

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 <h1 style="text-align: center;">2024</h1> 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 01/01/2024 and ending 12/31/2024

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) _____

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>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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>ALIGHT SOLUTIONS LLC</u> <u>320 SOUTH CANAL STREET</u> <u>50TH FLOOR</u> <u>CHICAGO, IL 60606</u>	1c Effective date of plan <u>05/01/2017</u> 2b Employer Identification Number (EIN) <u>36-2235791</u> 2c Plan Sponsor's telephone number <u>224-737-7000</u> 2d Business code (see instructions) <u>541990</u>

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	Filed with authorized/valid electronic signature.	07/09/2025	JANICE D HAYES MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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	
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	13933
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.....	6a(1)	10707
	6a(2)	7865
	6b	4
	6c	4518
	6d	12387
	6e	96
	6f	12483
	6g(1)	13421
	6g(2)	12300
h	6h	445
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:
 2E 2F 2G 2J 2K 2R 2S 2T 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan 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 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 C (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>	Service Provider 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 **01/01/2024** and ending **12/31/2024**

A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD P.O. BOX 1110
VALLEY FORGE, PA 19482-1110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ARROWSTREET CAPITAL

45-6500555

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BARCLAYS 3344 PEACHTREE ROAD
SUITE 950
ATLANTA, GA 30326

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FTSE EPRA GLOBAL REAL ESTATE ONE MARKET PLAZA, SPEAR TOWER
SUITE 3646
SAN FRANCISCO, IA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL ADVISORS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	572207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	379646	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	359709	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 49 50 51 52	NONE	285725	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	209920	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GOLDMAN SACHS ASSET MANAGEMET

04-3211048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	144452	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	138452	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	120494	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	90718	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PACIFIC INVTMT MGMT COMPANY

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	75705	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50 51	NONE	74000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PERSHING LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 61 71 99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	53700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	48589	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 61 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	32744	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	71	43320
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	31764
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	61	6711
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	99	2610
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	OTHER FEES RELATED TO CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	59	1060
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	SHAREHOLDER SERVICING FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	980
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERSHING LLC 13-2741729	FINDER'S FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALIGHT SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>36-2235791</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: JPMRGN HIGH YLD BROAD(COLUMBUS)STGY

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN <u>20-4786224-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EXTD EQTY MKT FD F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>94-3270116-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>218006242</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX US INDEX SUP

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>83-0377925-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>291714797</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI IMI INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>82-5170825-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GSAM EMD 50/25/25 STRATEGY FUND

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN <u>13-4166989-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HEWITT SAVINGS ROLL SELECT COMM

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>46-3787075-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3826751</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE DIVERSIFIED COMM PROP FD

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN <u>47-2818728-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81152073</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTFIELD SMALL/MID CAP GROWTH EQUI

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN 82-6648070-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44261593
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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)
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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)
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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)
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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 01/01/2024 and ending 12/31/2024	
A Name of plan ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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	0	4600
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20114534	6028328
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1387004	655792
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1315334	505123
(B) Common	1c(4)(B)	299104888	171089080
(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)	24773833	22611230
(9) Value of interest in common/collective trusts	1c(9)	731218890	638961456
(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)	1118478145	1430065879
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	180188859	183207350

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	2376581487	2453128838
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	794263	38171
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	557871	310219
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1352134	348390
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2375229353	2452780448

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)	29335200	
(B) Participants.....	2a(1)(B)	72100561	
(C) Others (including rollovers).....	2a(1)(C)	7329922	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		108765683
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-114	
(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)	1704534	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1704420
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	-1461	
(B) Common stock.....	2b(2)(B)	3195573	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	623987	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3818099
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	216948920	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	174219582	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		42729338
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-15098645	
(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)		60574327
(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)		215271261
c Other income	2c		3900593
d Total income. Add all income amounts in column (b) and enter total	2d		421665076

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	341538806	
(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)		341538806
f Corrective distributions (see instructions)	2f		27343
g Certain deemed distributions of participant loans (see instructions)	2g		39851
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	164718	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2049175	
(6) Bank or trust company trustee/custodial fees	2i(6)	285725	
(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)	8363	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2507981
j Total expenses. Add all expense amounts in column (b) and enter total	2j		344113981

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		77551095
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALIGHT SOLUTIONS LLC</u>	D Employer Identification Number (EIN) <u>36-2235791</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Alight Solutions LLC 401(k) Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



Alight Solutions LLC 401(k) Plan
Audited Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

Alight Solutions LLC U.S. Administration and Investment Committee and Participants Alight Solutions LLC 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Alight Solutions LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



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Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.



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In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



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- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is



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the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

July 2nd, 2025

Alight Solutions LLC 401(k) Plan
Statements of Net Assets Available for Benefits

<i>(in thousands)</i>	As of December 31,	
	2024	2023
Assets		
Investments at fair value	\$ 2,289,937	\$ 2,187,669
Investments at contract value	133,896	142,637
Receivables:		
Company contributions	6,028	20,114
Pending trade sales	24	406
Accrued interest and dividends	632	981
Notes receivables from participants	22,611	24,774
Total receivables	29,295	46,275
Total assets	2,453,128	2,376,581
Liabilities		
Pending trade purchases	38	794
Accrued expenses	310	558
Total liabilities	348	1,352
Net assets available for benefits	\$ 2,452,780	\$ 2,375,229

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

(in thousands)

	Years ended December 31,	
	2024	2023
Additions		
Net investment income:		
Net appreciation in fair value of investments	\$ 307,376	\$ 338,418
Interest income and dividends	3,818	7,037
Total net investment income	311,194	345,455
Interest income on notes receivable from participants	1,705	1,285
Contributions:		
Company	29,335	46,824
Participants	72,101	79,441
Rollovers	7,330	14,573
Total contributions	108,766	140,838
Total additions, net of investment loss	421,665	487,578
Deductions:		
Benefit payments	341,606	151,746
Management and administrative fees	2,508	3,724
Total deductions	344,114	155,470
Net increase in net assets available for benefits	77,551	332,108
Net assets available for benefits at beginning of period	2,375,229	2,043,121
Net assets available for benefits at end of period	\$ 2,452,780	\$ 2,375,229

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k)Plan
Notes to the Financial Statements
December 31, 2024

1. Plan Description

General

The Alight Solutions LLC 401(k) Plan (the “Plan”) was established on May 1, 2017, in connection with the acquisition by Tempo Acquisition, LLC of certain entities, including Alight Solutions, LLC (“Alight,” the “Company,” or the “Plan Sponsor”) and assets from Aon plc. On that date and effective that date, the accounts for certain participants in the Aon Savings Plan (a defined contribution plan with a salary deferral feature) were transferred to the Plan.

