PLAN |
| c | EIN-PN | 80-0083075-001 |

| 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 | BRUNSWICK RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | BRUNSWICK CORPORATION | c EIN-PN 36-0848180-154 |
| a | Plan name | BWXT THRIFT PLAN | |
| b | Name of plan sponsor | BWXT INVESTMENT COMPANY | c EIN-PN 72-1172705-002 |
| a | Plan name | CENTERPOINT ENERGY, INC. MASTER RETIREMENT TRUST | |
| b | Name of plan sponsor | CENTERPOINT ENERGY, INC. | c EIN-PN 74-0694415-101 |
| a | Plan name | CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN | |
| b | Name of plan sponsor | CHEVRON CORPORATION | c EIN-PN 94-0890210-001 |
| a | Plan name | CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM | |
| b | Name of plan sponsor | UNION PACIFIC RAILROAD COMPANY | c EIN-PN 94-6001323-002 |
| a | Plan name | CHICAGO SYMPHONY ORCHESTRA PENSION PLAN | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF CHICAGO SYMPHONY ORCHESTRA PENSION PLAN | c EIN-PN 36-2859355-001 |
| a | Plan name | CHICAGO TRANSIT AUTHORITY SUPPLEMENTAL RETIREMENT PLAN | |
| b | Name of plan sponsor | CHICAGO TRANSIT AUTHORITY | c EIN-PN 36-2164842-003 |
| a | Plan name | CITY OF ATLANTA GENERAL EMPLOYEES' PENSION PLAN | |
| b | Name of plan sponsor | CITY OF ATLANTA GA | c EIN-PN 58-1115767-003 |
| a | Plan name | CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor | CITY OF HOLLYWOOD | c EIN-PN 59-6000338-999 |
| a | Plan name | CITY OF NEWPORT POLICE & FIRE PENSION PLANS | |
| b | Name of plan sponsor | CITY OF NEWPORT, RI | c EIN-PN 05-6000260-999 |
| a | Plan name | CITY OF WARWICK PENSION PLANS | |
| b | Name of plan sponsor | CITY OF WARWICK, RI | c EIN-PN 05-6000562-999 |
| a | Plan name | COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN | |
| b | Name of plan sponsor | COREBRIDGE FINANCIAL, INC. | c EIN-PN 95-4715639-001 |

| 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 | COVENANT CARE 401(K) PLAN | |
| b Name of plan sponsor | COVENANT CARE CALIFORNIA INC | c EIN-PN 33-0631540-001 |
| 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 | DISTRICT OF COLUMBIA RETIREMENT BOARD | |
| b Name of plan sponsor | DISTRICT OF COLUMBIA RETIREMENT BOARD | c EIN-PN 46-0558765-999 |
| a Plan name | EASTERN SHORE TEAMSTERS PENSION FUND | |
| b Name of plan sponsor | THE BOARD OF TRUSTEES OF THE EASTERN SHORE TEAMSTERS PENSION FUND | c EIN-PN 52-0904953-001 |
| a Plan name | ELECTRICAL WORKERS LOCAL NO. 26 PENSION TRUST FUND | |
| b Name of plan sponsor | BOARD OF TTEES OF ELECTRICAL WORKERS LOCAL NO. 26 | c EIN-PN 52-6117919-001 |
| a Plan name | EMPLOYEES' RETIREMENT SYSTEM OF THE SEWERAGE AND WATER BOARD OF NEW ORLEANS | |
| b Name of plan sponsor | BOARD OF TTEES OF THE SEWERAGE AND WATER BOARD | c EIN-PN 72-6001323-001 |
| a Plan name | FINRA SAVINGS PLUS PLAN | |
| b Name of plan sponsor | FINRA | c EIN-PN 53-0088710-003 |
| a Plan name | FIRE AND POLICE PENSION FUND, SAN ANTONIO | |
| b Name of plan sponsor | CITY OF SAN ANTONIO TEXAS | c EIN-PN 74-6002070-001 |
| a Plan name | FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION AND UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN | |
| b Name of plan sponsor | BOARD OF TRUSTEES OF THE FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION AN | c EIN-PN 52-6128473-001 |
| a Plan name | FULTON-DEKALB HOSPITAL AUTHORITY RETIREMENT PLAN | |
| b Name of plan sponsor | FULTON-DEKALB HOSPITAL AUTHORITY | c EIN-PN 58-6001198-999 |
| a Plan name | GOOGLE LLC 401(K) SAVINGS PLAN | |
| b Name of plan sponsor | GOOGLE LLC | c EIN-PN 77-0493581-001 |
| a Plan name | HAGERSTOWN MOTOR CARRIERS AND TEAMSTERS PENSION FUND | |
| b Name of plan sponsor | BOARD OF TTEES OF HAGERSTOWN MOTOR CARRIERS | c EIN-PN 52-6045424-001 |

