

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: WASATCH MASTER COLLECTIVE INVESTMENT TRUST
1b Three-digit plan number (PN): 134
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SEI TRUST COMPANY
2b Employer Identification Number (EIN): 84-2412379
2c Plan Sponsor's telephone number: 610-676-2369
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>WASATCH MASTER COLLECTIVE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>▶</u> <u>134</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>84-2412379</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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 2U, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor 2U, INC.	c EIN-PN 26-2335939-001
a	Plan name ABC-NABET RETIREMENT TRUST PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES ABC-NABET RETIREMENT TRUST PLAN	c EIN-PN 14-1284013-012
a	Plan name AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	c EIN-PN 53-0217164-002
a	Plan name AMERICAN SYSTEMS CORPORATION EMPLOYEE SAVINGS AND SECURITY 401(K) PLAN	
b	Name of plan sponsor AMERICAN SYSTEMS CORPORATION	c EIN-PN 54-0962497-002
a	Plan name AMSTED INDUSTRIES CAP, RSP UNION, AND JOINT VENTURES MST TRUST	
b	Name of plan sponsor AMSTED INDUSTRIES, INC.	c EIN-PN 36-0730380-126
a	Plan name ARDENT HEALTH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AHS MANAGEMENT COMPANY, INC.	c EIN-PN 62-1743438-001
a	Plan name BAR-S FOODS CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BAR-S FOODS CO	c EIN-PN 86-0409987-001
a	Plan name BREAD FINANCIAL 401(K) PLAN	
b	Name of plan sponsor BREAD FINANCIAL PAYMENTS, INC.	c EIN-PN 13-3163498-001
a	Plan name CALENDLY 401(K) PLAN	
b	Name of plan sponsor CALENDLY, LLC	c EIN-PN 27-2763491-001
a	Plan name CALPINE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALPINE CORPORATION	c EIN-PN 77-0212977-002
a	Plan name CALPINE UNION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALPINE CORPORATION	c EIN-PN 77-0212977-003
a	Plan name CARIBOU BIOSCIENCES, INC. RETIREMENT TRUST	
b	Name of plan sponsor CARIBOU BIOSCIENCES, INC.	c EIN-PN 45-3728228-001

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	CASCADE DRILLING LP AND ITS SUBSIDIARIES 401(K) RETIREMENT PLAN AND TRUST	
b Name of plan sponsor	CASCADE DRILLING LP AND ITS SUBSIDIARIES	c EIN-PN 27-0642404-001
a Plan name	CBS 401(K) PLAN	
b Name of plan sponsor	VIACOMCBS INC.	c EIN-PN 04-2949533-002
a Plan name	CHAMPIONS GROUP 401(K) PLAN	
b Name of plan sponsor	SERVICE CHAMPIONS	c EIN-PN 33-0896958-003
a Plan name	CHAMPIONS GROUP 401(K) SAFE HARBOR PLAN	
b Name of plan sponsor	SERVICE CHAMPIONS	c EIN-PN 33-0896958-004
a Plan name	CITIZENS INC 401K RETIREMENT AND PROFIT SHARING PLAN	
b Name of plan sponsor	CITIZENS INC	c EIN-PN 84-0755371-001
a Plan name	CITY OF NEW ORLEANS EMPLOYEES' RETIREMENT SYSTEM	
b Name of plan sponsor	CITY OF NEW ORLEANS	c EIN-PN 72-0173595-999
a Plan name	CORNERSTONE ONDEMAND, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CORNERSTONE ONDEMAND, INC.	c EIN-PN 13-4068197-001
a Plan name	DATABRICKS, INC. 401(K) PLAN & TRUST	
b Name of plan sponsor	DATABRICKS, INC.	c EIN-PN 46-2972184-001
a Plan name	DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DECORE-ATIVE SPECIALTIES, INC.	c EIN-PN 95-2574629-002
a Plan name	DOLLAR SHAVE CLUB 401(K) RETIREMENT PLAN	
b Name of plan sponsor	DOLLAR SHAVE CLUB	c EIN-PN 45-4200533-001
a Plan name	FIRE & POLICE EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF BALTIMORE	
b Name of plan sponsor	MAYOR AND CITY COUNCIL OF BALTIMORE	c EIN-PN 52-6034920-001
a Plan name	FLEX 401(K) PLAN	
b Name of plan sponsor	FLEXTRONICS INTERNATIONAL USA, INC.	c EIN-PN 94-3061570-001