The Plan was authorized by the Board of Directors of the Company. The Plan is a defined contribution plan with a salary deferral feature. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Northern Trust Company (“Northern Trust”) serves as the Plan’s trustee to administer the Plan’s assets. Alight serves as the Plan’s record-keeper.

On July 12, 2024, the Company announced the sale (the “Transaction”) of Alight’s Professional Services segment and Alight’s Payroll & HCM Outsourcing business within the Employer Solutions segment (collectively, the “Divested Business”) to Axiom Buyer, LLC, a newly-formed entity and an affiliate of H.I.G. Capital, L.L.C. (“Buyer”), pursuant to the terms of the Stock and Asset Purchase Agreement (the “Purchase Agreement”), dated as of March 20, 2024. As a result of this agreement, the employees of the Company’s Payroll and Professional Services were effectively terminated from the Plan on the date of the Transaction with no forced withdrawal required and on this same date 1,694 employees were terminated from the Plan and the assets related to these employees was approximately \$374,862,903, which represents approximately 14% of total Plan assets.

The following description of the Plan provides only general information. Participants of the Plan should refer to the summary plan description for a more complete description of the Plan.

Eligibility and Participation

Full-time and part-time employees scheduled to work 20 or more hours per week are eligible to participate their first day of work. Part-time employees scheduled to work fewer than 20 hours per week and all temporary employees are eligible to participate the first of the month following six months of service.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Contributions

Participant

Participant contributions are made by means of regular payroll deductions. All eligible employees may elect to contribute up to 50% of their compensation, as defined by the Plan, on a combined before-tax, Roth 401(k), and/or regular after-tax basis. Additional catch-up contributions are available to individuals age 50 or older during the year. Before-tax and Roth 401(k) combined contributions are limited to the maximum amount allowed by the Internal Revenue Service. For 2024 and 2023, the maximum contribution was \$23,000 and \$22,500, respectively.

During 2024 and 2023, catch-up contributions for individuals aged 50 or older were permitted up to \$7,500, for a total maximum annual participant contribution of \$30,500 and \$30,000, respectively.

Automatic enrollment starts shortly after eligibility at a rate of 3% on a before-tax basis unless an individual elects otherwise. Participants can change their contribution elections at any time. If automatically enrolled, a participant's contribution will increase by 1% on the April 1 following six months of service, and then annually thereafter in 1% increments, up to a maximum default contribution rate of 9%.

Company

Eligibility for company matching contributions starts on the first of the month following six months of service. The Company matches 100% of the first 1% of eligible before-tax and/or Roth 401(k) participant contributions and 50% of the next 6% of eligible before-tax and/or Roth 401(k) participant contributions each pay period.

In addition, participants eligible for company matching contributions also receive a separate non-elective Retirement Account Contribution ("RAC") of 2.5% of compensation if they are actively employed on the last day of the year, regardless of participant contributions. However, participants may also be eligible for the RAC if they terminated employment during the applicable year due to death, voluntary termination at or after age 55 with five years of vesting service, or under circumstances that qualified for severance under the Alight Solutions, LLC Severance Plan. Participants are not required to make any contributions to the Plan to receive the RAC. The amount of the contribution is a fixed 2.5% of annual eligible compensation and is deposited to participant accounts after the close of the year.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

On September 1, 2023, the RAC was suspended for the plan year ending December 31, 2023 for job levels of manager and above, allowing for a maximum allocation of 1.67% of the full year of eligible pay. Employees at the Associates level were still eligible for a RAC of 2.5% of the full year of eligible pay.

For the plan year ending December 31, 2024, the RAC was based on the full year of eligible pay for employees at the Associate level only.

Investment Options

Both participant and company contributions to the Plan will be invested in any of the various investment alternatives offered by the Plan in any whole percentages as directed by the participant. Additionally, a self-directed brokerage account is offered, whereby participants can invest up to 50% of their accounts in various stock, mutual funds, and other investments. Participants who are automatically enrolled have their contributions invested in the applicable target fund based on their age until they change their election. Participants may change their investment elections for existing balances or future contributions at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) plan earnings (losses) and (c) applicable plan fees. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Plan fees allocated to participants include Trustee fees, investment advice access fees, professional management member fees, certain legal fees, and other expenses that are part of normal Plan operations. Allocations of these expenses are as defined below and can also be found in the Plan's Annual Fee Disclosure Notice.

Administrative Fees, if any, are allocated to all separated participants, regardless of balance, and any active participants with account balances greater than \$100. Trustee Fees are charged to all participants on a pro rata basis, meaning based on the respective size of participant account balances. Investment advice access fees are charged quarterly to all participants regardless of usage. The Professional management member fees are charged based on the size of account under management.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Vesting

Participants are always 100% vested in their own contributions and related investment earnings. Individuals hired on or after January 1, 2016, vest in company matching and RAC upon completing two years of service.

Forfeitures

Participants terminated prior to becoming fully vested forfeit all company contributions and related investment earnings. Forfeitures are used to provide partial funding for company contributions and to pay other expenses of the Plan. Unallocated forfeited balances as of December 31, 2024 and 2023 were approximately \$92,548 and \$20,000, respectively, and \$825,876 and \$802,047 were used to reduce company contributions during 2024 and 2023, respectively.

In-service Withdrawals and Loans (Notes Receivables From Participants)

A participant may withdraw regular after-tax savings and rollover contributions. Other withdrawals are allowed, upon approval, in the event of financial hardship. Withdrawal options are also available once a participant reaches age 59½ and in the event of an approved disability. A participant may borrow up to 50% of their vested balance up to a maximum loan amount of \$50,000, reduced by the highest outstanding loan balance in the prior 12 months. Interest rates will be equal to 1% plus the prime rate as reported in the money rate section of the *Wall Street Journal* for the 15th day of the month preceding the month in which the loan is requested.

Interest rates on participant loans ranged from 3.24% to 9.64% for loans outstanding on December 31, 2024 and 3.25% to 9.50% for loans outstanding on December 31, 2023. A loan is repaid through payroll deductions for up to 5 years (or up to 15 years if for the purchase of a primary residence).

Benefit Payments

Upon retirement or termination of service, a participant is entitled to a lump-sum payment equal to the participant's vested balance. The participant may elect to receive this payment directly or to have it rolled into another qualified plan or individual retirement account ("IRA"). The Plan has a force out provision for balances less than \$7,000 for which there are two options for distribution. Balances up to \$1,000 are distributed as a direct payment and balances of \$1,000 to \$7,000 are rolled into another qualified plan or IRA. Otherwise, a participant may leave their balances in the Plan. There are other distribution options based on various age, service, and account balance parameters.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Effective April 1, 2024, the plan adopted an Auto Portability Program that provides for the transfer of certain terminated participant assets to a Safe Harbor Individual Retirement Account (SHIRA) established by Retirement Clearing House (RCH). This is in connection with the Portability Services Network (PSN) Auto Portability Program. The Plan also concurrently increased the force out threshold balance to \$7,000 from \$5,000.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments held by the Plan, except for the synthetic investment contracts (“SICs”), are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

The Plan Sponsor maintains proper oversight of the Plan through the U.S. Administration and Investment Committee (“USAIC”). The USAIC is responsible for determining the Plan’s valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan’s investments.