| 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 HARRIS COUNTY HOSPITAL DISTRICT PENSION PLAN | |
| b | Name of plan sponsor HARRIS COUNTY HOSPITAL DISTRICT DBA HARRIS HEALTH SYSTEM | c EIN-PN 54-2090737-001 |
| a | Plan name HEATING, PIPING AND REFRIGERATION PENSION FUND | |
| b | Name of plan sponsor BOARD OF TTEES OF HEATING, PIPING AND REFRIG | c EIN-PN 52-1058013-001 |
| a | Plan name HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor HOLLAND & KNIGHT LLC | c EIN-PN 59-0663819-001 |
| a | Plan name HOTEL INDUSTRY - ILWU PENSION PLAN | |
| b | Name of plan sponsor BOARD OF TRUSTEES OF THE HOTEL INDUSTRY - ILWU PENSION PLAN | c EIN-PN 99-6027621-001 |
| a | Plan name HUNTON ANDREWS KURTH LLP RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HUNTON ANDREWS KURTH LLP | c EIN-PN 54-0572269-003 |
| a | Plan name I.B.E.W. LOCAL 139 PENSION PLAN | |
| b | Name of plan sponsor IBEW LOCAL 139 PENSION | c EIN-PN 51-6029960-001 |
| a | Plan name IBEW LOCAL 351 PENSION FUND | |
| b | Name of plan sponsor TRUSTEES OF IBEW LOCAL 351 PENSION FUND | c EIN-PN 22-3398019-999 |
| a | Plan name IBEW LOCAL NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND | |
| b | Name of plan sponsor BOARD OF TTEES OF IBEW LOCAL NO. 43 | c EIN-PN 16-6153389-001 |
| a | Plan name ILWU (HAWAII) EMPLOYERS GENERAL PENSION PLAN | |
| b | Name of plan sponsor BOARD OF TRUSTEES FOR THE ILWU (HAWAII) EMPLOYERS GENERAL PENSION TRUS | c EIN-PN 99-6027623-001 |
| a | Plan name INDIVIOR INC. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor INDIVIOR INC. | c EIN-PN 52-2069631-001 |
| a | Plan name INFOSYS LIMITED TAX SAVING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor INFOSYS LIMITED | c EIN-PN 58-1760235-001 |
| a | Plan name INFOSYS LIMITED TAX SAVINGS 401(K) SAFE HARBOR PLAN | |
| b | Name of plan sponsor INFOSYS LIMITED | c EIN-PN 58-1760235-002 |

