

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 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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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 (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 <u>ACADIAN COLLECTIVE INVESTMENT TRUST</u>	1b Three-digit plan number (PN) ▶ <u>081</u> 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) <u>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456-9989</u>	2b Employer Identification Number (EIN) <u>47-3984728</u> 2c Plan Sponsor's telephone number <u>610-676-2369</u> 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		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>03/18/2025</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
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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>ACADIAN COLLECTIVE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>081</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>47-3984728</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)

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 APPLIED MATERIALS, INC EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor APPLIED MATERIALS, INC	c EIN-PN 94-1655526-333
a	Plan name BENDIX COMMERCIAL VEHICLE SYSTEMS LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor BENDIX COMMERCIAL VEHICLE SYSTEMS, LLC	c EIN-PN 26-3792367-004
a	Plan name BOMBARDIER 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOMBARDIER AEROSPACE (HOLDINGS) USA, INC.	c EIN-PN 47-5222722-007
a	Plan name BRIGHTSPHERE INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor BRIGHTSPHERE INC.	c EIN-PN 04-2714625-002
a	Plan name CALLAN EMERGING MARKETS EQUITY FUND	
b	Name of plan sponsor WILMINGTON TRUST, N.A.	c EIN-PN 38-4065325-422
a	Plan name CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-002
a	Plan name CITY OF LINCOLN, NE POLICE AND FIRE PENSION PLAN	
b	Name of plan sponsor CITY OF LINCOLN, NEBRASKA	c EIN-PN 47-6006256-999
a	Plan name CNS, LLC DEFINED BENEFIT / DEFINED CONTRIBUTION SHARED ACCOUNTS MTIA	
b	Name of plan sponsor CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 45-4482782-022
a	Plan name DALLAS COUNTY HOSPITAL DISTRICT RETIREMENT INCOME PLAN	
b	Name of plan sponsor DALLAS COUNTY HOSPITAL DISTRICT DBA PARKLAND HEALTH	c EIN-PN 75-6004221-002
a	Plan name DELL INC. 401(K) PLAN	
b	Name of plan sponsor DELL, INC.	c EIN-PN 74-2487834-001
a	Plan name DIRECTV SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor DIRECTV ENTERTAINMENT HOLDINGS LLC	c EIN-PN 86-2430702-301
a	Plan name EXELON CORPORATION DCRP MASTER TRUST - PRIMARY	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 46-3320377-300

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	FERRO CORPORATION 401(K) PLAN	
b	Name of plan sponsor	VIBRANTZ CORPORATION	c EIN-PN 34-0217820-031
a	Plan name	FLUOR CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	FLUOR CORPORATION	c EIN-PN 33-0414495-001
a	Plan name	FOOD PANTRY, LTD. PENSION PLAN	
b	Name of plan sponsor	FOOD PANTRY, LTD.	c EIN-PN 99-0302023-002
a	Plan name	FOODLAND SUPER MARKET, LTD. PENSION PLAN	
b	Name of plan sponsor	FOODLAND SUPER MARKET, LTD.	c EIN-PN 99-0302021-001
a	Plan name	HALLIBURTON RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 75-2677995-001
a	Plan name	HALLIBURTON RETIREMENT PLAN	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 75-2677995-005
a	Plan name	HALLIBURTON SAVINGS PLAN	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 75-2677995-145
a	Plan name	HALLMARK CARDS, INCORPORATED MASTER TRUST (INTERNATIONAL EQUITY)	
b	Name of plan sponsor	HALLMARK CARDS, INCORPORATED	c EIN-PN 04-3328262-052
a	Plan name	HELENA AGRI-ENTERPRISES, LLC SAVINGS PLAN	
b	Name of plan sponsor	HELENA AGRI-ENTERPRISES, LLC	c EIN-PN 71-0293688-004
a	Plan name	HPE NON-US EQUITY FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY	c EIN-PN 82-3727158-001
a	Plan name	I.A.M. NATIONAL 401K FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE IAM NATIONAL 401K FUND	c EIN-PN 32-0443423-003
a	Plan name	INTERNATIONAL ALL CAP EQUITY FUND OF THE ABA MEMBERS/MTC COLLECTIVE TRUST	
b	Name of plan sponsor	MERCER TRUST COMPANY	c EIN-PN 04-6691601-001