In conformity with Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, assets and liabilities measured at fair value are categorized into the fair value hierarchy. See Note 4 for further description and disclosures related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

Reporting of Investment Contracts

The Plan invests in SICs with Voya Financial Inc., Metropolitan Life Insurance Company (“MetLife”), and Prudential Insurance Company of America. SICs are wrap contracts paired with an underlying investment or investments, usually a portfolio, owned by the Plan, of high-quality, intermediate-term fixed income securities. The Plan purchases a wrapper contract from a financial services institution. SICs credit a stated interest rate for a specified period of time. Investment gains and losses are amortized over the expected duration through the calculation of the interest rate applicable to the Plan on a prospective basis. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield to maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate is most impacted by the change in the annual effective yield to maturity of the underlying securities, but it is also affected by the difference between the contract value and the market value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly, but in no event is the crediting rate less than zero.

These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan’s ability to transact at contract value with participants, is probable.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

The SICs do not permit Voya Financial Inc., MetLife, or Prudential Insurance Company of America to terminate the agreement prior to the scheduled maturity date. However, the SICs generally impose conditions on both the Plan and the issuer. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Plan to be in default: (1) a breach of material obligation under the contract, (2) a material misrepresentation, or (3) a material amendment to the plan agreement. The issuer may be in default if it breaches a material obligation under the investment contract, makes a material misrepresentation, has a decline in its long-term credit rating below a threshold set forth in the contract, or is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Plan were unable to obtain a replacement investment contract, the Plan may experience losses if the value of the Plan's assets no longer covered by the contract value is below contract value.

The Plan may seek to add additional issuers over time to diversify the Plan's exposure to such risk, but there is no assurance that the Plan may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro rata based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination. If the SICs terminate due to a decline in the ratings of the issuer, the issuer may be required to pay to the Plan the cost of acquiring a replacement contract within the meaning of the contract. If the contract terminates when the market value equals zero, the issuer will pay the excess of contract value over market value to the Plan to the extent necessary for the

Plan to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

Certain separate account contracts permit the fund or the issuer to elect to terminate the contract, with the fund having the right to elect to receive either market value, convert the contract to a governance and investment committee or make an amortization election. In addition, if the fund defaults in its obligations under the separate account contract, the issuer may terminate, and the fund will receive market value.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Participants (and beneficiaries) are entitled to vested benefits upon retirement, termination, attainment of age 59.5, long-term disability, and upon death. Benefits are recorded when paid.

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded. Notes receivable also includes the December year end employee contributions due from the Plan Sponsor which have been reflected in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. The Plan's recordkeeping fees are paid by Company. Other administrative expenses incurred as part of normal Plan operations such as trustee, legal and auditing fees are paid by the Plan. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Certain other administrative expenses of the Plan are paid by the Company, at its discretion or as required based on applicable regulations. Expenses that are paid by the Company are excluded from these financial statements.

Use of Estimates

The preparation of the accompanying financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

3. Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years ended December 31, 2024 and 2023, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Northern Trust, the trustee of the Plan.

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The accounting standards related to fair value measurements include a hierarchy for information and valuations used in measuring fair value that is broken down into three levels based on reliability, as follows:

- Level 1 – observable inputs such as quoted prices in active markets for identical assets and liabilities
- Level 2 – inputs other than quoted prices for identical assets in active markets that are observable either directly or indirectly
- Level 3 – unobservable inputs in which there is little or no market data which requires the use of valuation techniques and the development of assumptions

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value by the Plan:

Common stock and mutual funds: consist of domestic and international equity securities and mutual funds. Common stock and mutual funds agree to the closing stock prices on a national securities exchange.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

Preferred stock/other equities: valued at representative quoted market prices.

Short-term investment funds: consist of cash, institutional short-term investment funds, and money market funds. The Company reviews the short-term investment funds to obtain reasonable assurance that the fund net asset value is \$1 per share.

Self-directed brokerage account: participant elected investments, typically liquid mutual funds and common stock valued at quoted closing prices or real-time quotes on a national security exchange.

Common collective trusts: valued at the net asset value (“NAV”) provided by the administrator of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. These funds are primarily invested in publicly traded common stocks and bonds. Participant-directed and plan redemptions have no restrictions.

The Plan’s investments measured at fair value on a recurring basis are as follows:

(in thousands)

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 171,089	\$ —	\$ —	\$ 171,089
Mutual funds	1,430,066	—	—	1,430,066
Preferred stock	—	505	—	505
Non-interest bearing cash	5	—	—	5
Self-directed brokerage account	49,311	—	—	49,311
Common collective trusts	638,961	—	—	638,961
	<u>\$ 2,289,432</u>	<u>\$ 505</u>	<u>\$ —</u>	<u>\$ 2,289,937</u>

(in thousands)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 299,105	\$ —	\$ —	\$ 299,105
Mutual funds	1,118,478	—	—	1,118,478
Preferred stock	—	1,315	—	1,315
Self-directed brokerage account	37,552	—	—	37,552
Common collective trusts	731,219	—	—	731,219
	<u>\$ 2,186,354</u>	<u>\$ 1,315</u>	<u>\$ —</u>	<u>\$ 2,187,669</u>

Alight Solutions LLC 401(k) Plan Notes to the Financial Statements (continued)

5. Income Taxes

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated August 29, 2019, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “Code”) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan’s operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported on the statements of net assets available for benefits.

7. Related-Party Transactions and Parties in Interest

The Plan uses Alight as the record-keeper and the preparer of Form 5500, and Alight Financial Advisors, LLC for investment advisory services to participants. In addition, the Plan holds units of mutual funds and/or common/collective trust funds managed by Northern Trust, the trustee of the Plan; as well as offers a Self-directed brokerage account separately administered by Alight Financial Solutions. These transactions qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA.

8. Subsequent Events

Management evaluated subsequent events for the Plan through **July 2, 2025** the date the accompanying financial statements were available to be issued.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

8. Subsequent Events (continued)

As a result of the sale of Alight's Divested Business to Axiom Buyer, LLC, 342 terminated employees elected to participate in a bulk rollover distribution out of the Plan. On April 25, 2025, \$65,474,025 was rolled out of the Plan related to these individuals.