| 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 | INTERNATIONAL-MATEX TANK TERMINALS RETIREMENT INVESTMENT PLAN |
| b | Name of plan sponsor | INTERNATIONAL-MATEX TANK TERMINALS LLC |
| c | EIN-PN | 72-0771251-334 |
| a | Plan name | ITRON, INC. INCENTIVE SAVINGS PLAN |
| b | Name of plan sponsor | ITRON, INC. |
| c | EIN-PN | 91-1011792-001 |
| a | Plan name | KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM |
| b | Name of plan sponsor | KANSAS CITY PUBLIC SCHOOL DISTRICT |
| c | EIN-PN | 43-6040029-001 |
| a | Plan name | KENT COUNTY RETIREMENT PLAN |
| b | Name of plan sponsor | BOARD OF COMMISSIONERS OF KENT COUNTY |
| c | EIN-PN | 38-6047983-001 |
| a | Plan name | LANSING EMPLOYEES' RETIREMENT SYSTEM |
| b | Name of plan sponsor | CITY OF LANSING, MI |
| c | EIN-PN | 38-6004628-001 |
| a | Plan name | LOCAL 888 PENSION FUND |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF LOCAL 888 PENSION FUND |
| c | EIN-PN | 13-6367793-001 |
| a | Plan name | MACOMB COUNTY EMPLOYEES RETIREMENT SYSTEM |
| b | Name of plan sponsor | BOARD OF TTEES OF MACOMB COUNTY EMPLOYEES RETIREME |
| c | EIN-PN | 38-2461683-001 |
| a | Plan name | MAINEGENERAL HEALTH PENSION PLAN |
| b | Name of plan sponsor | MAINGENERAL HEALTH |
| c | EIN-PN | 04-3369649-004 |
| a | Plan name | MASTERCARD SAVINGS PLAN |
| b | Name of plan sponsor | MASTERCARD INTERNATIONAL INCORPORATED |
| c | EIN-PN | 95-2536378-002 |
| a | Plan name | MASTERS MATES & PILOTS ADJUSTABLE PENSION PLAN |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF THE MASTERS MATES & PILOTS ADJUSTABLE PENSION PLA |
| c | EIN-PN | 37-1719247-001 |
| a | Plan name | MASTERS MATES & PILOTS PENSION PLAN |
| b | Name of plan sponsor | INTERNATIONAL ORG OF MASTERS MATES & PILOTS |
| c | EIN-PN | 13-6372630-001 |
| a | Plan name | MATSON RETIREMENT & PENSION TRUST |
| b | Name of plan sponsor | ALEXANDER & BALDWIN, INC. |
| c | EIN-PN | 99-0268171-001 |

| 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 | MCDONALD'S CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | MCDONALD'S CORPORATION AND SUBSIDIARIES | c EIN-PN 36-2361282-001 |
| a | Plan name | MCGUIREWOODS RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | MCGUIREWOODS LLP | c EIN-PN 54-0505857-003 |
| a | Plan name | MERIDEN RETIREMENT SYSTEM CITY EMPLOYEES RETIREMENT FUND | |
| b | Name of plan sponsor | CITY OF MERIDEN | c EIN-PN 06-6001893-407 |
| a | Plan name | MERIDEN RETIREMENT SYSTEM POLICE/FIRE PENSION FUNDS | |
| b | Name of plan sponsor | CITY OF MERIDEN | c EIN-PN 06-6001893-407 |
| a | Plan name | MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TRUSTEES | c EIN-PN 38-6233977-001 |
| a | Plan name | MILLWRIGHTS' LOCAL 1102 SUPPLEMENTAL PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TTEES OF MILLWRIGHTS' LOCAL 1102 SUPPLEME | c EIN-PN 38-6216941-001 |
| a | Plan name | MINNESOTA AND NORTH DAKOTA BRICKLAYERS & ALLIED CRAFTWORKERS PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TTTES OF MN AND ND BRICKLAYERS | c EIN-PN 51-6029930-001 |
| a | Plan name | MONEYGRAM INTERNATIONAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MONEYGRAM INTERNATIONAL, INC. | c EIN-PN 16-1690064-002 |
| a | Plan name | MULTI-MANAGER COLLECTIVE INVESTMENT TRUST - EARNEST PARTNERS SMID CAP VALUE FUND II | |
| b | Name of plan sponsor | SEI TRUST COMPANY | c EIN-PN 84-2090868-131 |
| a | Plan name | NATIONAL ASBESTOS WORKERS PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TTTEES OF NATIONAL ASBESTOS WORKERS PEN F | c EIN-PN 52-6038497-001 |
| a | Plan name | NATIONAL FIRE PROTECTION ASSOCIATION EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor | NATIONAL FIRE PROTECTION AGENCY | c EIN-PN 04-1653090-001 |
| a | Plan name | NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF NYCDCC | c EIN-PN 51-0174276-001 |