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 IRONWORKER EMPLOYEES' BENEFIT CORPORATION 401(K) PLAN	
b	Name of plan sponsor IRONWORKER EMPLOYEES' BENEFIT CORPORATION	c EIN-PN 93-3084599-001
a	Plan name ISLAND FEDERAL CREDIT UNION RETIREMENT INCOME PLAN AND TRUST	
b	Name of plan sponsor ISLAND FEDERAL CREDIT UNION	c EIN-PN 11-1814791-001
a	Plan name JONES DAY DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor JONES DAY	c EIN-PN 46-7282554-009
a	Plan name KNORR BRAKE 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NEW YORK AIR BRAKE LLC	c EIN-PN 16-1385584-003
a	Plan name LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	
b	Name of plan sponsor BOARD OF TRUSTEES, LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	c EIN-PN 51-6030973-001
a	Plan name LEARJET INC. TAX-DEFERRED SAVINGS PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor LEARJET, INC.	c EIN-PN 13-3567473-008
a	Plan name LES SCHWAB PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor LES SCHWAB WAREHOUSE CENTER INC.	c EIN-PN 93-0470431-333
a	Plan name LNC EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor LINCOLN NATIONAL CORPORATION	c EIN-PN 35-1140070-009
a	Plan name LNL AGBA MONEY PURCHASE PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-012
a	Plan name LNL AGENTS' 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-006
a	Plan name LNL MONEY PURCHASE PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-005
a	Plan name LYONDELLBASELL MASTER TRUST	
b	Name of plan sponsor LYONDELL CHEMICAL COMPANY	c EIN-PN 13-7073479-009

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 MAJOR LEAGUE BASEBALL PLAYERS PENSION PLAN	
b	Name of plan sponsor PENSION COMMITTEE OF THE MLB PLAYERS BENEFIT PLAN	c EIN-PN 51-0185287-001
a	Plan name MARSH & MCLENNAN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor MARSH & MCLENNAN COMPANIES INC.	c EIN-PN 36-2668272-001
a	Plan name MASTER TRUST FOR SIEMENS MEDICAL SOLUTIONS USA, INC. SAVINGS PLANS	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 82-4408126-001
a	Plan name MASTER TRUST FOR SIEMENS SAVINGS PLANS	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 22-6712952-001
a	Plan name MEDTRONIC, INC. MASTER TRUST FUND	
b	Name of plan sponsor MEDTRONIC, INC.	c EIN-PN 41-0793183-006
a	Plan name MEKETA INVESTMENT GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MEKETA INVESTMENT GROUP, INC.	c EIN-PN 04-2659023-001
a	Plan name MULTI-MANAGER COLLECTIVE INVESTMENT TRUST - ACADIAN INTERNATIONAL SMALL-CAP EQUITY CIT FUND II	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-2090868-131
a	Plan name NORTHWEST COMMUNITY HEALTHCARE EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor NORTHWEST COMMUNITY HEALTHCARE	c EIN-PN 36-2340313-002
a	Plan name OCCIDENTAL PETROLEUM CORPORATION DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 13-3189949-210
a	Plan name OXY MRT CONSOLIDATED	
b	Name of plan sponsor THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	c EIN-PN 36-3055057-100
a	Plan name PFIZER SAVINGS PLAN	
b	Name of plan sponsor PFIZER INC.	c EIN-PN 13-5315170-002
a	Plan name PFIZER SAVINGS PLAN FOR EMPLOYEES RESIDENT IN PUERTO RICO	
b	Name of plan sponsor PBG PUERTO RICO LLC	c EIN-PN 66-0914590-002

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	PNM RESOURCES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PNM RESOURCES, INC.	c EIN-PN 85-0468296-005
a	Plan name	PRESBYTERIAN CHURCH IN AMERICA TAX-SHELTERED ANNUITY PLAN	
b	Name of plan sponsor	PCA RETIREMENT & BENEFITS, INC.	c EIN-PN 58-6237059-999
a	Plan name	RICHMOND RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF RICHMOND	c EIN-PN 54-6031857-001
a	Plan name	ROBERT BOSCH DEFINED CONTRIBUTION RETIREMENT PLAN TRUST	
b	Name of plan sponsor	ROBERT BOSCH LLC	c EIN-PN 30-0988910-101
a	Plan name	SAVINGS AND PROFIT SHARING PLAN AND TRUST AGREEMENT OF ALFA MUTUAL INS CO	
b	Name of plan sponsor	ALFA MUTUAL INSURANCE COMPANY	c EIN-PN 63-0262164-002
a	Plan name	SCHREIBER FOODS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHREIBER FOODS, INC.	c EIN-PN 39-1017450-005
a	Plan name	SEIU PENSION PLANS MASTER TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE SEIU PENSION PLANS MASTER TRUST	c EIN-PN 56-6680924-001
a	Plan name	SIEMENS ENERGY, INC. SAVINGS PLAN	
b	Name of plan sponsor	SIEMENS ENERGY, INC	c EIN-PN 13-3987280-021
a	Plan name	SNAP-ON TOOLS COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	SNAP ON INCORPORATED	c EIN-PN 36-3036794-201
a	Plan name	STATE OF OREGON DEFERRED COMPENSATION FUND	
b	Name of plan sponsor	STATE OF OREGON	c EIN-PN 93-0764647-999
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 CORP	c EIN-PN 56-0906609-001