Supplemental Schedule

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 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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: ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): ALIGHT SOLUTIONS LLC
2b Employer Identification Number (EIN): 36-2235791
2c Plan Sponsor's telephone number: 224-737-7000
2d Business code (see instructions): 541990

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, Date, and Name. Row 1: Janice D Hayes Moore, 7.9.2025, JANICE D HAYES MOORE. Row 2: Signature of employer/plan sponsor. Row 3: Signature of 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	
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	13,933
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.....	6a(1)	10,707
	6a(2)	7,865
	6b	4
	6c	4,518
	6d	12,387
	6e	96
	6f	12,483
	6g(1)	13,421
6g(2)	12,300	
6h	445	
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:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
CAD - Canadian dollar	2,116.360	2,116.36	2,116.36
EUR - Euro	0.010	0.01	0.01
JPY - Japanese yen	-0.080	-0.08	-0.08
USD - United States dollar	2,483.400	2,483.40	2,483.40
Total - all currencies		4,599.69	4,599.69
Total Non-Interest Bearing Cash - USD		4,599.69	4,599.69
<i>Receivables - Other - USD</i>			
Pending foreign exchange purchases: Euro	0.000	9,422.42	9,387.79
Pending foreign exchange purchases: United States dollar	0.000	7,100.50	7,100.50
Pending trade sales: Japanese yen	0.000	7,091.93	7,121.26
Total - all currencies		23,614.85	23,609.55
Total Receivables - Other - USD		23,614.85	23,609.55
<i>Corporate Stock - Preferred</i>			
United States - USD			
PVTPL &&& GM CRUISE HLDG CL G CVT PFD T-ROWE ONLY CUSIP: 361998941	3,111.000	81,974.85	81,974.85
PVTPL &&& NURO SERIES C CVT PFD STOCK TROWE ONLY CUSIP: 670999796	5,296.000	69,137.17	69,137.17
PVTPL &&& RAPPI INC SER E CVT PFD PP TROWE ONLY CUSIP: 753991447	1,598.000	95,474.17	95,474.17
PVTPL &&& SILA NANO SER F CVT PFD TROWE ONLY CUSIP: 826993206	1,543.000	63,683.94	63,682.70
PVTPL &&& WAYMO LLC SER A-2 CONVT PREF STOCK T-ROWE PRICE ONLY CUSIP: 990799WL8	824.000	70,754.58	70,754.57

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Preferred			
United States - USD			
PVTPL GM CRUISE HOLDINGS LLC CLASS F PREFERRED SHARES CUSIP: 361997471	6,800.000	124,100.00	124,100.00
Total United States - USD		505,124.71	505,123.46
Total Corporate Stock - Preferred		505,124.71	505,123.46
Corporate Stock - Common			
Australia - AUD			
ARISTOCRAT LEISURE NPV SEDOL: 6253983	10,930.000	464,363.75	462,613.31
PRO MEDICUS NPV SEDOL: 6292782	3,822.000	134,010.35	591,881.83
STEADFAST GROUP NPV SEDOL: BCT5FD7	54,130.000	204,795.94	194,384.63
TECHNOLOGY ONE NPV SEDOL: 6302410	11,295.000	123,202.56	218,960.21
XERO LIMITED NPV SEDOL: B8P4LP4	1,408.000	161,863.91	146,944.41
Total Australia - AUD		1,088,236.51	1,614,784.39
Belgium - EUR			
DIETEREN GROUP SEDOL: 4247494	950.000	188,854.27	158,084.61
UCB NPV SEDOL: 5596991	2,220.000	427,552.91	441,831.30
Total Belgium - EUR		616,407.18	599,915.91
Belgium - USD			
ADR ANHEUSER BUSCH INBEV SA/NV SPONSOREDADR CUSIP: 03524A108	31,000.000	1,760,242.01	1,552,170.00
Total Belgium - USD		1,760,242.01	1,552,170.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Canada - CAD			
BOYD GROUP SERVICE COM NPV SEDOL: BKPNC96	691.000	111,075.88	104,154.48
CONSTELLATION SOFT COM STK NPV SEDOL: B15C4L6	259.000	650,912.33	800,467.04
DOLLARAMA INC COM STK NPV SEDOL: B4TP9G2	6,474.000	370,984.06	631,464.83
INTACT FINL CORP COM NPV SEDOL: B04YJV1	3,354.000	496,819.92	610,375.76
PARKLAND CORP. COM NPV SEDOL: BLFHPV8	7,425.000	207,463.62	167,839.49
ROYAL BK OF CANADA COM NPV SEDOL: 2754383	4,836.000	609,772.45	582,794.83
TFI INTERNATIONAL COM NPV SEDOL: BDRXBF4	1,230.000	163,998.67	166,120.98
TOROMONT INDUSTRIE COM STK NPV SEDOL: 2897103	4,644.000	344,542.83	366,947.68
WSP GLOBAL INC COM NPV SEDOL: BHR3R21	2,332.000	408,041.05	410,167.38
Total Canada - CAD		3,363,610.81	3,840,332.47
Canada - USD			
BROOKFIELD ASSET MGMT LTD CL A LTD VTG SHS SEDOL: BP95GD5	12,296.000	643,066.60	666,320.24
CAMECO CORP COM SEDOL: 2158684	7,349.000	395,442.38	377,665.11
CANADIAN PAC KANS CITY LTD SEDOL: BNVTFQ7	8,348.000	614,949.66	604,144.76
SHOPIFY INC CL A SHOPIFY INC SEDOL: BXDZ9Z0	6,089.000	509,026.05	647,443.37
Total Canada - USD		2,162,484.69	2,295,573.48
Denmark - DKK			
DSV A S DKK1 SEDOL: B1WT5G2	4,496.000	582,370.70	954,563.43
NOVO NORDISK A/S SER'B'DKK0.1 SEDOL: BP6KMJ1	7,574.000	421,338.13	656,477.84

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Denmark - DKK			
ROCKWOOL A/S SER'B'DKK10 SEDOL: 4713490	280.000	123,745.85	99,222.40
Total Denmark - DKK		1,127,454.68	1,710,263.67
Finland - EUR			
METSO OYJ SEDOL: B1FN8X9	12,341.000	118,826.57	114,756.37
VALMET OYJ NPV SEDOL: BH6XZT5	3,946.000	108,734.47	95,328.32
Total Finland - EUR		227,561.04	210,084.69
France - EUR			
AIRBUS SE EUR1 SEDOL: 4012250	2,965.000	345,322.16	475,214.48
DASSAULT SYSTEMES EUR0.10 SEDOL: BM8H5Y5	5,294.000	185,694.53	183,644.90
EURONEXT EUR1.60 SEDOL: BNBNSG0	3,220.000	321,653.07	361,105.79
HERMES INTL NPV SEDOL: 5253973	429.000	632,463.11	1,031,500.95
IPSEN SA EUR1 SEDOL: B0R7JF1	1,315.000	162,945.31	150,738.26
LVMH MOET HENNESSY EUR0.30 SEDOL: 4061412	1,364.000	833,444.35	897,594.22
PUBLICIS GROUPE SA EUR0.40 SEDOL: 4380429	4,920.000	464,163.53	524,750.00
SAFRAN SA EUR0.20 SEDOL: B058TZ6	3,666.000	447,846.95	805,161.97
SCHNEIDER ELECTRIC EUR4.00 SEDOL: 4834108	3,353.000	781,019.86	836,412.43
THALES SA EUR3 SEDOL: 4162791	5,161.000	660,248.07	740,975.51
TOTALENERGIES SE SEDOL: B15C557	12,197.000	774,902.63	674,062.78
VUSIONGROUP EUR2 SEDOL: B0XMRC3	884.000	101,564.99	162,663.39