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	FORENSIC ANALYTICAL RETIREMENT PLAN	
b	Name of plan sponsor	FORENSIC ANALYTICAL SPECIALTIES, INC.	c EIN-PN 94-3018588-002
a	Plan name	GANNETT CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GANNETT CO., INC.	c EIN-PN 47-2390983-100
a	Plan name	GCX CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	GCX CORPORATION	c EIN-PN 94-1738443-003
a	Plan name	LAUNCHDARKLY 401(K) PLAN	
b	Name of plan sponsor	CATAMORPHIC CO.	c EIN-PN 46-3651669-001
a	Plan name	LINEAGE LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	LINEAGE LOGISTICS HOLDINGS, LLC	c EIN-PN 30-0707700-002
a	Plan name	NEXTRACKER 401(K) PLAN	
b	Name of plan sponsor	NEXTRACKER, LLC	c EIN-PN 46-3955221-001
a	Plan name	OCTANE LENDING, INC. 401(K) PLAN	
b	Name of plan sponsor	OCTANE LENDING, INC.	c EIN-PN 46-4844834-001
a	Plan name	OHIO NATIONAL LIFE INSURANCE COMAPNY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO NATIONAL LIFE INSURANCE CO.	c EIN-PN 31-0397080-004
a	Plan name	OHIO NATIONAL LIFE INSURANCE COMPANY 401(K) PLAN FOR AGENTS	
b	Name of plan sponsor	OHIO NATIONAL LIFE INSURANCE CO.	c EIN-PN 31-0397080-005
a	Plan name	OKLAHOMA CITY EMPLOYEE RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF OKLAHOMA CITY	c EIN-PN 73-6096475-999
a	Plan name	OKLAHOMA LAW ENFORCEMENT RETIREMENT SYSTEM	
b	Name of plan sponsor	OKLAHOMA LAW ENFORCEMENT RETIREMENT BOARD	c EIN-PN 73-6107411-001
a	Plan name	OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM	
b	Name of plan sponsor	OKLAHOMA POLICE PENSION AND RETIREMENT BOARD	c EIN-PN 73-1039862-001

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 ONESMILE 401(K) PLAN AND TRUST	
b	Name of plan sponsor ONESMILE, LLC	c EIN-PN 47-3808383-001
a	Plan name OPTEX INCORPORATED 401(K) PLAN	
b	Name of plan sponsor OPTEX INCORPORATED	c EIN-PN 33-0865011-001
a	Plan name OSIAC, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor OSIAC, INC	c EIN-PN 86-0623854-001
a	Plan name OVH US LLC 401(K) PLAN	
b	Name of plan sponsor OVH US LLC	c EIN-PN 81-4334493-001
a	Plan name PARSONS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARSONS CORPORATION	c EIN-PN 95-3232481-115
a	Plan name PRIMIENET GRAIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRIMARY PRODUCTS GRAIN, LLC	c EIN-PN 37-1010427-004
a	Plan name PRIMIENET HOURLY COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-003
a	Plan name PRIMIENET HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-002
a	Plan name PRIMIENET SALARIED COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-001
a	Plan name PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO	
b	Name of plan sponsor PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO	c EIN-PN 82-6000952-002
a	Plan name QUALITY RESTAURANT GROUP 401(K) PLAN	
b	Name of plan sponsor QUALITY RESTAURANT GROUP	c EIN-PN 82-2429645-001
a	Plan name RAYMOND JAMES FINANCIAL, INC. & AFFILIATES PROFIT SHARING PLAN	
b	Name of plan sponsor RAYMOND JAMES & AFFILIATES	c EIN-PN 59-1517485-001