| 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 | NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | NEXTERA ENERGY, INC. |
| c | EIN-PN | 59-2449419-002 |
| a | Plan name | NISOURCE INC. RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | NISOURCE INC. |
| c | EIN-PN | 35-2108964-005 |
| a | Plan name | NOG-E HOURLY EMPLOYEES' SAVINGS PLAN |
| b | Name of plan sponsor | BWXT NUCLEAR OPERATIONS GROUP, INC. |
| c | EIN-PN | 26-1523776-001 |
| a | Plan name | NORTH BROWARD HOSPITAL CASH BALANCE PENSION PLAN |
| b | Name of plan sponsor | PENSION AND INVESTMENT COMMITTEE OF NORTH BROWARD HOSPITAL DISTRICT |
| c | EIN-PN | 59-6012065-999 |
| a | Plan name | NORTHEAST CARPENTERS PENSION FUND |
| b | Name of plan sponsor | BD OF TRUSTEES NORTHEAST CARPENTERS PENSION FUND |
| c | EIN-PN | 11-1991772-001 |
| a | Plan name | NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES |
| b | Name of plan sponsor | NUCLEAR FUEL SERVICES, INC. C/O COMPENSATION & BENEFITS DEPT. |
| c | EIN-PN | 52-0788632-005 |
| a | Plan name | OPERATIVE PLASTERERS' AND CEMENT MASONS' OFFICER AND EMPLOYEES PENSION PLAN |
| b | Name of plan sponsor | OPERATIVE PLASTERERS' AND CEMENT MASONS' OFFICER AND EMPLOYEES PENSION |
| c | EIN-PN | 52-6135348-002 |
| a | Plan name | PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT |
| b | Name of plan sponsor | PEABODY INVESTMENTS CORP. |
| c | EIN-PN | 20-0480084-003 |
| a | Plan name | PEABODY SOUTHEAST MINING - UMWA 401(K) PLAN |
| b | Name of plan sponsor | PEABODY SOUTHEAST MINING, LLC |
| c | EIN-PN | 61-1901165-001 |
| a | Plan name | PENSION FUND OF LOCAL 293 |
| b | Name of plan sponsor | BOARD OF TTEES OF PENSION FUND OF LOCAL 293 |
| c | EIN-PN | 34-6581762-001 |
| a | Plan name | PENSION FUND OF LOCAL NO. ONE, IATSE |
| b | Name of plan sponsor | MULTIEMPLOYER PLAN |
| c | EIN-PN | 13-6414973-001 |
| a | Plan name | PENSION PLAN OF THE SHEET METAL WORKERS LU NO. 32 PENSION TRUST FUND |
| b | Name of plan sponsor | TRUSTEES OF SHEET METAL WORKERS LU NO. 32 PENSION TRUST FUND |
| c | EIN-PN | 59-6152610-001 |

| 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 | PETER KIEWIT SONS', INC. RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | PETER KIEWIT SONS', INC. |
| c | EIN-PN | 91-1842817-333 |
| a | Plan name | PLUMBERS & PIPEFITTERS LU 421 PENSION FUND TRUST |
| b | Name of plan sponsor | TRUSTEES OF PLUMBERS & PIPEFITTERS LU 421 PENSION FUND TRUST |
| c | EIN-PN | 57-0524232-001 |
| a | Plan name | PLUMBERS AND PIPEFITTERS OF THE CAROLINAS DEFINED CONTRIBUTION PLAN |
| b | Name of plan sponsor | THE BOARD OF TRUSTEES OF PLUMBERS AND PIPEFITTERS OF THE CAROLINAS DEF |
| c | EIN-PN | 56-1442440-001 |
| a | Plan name | PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND |
| b | Name of plan sponsor | TRUSTEES OF THE PLUMBERS LOCAL 60 PENSION PLAN |
| c | EIN-PN | 72-6025640-001 |
| a | Plan name | PUBLISHERS CLEARING HOUSE 401(K) RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | PUBLISHERS CLEARING HOUSE LLC |
| c | EIN-PN | 11-1730276-002 |
| a | Plan name | RADIO, TELEVISION & RECORDING ARTS PENSION FUND |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF THE RADIO, TELEVISION & RECOR |
| c | EIN-PN | 13-6159229-001 |
| a | Plan name | S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN |
| b | Name of plan sponsor | S.C. JOHNSON & SON, INC. |
| c | EIN-PN | 39-0379990-001 |
| a | Plan name | SABIC U.S. EMPLOYEE RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | SABIC INNOVATIVE PLASTICS US LLC |
| c | EIN-PN | 33-1169273-005 |
| a | Plan name | SAN MANUEL BAND OF MISSION INDIANS 401(K) PLAN |
| b | Name of plan sponsor | SAN MANUEL BAND OF MISSION INDIANS |
| c | EIN-PN | 33-0526268-001 |
| a | Plan name | SAN MANUEL BAND OF MISSION INDIANS 457(B) DEFERRED COMPENSATION PLAN FOR FIRE SAFETY EMPLOYEES |
| b | Name of plan sponsor | SAN MANUEL BAND OF MISSION INDIANS |
| c | EIN-PN | 33-0526268-003 |
| a | Plan name | SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN |
| b | Name of plan sponsor | BOARD OF TRUSTEES - SCREEN ACTORS GUILD PRODUCERS PENSION PLAN |
| c | EIN-PN | 95-2110997-001 |
| a | Plan name | SHPP US EMPLOYEE RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | SHPP US LLC |
| c | EIN-PN | 83-4241533-001 |