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
France - EUR			
Total France - EUR		5,711,268.56	6,843,824.68
France - USD			
SANOFI SPONSORED ADR CUSIP: 80105N105	60,300.000	2,891,800.12	2,908,269.00
Total France - USD		2,891,800.12	2,908,269.00
Germany - EUR			
CTS EVENTIM AG & C NPV SEDOL: 5881857	4,574.000	317,558.58	386,725.20
HANNOVER RUECK SE ORD NPV(REGD) SEDOL: 4511809	2,252.000	475,959.72	562,931.79
MTU AERO ENGINES A NPV (REGD) SEDOL: B09DHL9	2,822.000	519,571.65	940,942.33
NEMETSCHEK SE ORD NPV SEDOL: 5633962	1,918.000	145,947.32	185,897.94
SAP SE SEDOL: 4846288	5,622.000	1,104,714.00	1,375,639.65
SYMRISE AG NPV (BR) SEDOL: B1JB4K8	3,728.000	388,822.50	396,264.33
Total Germany - EUR		2,952,573.77	3,848,401.24
Hong Kong - HKD			
AIA GROUP LTD NPV SEDOL: B4TX8S1	67,600.000	630,476.51	489,946.51
HONG KONG EXCHANGES & CLEAR SEDOL: 6267359	10,100.000	418,711.50	383,303.19
TECHTRONIC INDUSTR NPV SEDOL: B0190C7	12,000.000	184,461.52	158,342.93
Total Hong Kong - HKD		1,233,649.53	1,031,592.63
Ireland - EUR			
KINGSPAN GROUP ORD EUR0.13 SEDOL: 4491235	7,147.000	494,975.65	521,380.64

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Ireland - EUR			
Total Ireland - EUR		494,975.65	521,380.64
Israel - USD			
ADR TEVA PHARMACEUTICAL INDS SEDOL: 2883878	35,573.000	592,831.00	784,028.92
Total Israel - USD		592,831.00	784,028.92
Italy - EUR			
AZIMUT HLDG S.P.A NPV SEDOL: B019M65	4,508.000	109,801.51	111,986.14
BRUNELLO CUCINELLI EUR100 SEDOL: B7K6D18	2,879.000	112,798.25	314,218.97
PRYSMIAN SPA EUR0.10 SEDOL: B1W4V69	2,943.000	187,871.10	187,907.41
Total Italy - EUR		410,470.86	614,112.52
Italy - USD			
FERRARI N V FERRARI N V COMMON S TOCK SEDOL: BZ1GMK5	1,177.000	309,495.96	500,036.68
Total Italy - USD		309,495.96	500,036.68
Japan - JPY			
ADVANTEST CORP NPV SEDOL: 6870490	11,100.000	429,448.17	649,642.40
ASICS CORP NPV SEDOL: 6057378	11,500.000	201,243.93	227,570.63
BAYCURRENT INC NPV SEDOL: BYP20B9	4,300.000	141,208.47	145,558.67
CHUGAI PHARMACY CO. LTD NPV SEDOL: 6196408	16,300.000	556,283.69	725,907.99
DAIFUKU CO LTD NPV SEDOL: 6250025	18,200.000	432,874.15	382,158.31
DAIICHI SANKYO COM NPV SEDOL: B0J7D91	20,000.000	549,193.92	553,830.49

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Japan - JPY			
DISCO CORPORATION NPV SEDOL: 6270948	700.000	114,696.03	190,321.96
HOYA CORP NPV SEDOL: 6441506	4,900.000	473,648.28	617,800.33
INTERNET COMM STK SEDOL: B05H328	7,700.000	149,481.66	146,273.54
ITOCHU CORP NPV SEDOL: 6467803	8,800.000	345,244.06	438,544.16
JAPAN ELEVATOR SER NPV SEDOL: BF0QWT5	7,200.000	96,447.10	133,591.24
JAPAN EXCHANGE GROUP INC NPV SEDOL: 6743882	30,200.000	281,923.16	340,124.71
KEYENCE CORP NPV SEDOL: 6490995	2,200.000	803,113.09	904,721.30
KURITA WATER INDS NPV SEDOL: 6497963	3,800.000	162,567.24	134,049.38
MATSUKIYOCOCOKARA & CO SEDOL: B249GC0	12,500.000	238,735.66	183,332.27
MONOTARO CO.LTD NPV SEDOL: B1GHR88	18,500.000	285,404.49	314,532.96
NOMURA RESEARCH INSTITUTE NPV SEDOL: 6390921	6,600.000	191,749.38	195,656.66
PAN PACIFIC INTERNATIONAL HOLDINGS CORP SEDOL: 6269861	19,600.000	417,073.41	538,264.19
RAKUS CO LTD NPV SEDOL: BD87BM2	4,000.000	79,248.95	47,289.39
RAKUTEN BANK LTD JPY SEDOL: BRPTWP9	5,500.000	115,660.84	154,683.13
RECRUIT HLDGS CO L NPV SEDOL: BQRRZ00	9,800.000	617,431.67	694,966.91
SHIN-ETSU CHEMICAL NPV SEDOL: 6804585	7,200.000	202,979.15	242,626.62
SMC CORP NPV SEDOL: 6763965	800.000	423,327.61	316,518.20
SUMITOMO MITSUI FINANCIAL GROUP NPV SEDOL: 6563024	30,000.000	536,109.61	718,503.44