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	RAYMOND JAMES FINANCIAL, INC. 401(K) PLAN	
b	Name of plan sponsor	RAYMOND JAMES FINANCIAL, INC.	c EIN-PN 59-1517485-010
a	Plan name	RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE	
b	Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	c EIN-PN 56-0686338-333
a	Plan name	REVANCE THERAPEUTICS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	REVANCE THERAPEUTICS, INC.	c EIN-PN 77-0551645-001
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	S4 CAPITAL 401(K) PLAN	
b	Name of plan sponsor	MIGHTYHIVE INC.	c EIN-PN 45-4612713-001
a	Plan name	SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	
b	Name of plan sponsor	SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	c EIN-PN 95-6193238-001
a	Plan name	SAVAGE COMPANIES RETIREMENT & EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAVAGE COMPANIES	c EIN-PN 87-0387049-001
a	Plan name	SCIONHEALTH 401(K) PLAN	
b	Name of plan sponsor	SCIONHEALTH	c EIN-PN 61-1323993-001
a	Plan name	SELECTIVE INSURANCE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SELECTIVE INSURANCE COMPANY OF AMERICA	c EIN-PN 22-1272390-002
a	Plan name	SIGLER PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	RUSSEL SIGLER INC.	c EIN-PN 86-0223222-002
a	Plan name	SMITH SCHAFFER AND ASSOCIATES, LTD. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SMITH SCHAFFER AND ASSOCIATES, LTD.	c EIN-PN 41-1489071-001
a	Plan name	SRUSA 401K RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEE AND SRUSA EMPLOYEES SAVINGS PLAN FOR BARG UNIT EMPLOYEES MASTER TRUST	
b	Name of plan sponsor	SUMITOMO RUBBER USA, LLC	c EIN-PN 36-7392856-008

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 STERICYCLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STERICYCLE, INC.	c EIN-PN 36-3640402-003
a	Plan name STERICYCLE, INC. P.R. SAVINGS PLAN	
b	Name of plan sponsor STERICYCLE, INC.	c EIN-PN 36-3640402-004
a	Plan name SUNKIST MATCH + SAVINGS PLAN	
b	Name of plan sponsor SUNKIST GROWERS, INC.	c EIN-PN 95-0595000-336
a	Plan name SUPPLEMENTAL INCOME 401(K) PLAN	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF THE SUPPLEMENTAL INCOME TRUST FUND	c EIN-PN 94-2554388-002
a	Plan name THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-003
a	Plan name THE NP-USA GROUP RETIREMENT PLAN	
b	Name of plan sponsor NIPPON PAINT (USA), INC.	c EIN-PN 51-0324807-001
a	Plan name THE PACIFIC-UNION CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE PACIFIC-UNION CLUB	c EIN-PN 94-0747020-001
a	Plan name THE UNITED STATES PHARMACOPEIAL CONVENTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE UNITED STATES PHARMACOPEIAL CONVENTION	c EIN-PN 13-1656692-002
a	Plan name TOPGOLF CALLAWAY BRANDS CORP. 401(K) PLAN	
b	Name of plan sponsor TOPGOLF CALLAWAY BRANDS CORP	c EIN-PN 95-3797580-001
a	Plan name TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRACTOR SUPPLY COMPANY	c EIN-PN 13-3139732-001
a	Plan name TRANSFORM MIDCO LLC SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor TRANSFORM MIDCO LLC	c EIN-PN 83-6773875-004
a	Plan name TRI-STATE 401(K) PLAN AND TRUST	
b	Name of plan sponsor TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC.	c EIN-PN 84-0464189-003

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan WASATCH MASTER COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 134
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 84-2412379

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1080000	1863000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5118000	21949000
(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)	626375000	1431647000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	110000	0

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	632683000	1455459000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1175000	9679000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1175000	9679000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	631508000	1445780000

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)		
(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)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	6373000	
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	161583000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	151374000	
(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)	104926000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-3584000
d Total income. Add all income amounts in column (b) and enter total	2d	117924000

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)	6335000
(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)	6335000
j Total expenses. Add all expense amounts in column (b) and enter total	2j	6335000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	111589000
l Transfers of assets:		
(1) To this plan	2l(1)	998387000
(2) From this plan	2l(2)	295704000

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.