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	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 COCA-COLA COMPANY MASTER TRUST FOR 401(K) PLANS	
b	Name of plan sponsor	THE COCA-COLA COMPANY	c EIN-PN 87-6272550-004
a	Plan name	THE EMPLOYEES RETIREMENT SYSTEM OF THE CITY OF KANSAS CITY, MISSOURI	
b	Name of plan sponsor	THE CITY OF KANSAS CITY, MISSOURI	c EIN-PN 43-6039485-999
a	Plan name	TWIN CITY HOSPITAL WORKERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR THE TWIN CITY HOSPITAL WORKERS PENSION FUND	c EIN-PN 41-0973571-001
a	Plan name	TWIN CITY HOSPITALS - MINNESOTA NURSES ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	PENSION COMMITTEE UNDER TWIN CITY HOSPITALS - MINNESOTA NURSES	c EIN-PN 41-6184922-001
a	Plan name	UBER TECHNOLOGIES, INC. 401K PLAN	
b	Name of plan sponsor	GLOBAL BENEFITS COMMITTEE	c EIN-PN 45-2647441-001
a	Plan name	UNILEVER UNITED STATES, INC MASTER SAVINGS TRUST	
b	Name of plan sponsor	UNILEVER UNITED STATES, INC.	c EIN-PN 04-3458687-014
a	Plan name	UPSTATE MEDICAL UNIVERSITY RETIREMENT PLAN FOR FORMER EMPLOYEES OF COMMUNITY GENERAL HOSPITAL	
b	Name of plan sponsor	UPSTATE MEDICAL UNIVERSITY	c EIN-PN 46-1654625-001
a	Plan name	VIGOR INDUSTRIAL LLC RETIREMENT PLAN	
b	Name of plan sponsor	VIGOR INDUSTRIAL LLC	c EIN-PN 93-1300260-002
a	Plan name	VIGOR INDUSTRIAL LLC SAVINGS PLAN	
b	Name of plan sponsor	VIGOR INDUSTRIAL LLC	c EIN-PN 93-1300260-001
a	Plan name	VINSON & ELKINS LLP RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor	VINSON & ELKINS LLP	c EIN-PN 74-6082424-999
a	Plan name	WELLS FARGO & COMPANY 401(K) PLAN	
b	Name of plan sponsor	WELLS FARGO & COMPANY	c EIN-PN 41-0449260-002

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

a Plan name	WISCONSIN MASONS PENSION FUND	
b Name of plan sponsor	WISCONSIN MASONS PENSION FUND (BOARD OF TTEES)	c EIN-PN 39-6185238-001

a Plan name	WPMG 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WASHINGTON PERMANENTE MEDICAL GROUP	c EIN-PN 91-1841629-001

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

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

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

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

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

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> 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 ACADIAN COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 081
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 47-3984728

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)	24278000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4357000
(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)	37837000
(B) Common	1c(4)(B)	3840108000
(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)	14198000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	9535000

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	3603088000	3930313000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	350192000	57171000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	350192000	57171000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3252896000	3873142000

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)	1029000	
(B) Common stock.....	2b(2)(B)	104448000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	386000	
(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)	3501548000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3383499000	
(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)	387501000	
(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)		356000
c Other income	2c		-10018000
d Total income. Add all income amounts in column (b) and enter total	2d		601751000

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)	19331000	
(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)		19331000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19331000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		582420000
l Transfers of assets:			
(1) To this plan	2l(1)		1053135000
(2) From this plan	2l(2)		1015309000

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 _____.