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Japan - JPY			
TECHNOPRO HLDGS IN NPV SEDOL: BSM8SQ9	8,900.000	175,658.51	167,795.24
TOKIO MARINE HOLDINGS INC NPV SEDOL: 6513126	17,100.000	422,290.63	623,242.56
TOKYO ELECTRON NPV SEDOL: 6895675	1,300.000	188,552.66	200,054.09
TOMY COMPANY LTD NPV SEDOL: 6046923	4,200.000	123,852.76	121,328.58
ZOZO INC SEDOL: B292RC1	5,900.000	210,714.74	183,840.04
Total Japan - JPY		8,966,163.02	10,292,729.39
Japan - USD			
ADR HONDA MTR LTD ADR REPRESENTING 1 ORDSHS CUSIP: 438128308	17,486.000	522,622.44	499,225.30
Total Japan - USD		522,622.44	499,225.30
Netherlands - EUR			
ASM INTL NV EUR0.04 SEDOL: 5165294	822.000	480,997.35	475,639.96
ASML HOLDING NV EUR0.09 SEDOL: B929F46	1,193.000	574,716.13	838,433.10
BE SEMICONDUCTOR INDUSTRIES NV EUR0.01 SEDOL: BG0SCK9	1,136.000	71,193.90	155,628.20
IMCD NV EUR0.16 SEDOL: BNCBD46	2,306.000	283,285.24	342,658.36
WOLTERS KLUWER EUR0.12 SEDOL: 5671519	3,789.000	595,501.20	629,330.95
Total Netherlands - EUR		2,005,693.82	2,441,690.57
Netherlands - USD			
AEGON LTD AMER REGD CERT CUSIP: 0076CA104	109,500.000	554,747.87	644,955.00
Total Netherlands - USD		554,747.87	644,955.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
New Zealand - NZD			
FISHER & PAYKEL ORD DEFD DELIVERY SEDOL: 6340250	1,783.000	37,783.90	38,358.75
Total New Zealand - NZD		37,783.90	38,358.75
Norway - NOK			
KONGSBERG GRUPPEN NOK1.25 SEDOL: 5208241	1,444.000	85,617.26	162,742.19
Total Norway - NOK		85,617.26	162,742.19
Singapore - SGD			
DBS GROUP HLDGS NPV SEDOL: 6175203	20,030.000	474,476.97	641,923.18
Total Singapore - SGD		474,476.97	641,923.18
Spain - EUR			
AMADEUS IT GROUP EUR0.01 SEDOL: B3MSM28	6,552.000	433,624.20	462,709.47
INDITEX (IND.DE DISENO TEXTIL SA) EUR0.03 (POST SUBD) SEDOL: BP9DL90	13,625.000	539,971.55	700,355.28
Total Spain - EUR		973,595.75	1,163,064.75
Sweden - SEK			
ADDTECH AB SER'B'NPV SEDOL: BLN8T44	4,814.000	119,363.31	131,228.53
ATLAS COPCO AB SER'A'NPV SEDOL: BLDBN41	38,302.000	494,909.24	585,315.08
BEIJER REF AB SER'B'NPV SEDOL: BP2NJ48	29,175.000	379,413.13	430,657.51
EVOLUTION AB NPV SEDOL: BJXSCH4	1,602.000	112,281.74	123,645.10
HEMNET GROUP AB NPV SEDOL: BN2RJ91	7,136.000	150,891.19	217,000.79
HEXAGON AB SER'B'NPV SEDOL: BNZFHC1	12,042.000	118,532.30	115,087.92

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Sweden - SEK			
INDUTRADE AB NPV SEDOL: B0LDBX7	8,928.000	131,793.26	223,821.16
LIFCO AB SER'B/NPV SEDOL: BL6K7K9	8,062.000	111,974.58	233,923.32
Total Sweden - SEK		1,619,158.75	2,060,679.41
Switzerland - CHF			
ABB LTD CHF0.12 (REGD) SEDOL: 7108899	10,842.000	610,295.68	587,053.18
GALDERMA GROUP AG CHF0.01 SEDOL: BRC2T72	2,129.000	195,552.95	236,427.65
GALENICA AG CHF0.1 SEDOL: BYQCQ32	2,408.000	179,080.58	197,555.64
LINDT & SPRUENGLI CHF10 (PTG CERT) SEDOL: 5962280	25.000	320,172.18	277,793.10
LONZA GROUP AG CHF1 (REGD) SEDOL: 7333378	1,655.000	970,349.15	978,481.66
NAMEN-AKT BELIMO HOLDING AG (SPLIT HOLDING AG (SPLIT) SEDOL: BP0QDP8	472.000	181,565.88	312,236.14
PARTNERS GROUP HLG CHF0.01 (REGD) SEDOL: B119QG0	428.000	481,054.19	580,899.31
SANDOZ GROUP AG CHF0.05 SEDOL: BLPLD38	20,745.000	803,585.87	850,859.75
SIEGFRIED HLDG AG CHF11 (REGD) SEDOL: 7391763	258.000	231,497.05	280,704.00
SIKA AG CHF0.01 (REG) SEDOL: BF2DSG3	1,305.000	316,906.89	310,752.00
VAT GROUP AG CHF0.10 (REGD) SEDOL: BYZWMR9	287.000	76,181.31	108,561.21
Total Switzerland - CHF		4,366,241.73	4,721,323.64
Switzerland - USD			
ADR NOVARTIS AG CUSIP: 66987V109	9,800.000	719,503.34	953,638.00
ADR ROCHE HLDG LTD SPONSORED ADR ISIN #US771195104 CUSIP: 771195104	23,100.000	903,918.68	805,728.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Switzerland - USD			
UBS GROUP AG COMMON STOCK CUSIP: H42097107	17,000.000	300,737.84	515,440.00
Total Switzerland - USD		1,924,159.86	2,274,806.00
United Kingdom - GBP			
ASTRAZENECA ORD USD0.25 SEDOL: 0989529	5,151.000	687,410.57	675,302.48
BAE SYSTEMS ORD GBP0.025 SEDOL: 0263494	50,958.000	759,643.30	732,970.43
BEAZLEY PLC (UK) ORD GBP0.05 SEDOL: BYQ0JC6	25,539.000	150,022.64	261,157.90
BUNZL PLC ORD GBP0.32142857 SEDOL: B0744B3	7,950.000	324,914.67	328,168.89
COMPASS GROUP ORD GBP0.1105 SEDOL: BD6K457	21,119.000	452,189.00	704,084.01
DIPLOMA ORD GBP0.05 SEDOL: 0182663	11,150.000	452,021.18	593,481.08
EXPERIAN ORD USD0.10 SEDOL: B19NLV4	13,732.000	478,864.41	592,469.64
GREGGS ORD GBP0.02 SEDOL: B63QSB3	6,306.000	172,871.98	220,028.11
HALEON PLC ORD GBP0.01 SEDOL: BMX86B7	137,125.000	572,238.18	648,129.25
HALMA ORD GBP0.10 SEDOL: 0405207	21,418.000	503,734.91	721,294.80
HILL & SMITH PLC ORD GBP0.25 SEDOL: 0427030	4,143.000	119,616.26	96,924.79
INTERMED CAP GRP ORD GBP0.2625 SEDOL: BYT1DJ1	15,883.000	249,050.84	410,966.04
LONDON STOCK EXCHANGE GROUP ORD GBP0.06918604 SEDOL: B0SWJX3	7,342.000	670,312.76	1,037,669.44
RELX PLC SEDOL: B2B0DG9	15,295.000	524,918.13	695,151.61
ROTORK ORD GBP0.005 SEDOL: BVFNZH2	51,862.000	222,202.65	203,819.29
SOFTCAT PLC ORD GBP0.0005 SEDOL: BYZDVK8	7,252.000	104,361.04	138,415.86