| 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 | SOUTHEASTERN IRON WORKERS ANNUITY PLAN | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF THE IRONWORKERS LOCAL NO. 92 | c EIN-PN 58-6319526-001 |
| a | Plan name | SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN | |
| b | Name of plan sponsor | BOARD OF TRUSTEES - SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN | c EIN-PN 95-6392774-001 |
| a | Plan name | SOUTHERN IRONWORKERS PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF SOUTHERN IRONWORKERS PENSION | c EIN-PN 59-6227091-001 |
| a | Plan name | ST. LOUIS COUNTY EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor | ST. LOUIS COUNTY | c EIN-PN 43-6003242-001 |
| a | Plan name | STATE UNIVERSITIES RETIREMENT SYSTEM DEFERRED COMPENSATION PLAN | |
| b | Name of plan sponsor | STATE UNIVERSITIES RETIREMENT SYSTEM | c EIN-PN 37-6006008-003 |
| a | Plan name | STATE UNIVERSITIES RETIREMENT SYSTEM RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | STATE UNIVERSITIES RETIREMENT SYSTEM | c EIN-PN 37-6006008-002 |
| a | Plan name | STONE & MARBLE MASONS OF METROPOLITAN WASHINGTON DC PENSION FUND | |
| b | Name of plan sponsor | TTTES OF STONE & MARBLE MASONS OF METRO WASH DC | c EIN-PN 52-6117940-001 |
| a | Plan name | STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C. PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TRUSTEES, STONE & MARBLE MASONS OF METROPOLITAN WASHINGTON D. | c EIN-PN 52-6117940-001 |
| a | Plan name | TEAMHEALTH 401(K) PLAN | |
| b | Name of plan sponsor | AMERITEAM SERVICES, LLC | c EIN-PN 47-2129748-001 |
| a | Plan name | TEAMSTERS JOINT COUNCIL NO. 83 OF VA PENSION FUND | |
| b | Name of plan sponsor | TEAMSTERS JOINT COUNCIL NO. 83 OF VA PENSION FUND | c EIN-PN 54-6097996-001 |
| a | Plan name | THE BANK OF AMERICA 401(K) PLAN | |
| b | Name of plan sponsor | BANK OF AMERICA CORP | c EIN-PN 56-0906609-003 |
| a | Plan name | THE BANK OF AMERICA PENSION PLAN | |
| b | Name of plan sponsor | BANK OF AMERICA CORPORATION | c EIN-PN 56-0906609-001 |