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United Kingdom - GBP			
SPIRAX GROUP PLC ORD GBP0.269230769 SEDOL: BWFGQN1	1,293.000	144,440.29	111,006.67
UNILEVER PLC ORD GBP0.031111 SEDOL: B10RZP7	10,387.000	648,276.91	591,634.74
WEIR GROUP ORD GBP0.125 SEDOL: 0946580	6,327.000	134,237.20	173,058.75
3I GROUP ORD GBP0.738636 SEDOL: B1YW440	28,304.000	553,655.42	1,263,364.28
Total United Kingdom - GBP		7,924,982.34	10,199,098.06
United States - USD			
&&MAGIC LEAP INC CLASS A COM STK TROWE PRICE ONLY CUSIP: 552994808	155.000	76,059.00	0.00
ACCENTURE PLC CLS A SEDOL: B4BNMY3	2,130.000	808,838.98	749,312.70
ADR GSK PLC CUSIP: 37733W204	52,100.000	1,938,640.18	1,762,022.00
AIR PROD & CHEM INC COM CUSIP: 009158106	5,400.000	1,389,837.69	1,566,216.00
ALNYLAM PHARMACEUTICALS INC COM CUSIP: 02043Q107	2,400.000	160,952.61	564,744.00
ALPHABET INC CAP STK USD0.001 CL C CUSIP: 02079K107	9,200.000	451,646.77	1,752,048.00
ALPHABET INC CAPITAL STOCK USD0.001 CL A CUSIP: 02079K305	11,000.000	1,068,499.78	2,082,300.00
AMAZON COM INC COM CUSIP: 023135106	11,900.000	1,344,145.74	2,610,741.00
AMER ELEC PWR CO INC COM CUSIP: 025537101	7,600.000	639,015.80	700,948.00
ARCH CAPITAL GROUP COM STK SEDOL: 2740542	3,741.000	421,428.82	345,481.35
AVANTOR INC COM CUSIP: 05352A100	69,300.000	1,398,052.76	1,460,151.00
BAKER HUGHES CO CUSIP: 05722G100	34,800.000	1,017,961.50	1,427,496.00
BANK NEW YORK MELLON CORP COM STK CUSIP: 064058100	33,200.000	1,473,277.54	2,550,756.00

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
BANK OF AMERICA CORP CUSIP: 060505104	23,300.000	652,725.23	1,024,035.00
BAXTER INTL INC COM CUSIP: 071813109	35,700.000	1,292,811.45	1,041,012.00
BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010 CUSIP: 09061G101	9,200.000	716,452.94	604,716.00
BOOKING HLDGS INC COM CUSIP: 09857L108	400.000	781,255.11	1,987,368.00
BRIGHTHOUSE FINL INC COM CUSIP: 10922N103	5,700.000	286,572.27	273,828.00
BRISTOL MYERS SQUIBB CO COM CUSIP: 110122108	11,800.000	659,219.39	667,408.00
CAPITAL ONE FINL CORP COM CUSIP: 14040H105	12,850.000	1,056,771.41	2,291,412.00
CARRIER GLOBAL CORPORATION COM USD0.01 WI CUSIP: 14448C104	11,100.000	224,174.80	757,686.00
CELANESE CORP DEL COM STK CUSIP: 150870103	9,500.000	827,208.72	657,495.00
CHARTER COMMUNICATIONS INC NEW CL A CL A CUSIP: 16119P108	7,700.000	2,827,816.91	2,639,329.00
CHUBB LTD ORD CHF24.15 SEDOL: B3BQMF6	1,490.000	419,373.49	411,687.00
CISCO SYSTEMS INC CUSIP: 17275R102	18,600.000	742,248.37	1,101,120.00
COGNIZANT TECH SOLUTIONS CORP CL A CUSIP: 192446102	15,000.000	944,764.34	1,153,500.00
COHERENT CORP COM CUSIP: 19247G107	6,900.000	382,190.47	653,637.00
COMCAST CORP NEW-CL A CUSIP: 20030N101	51,600.000	2,030,208.73	1,936,548.00
CONOCOPHILLIPS COM CUSIP: 20825C104	8,800.000	505,337.39	872,696.00
CVS HEALTH CORP COM CUSIP: 126650100	46,900.000	3,168,179.89	2,105,341.00
DOMINION ENERGY INC COM STK NPV CUSIP: 25746U109	16,700.000	882,355.42	899,462.00

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<i>Corporate Stock - Common</i>			
United States - USD			
EHOSTAR CORPORATION CUSIP: 278768106	10,500.000	1,334,229.94	240,450.00
ELANCO ANIMAL HEALTH INC COM CUSIP: 28414H103	59,600.000	1,364,633.92	721,756.00
FEDEX CORP COM CUSIP: 31428X106	9,600.000	1,933,294.75	2,700,768.00
FIDELITY NATL INFORMATION SVCS INC COM STK CUSIP: 31620M106	23,900.000	1,705,166.74	1,930,403.00
FISERV INC COM CUSIP: 337738108	22,400.000	2,372,954.25	4,601,408.00
FLUTTER ENTERTAINMENT PLC ORD EUR0.09 SEDOL: BWZMZF4	1,459.000	406,506.97	377,078.55
FORTIVE CORP COM MON STOCK CUSIP: 34959J108	6,500.000	488,056.93	487,500.00
FOX CORP CL A CL A CUSIP: 35137L105	16,400.000	493,234.51	796,712.00
FOX CORP CL B CL B CUSIP: 35137L204	9,500.000	293,658.77	434,530.00
GAP INC COM CUSIP: 364760108	24,300.000	479,701.79	574,209.00
GE AEROSPACE CUSIP: 369604301	11,100.000	558,920.02	1,851,369.00
GE HEALTHCARE TECHNOLOGIES INC COM CUSIP: 36266G107	11,100.000	676,379.57	867,798.00
GILEAD SCIENCES INC CUSIP: 375558103	25,300.000	1,748,603.27	2,336,961.00
GOLDMAN SACHS GROUP INC COM CUSIP: 38141G104	2,850.000	676,653.13	1,631,967.00
HALEON PLC ADR CUSIP: 405552100	134,847.000	972,311.17	1,286,440.38
HP INC COM CUSIP: 40434L105	26,000.000	518,043.85	848,380.00
HUMANA INC COM CUSIP: 444859102	6,900.000	2,124,563.16	1,750,599.00
INCYTE CORP COM CUSIP: 45337C102	10,000.000	757,827.63	690,700.00