| 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 | THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN |
| b | Name of plan sponsor | BANK OF AMERICA CORP |
| c | EIN-PN | 56-0906609-007 |
| a | Plan name | THE DTE ENERGY COMPANY MASTER PLAN TRUST |
| b | Name of plan sponsor | DTE ENERGY COMPANY |
| c | EIN-PN | 04-6767525-022 |
| a | Plan name | THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN |
| b | Name of plan sponsor | SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC |
| c | EIN-PN | 32-0255508-334 |
| a | Plan name | TITAN AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | TITAN AMERICA LLC |
| c | EIN-PN | 98-0124782-001 |
| a | Plan name | TOWN OF GLASTONBURY RETIREMENT INCOME FUND |
| b | Name of plan sponsor | TOWN OF GLASTONBURY, CONNECTICUT |
| c | EIN-PN | 06-6002003-001 |
| a | Plan name | TOWN OF WESTPORT PENSION PLAN |
| b | Name of plan sponsor | BOARD OF TTEES OF THE TOWN OF WESTPORT PEN PLAN |
| c | EIN-PN | 06-6002128-001 |
| a | Plan name | TRUCK DRIVERS & HELPERS LOCAL 355 RETIREMENT PENSION FUND |
| b | Name of plan sponsor | THE BOARD OF TRUSTEES FOR TRUCK DRIVERS & HELPERS |
| c | EIN-PN | 52-0951433-001 |
| a | Plan name | TYSON FOODS, INC. RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | TYSON FOODS, INC. |
| c | EIN-PN | 71-0662969-004 |
| a | Plan name | UNION MUTUAL FUND PENSION PLAN |
| b | Name of plan sponsor | UNION MUTUAL FUND |
| c | EIN-PN | 22-6073058-001 |
| 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 | UNITED COMMUNITY BANKS, INC. 401(K) PLAN |
| b | Name of plan sponsor | UNITED COMMUNITY BANKS, INC. |
| c | EIN-PN | 58-1807304-001 |

| 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 | UNITED LAUNCH ALLIANCE 401(K) SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | UNITED LAUNCH ALLIANCE LLC | c EIN-PN 81-0673845-001 |
| a | Plan name | UNUM GROUP 401K RETIREMENT PLAN | |
| b | Name of plan sponsor | UNUM GROUP | c EIN-PN 62-1598430-002 |
| a | Plan name | UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION FUND | |
| b | Name of plan sponsor | TRUSTEES OF THE UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION F | c EIN-PN 15-0612437-001 |
| a | Plan name | VAIL RESORTS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THE VAIL CORPORATION DBA VAIL ASSOCIATES, INC. A COLORADO CORPORATION | c EIN-PN 84-0601461-002 |
| a | Plan name | W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN | |
| b | Name of plan sponsor | W.R. GRACE & CO. | c EIN-PN 65-0773649-124 |
| a | Plan name | W.R. GRACE & CO. SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | W.R. GRACE & CO. | c EIN-PN 65-0773649-123 |
| a | Plan name | WALGREENS RETIREMENT SAVINGS MASTER TRUST | |
| b | Name of plan sponsor | WALGREEN CO. | c EIN-PN 36-1924025-003 |
| a | Plan name | WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY DEFERRED COMPENSATION PLAN AND TRUST | |
| b | Name of plan sponsor | THE ADMINISTRATIVE COMMITTEE OF THE WASHINGTON METROPOLITAN AREA TRANS | c EIN-PN 52-0847040-999 |
| a | Plan name | WESTINGHOUSE ELECTRIC COMPANY SAVINGS PLAN | |
| b | Name of plan sponsor | WESTINGHOUSE ELECTRIC COMPANY | c EIN-PN 52-2140933-001 |
| a | Plan name | YOUTH VILLAGES RETIREMENT PLAN | |
| b | Name of plan sponsor | YOUTH VILLAGES INC. | c EIN-PN 58-1716970-001 |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024 | |
| A Name of plan EARNST PARTNERS MULTIPLE INVESTMENT TRUST | B Three-digit plan number (PN) ▶ 041 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY | D Employer Identification Number (EIN) 26-4377500 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (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) | 51553000 | 19914000 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 69762000 | 149356000 |
| (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) | 3260409000 | 5444106000 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 121880000 | 96644000 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 828000 | 819000 |

| 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 | 3504432000 | 5710839000 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 2968000 | 8948000 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 2968000 | 8948000 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 3501464000 | 5701891000 |

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) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 5148000 | |
| (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) | | 5148000 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | 78603000 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1395000 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 79998000 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 668904000 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 593403000 | |
| (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) | 603005000 | |
| (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) | | -23747000 |
| c Other income | 2c | | -247000 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 739658000 |

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) | | |
| 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) | 26946000 | |
| (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) | | 26946000 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 26946000 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 712712000 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 2279633000 |
| (2) From this plan | 2l(2) | | 791918000 |

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:

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.

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | | | |
| 4b | | | |
| 4c | | | |
| 4d | | | |
| 4e | | | |
| 4f | | | |
| 4g | | | |
| 4h | | | |
| 4i | | | |
| 4j | | | |
| 4k | | | |
| 4l | | | |
| 4m | | | |
| 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 _____.