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Corporate Stock - Common			
United States - USD			
INTL FLAVORS & FRAGRANCES INC COM CUSIP: 459506101	16,700.000	1,261,253.78	1,411,985.00
JOHNSON CTLS INTL PLC COM USD0.01 CUSIP: G51502105	47,300.000	2,168,185.60	3,733,389.00
LINDE PLC SEDOL: BNZHB81	1,407.000	491,776.39	589,068.69
LPL FINL HLDGS INC COM CUSIP: 50212V100	700.000	176,218.41	228,557.00
LYONDELLBASELL IND N V COM USD0.01 CL 'A' CUSIP: N53745100	11,600.000	902,133.41	861,532.00
MEDTRONIC PLC COMMON STOCK STOCK CUSIP: G5960L103	5,300.000	465,564.02	423,364.00
META PLATFORMS INC COM USD0.000006 CL 'A' CUSIP: 30303M102	2,700.000	655,978.63	1,580,877.00
METLIFE INC COM STK USD0.01 CUSIP: 59156R108	40,800.000	1,885,352.11	3,340,704.00
MICROSOFT CORP COM CUSIP: 594918104	6,000.000	772,941.50	2,529,000.00
MOLSON COORS BEVERAGE COMPANY COM USD0.01 CLASS B CUSIP: 60871R209	11,300.000	602,917.92	647,716.00
NEUROCRINE BIOSCIENCES INC COM CUSIP: 64125C109	1,913.000	233,868.40	261,124.50
NEWS CORP COM CL A CUSIP: 65249B109	8,000.000	104,247.18	220,320.00
NORFOLK SOUTHN CORP COM CUSIP: 655844108	8,600.000	1,834,709.01	2,018,420.00
OCCIDENTAL PETE CORP WT EXP CUSIP: 674599162	10,500.000	0.00	289,275.00
OCCIDENTAL PETROLEUM CORP CUSIP: 674599105	49,400.000	2,329,356.15	2,440,854.00
PVTPL EPIC GAMES INC PP COM CUSIP: 123999RF3	224.000	128,800.00	128,800.00
REGENERON PHARMACEUTICALS INC COM CUSIP: 75886F107	1,600.000	1,010,625.58	1,139,728.00
RTX CORPORATION COMSTK CUSIP: 75513E101	33,900.000	2,488,942.74	3,922,908.00

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
SCHWAB CHARLES CORP COM NEW CUSIP: 808513105	62,500.000	2,771,007.88	4,625,625.00
STATE STR CORP COM CUSIP: 857477103	6,800.000	475,812.47	667,420.00
T-MOBILE US INC COM CUSIP: 872590104	7,500.000	894,246.87	1,655,475.00
TE CONNECTIVITY PLC COM USD0.01 CUSIP: G87052109	8,600.000	721,941.30	1,229,542.00
THE CIGNA GROUP CUSIP: 125523100	6,100.000	1,142,748.05	1,684,454.00
UNITEDHEALTH GROUP INC COM CUSIP: 91324P102	2,900.000	816,574.93	1,466,994.00
V F CORP COM CUSIP: 918204108	30,500.000	521,591.90	654,530.00
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	53,100.000	2,233,230.10	3,729,744.00
WILLIAMS CO INC COM CUSIP: 969457100	26,600.000	554,261.25	1,439,592.00
ZIMMER BIOMET HLDGS INC COM CUSIP: 98956P102	13,000.000	1,532,498.30	1,373,190.00
Total United States - USD		78,669,547.75	107,073,713.17
Total Corporate Stock - Common		133,067,853.83	171,089,080.33

Value of Interest in Common/Collective Trusts

United States - USD			
MFO BLACKROCK EXTD EQTY MKT FD F CUSIP: 06739Q461	1,789,393.161	143,228,362.51	218,006,242.29
MFO BLACKROCK MSCI ACWI EX US INDEX SUPERFUND F CUSIP: 06739T788	8,311,531.180	238,327,289.05	291,714,796.74
MFO HEWITT SAVINGS ROLL SELECT COMMODITYU/A CUSIP: 09259A460	273,168.010	2,924,175.59	3,826,751.10
MFO JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY FUND CF-A CUSIP: 20261T504	3,808,168.600	95,118,308.53	81,152,072.87

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
MFO WESTFIELD SMALL/MID CAP GROWTH EQUITY CIT CUSIP: 74048G434	3,812,368.065	37,942,902.03	44,261,593.23
Total United States - USD		517,541,037.71	638,961,456.23
Total Value of Interest in Common/Collective Trusts		517,541,037.71	638,961,456.23
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO BLAIR WILLIAM FDS EMERGING MKTS GROWTH FD CL R6 SEDOL: B0N0G19	1,378,524.830	18,432,788.10	17,893,252.29
Total International Region - USD		18,432,788.10	17,893,252.29
United States - USD			
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL SEDOL: BYZBLN5	9,945,308.260	9,945,308.25	9,945,308.25
MFO FTSE EPRA NAREIT US REAL ESTATE SECS INDEX FD F CUSIP: 09259D134	444,923.880	5,553,341.81	5,321,779.02
MFO ARROWSTREET COLLECTIVE INVT TR INTL EQUITY ACWI EX US CIT CL B CUSIP: 04281W853	445,570.720	62,122,542.65	79,152,519.41
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E BLACKROCK TOTAL RETURN BD FD L CUSIP: 09261F341	12,281,044.970	127,407,552.16	129,459,407.45
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E U S TREAS INFLATION PROTECTED SECS CUSIP: 09257F552	2,285,868.450	27,240,072.08	27,520,758.92
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E US DEBT INDEX FD M CUSIP: 09257F750	11,451,860.410	133,738,392.95	137,528,827.22
MFO EQUITY INDEX FUND F CUSIP: 06739T663	6,350,207.290	466,357,748.82	787,534,432.21
MFO PGIM FIXED INCOME PRUDENTIAL STRATEGIC CREDIT FUND CUSIP: 74443R415	351,995.160	43,401,892.90	45,204,191.36
MFO WESTWOOD MULTIPLE INVT TR SMIDCAP VALUE COLL TR CL C CUSIP: 961788502	3,471,525.720	44,740,912.39	48,774,936.37

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO WILLIAM BLAIR COLLECTIVE INVNT TR LARGE CAP GROWTH INVNT FD CL A CUSIP: 96929E796	6,627,037.650	117,890,659.95	141,730,466.11
Total United States - USD		1,038,398,423.96	1,412,172,626.32
Total Value of Interest in Registered Investment Com		1,056,831,212.06	1,430,065,878.61
<i>Other</i>			
Australia - AUD			
GOODMAN GROUP NPV SEDOL: B03FYZ4	16,125.000	388,423.87	355,822.43
Total Australia - AUD		388,423.87	355,822.43
United States - USD			
&&HEWITT PARTICIPANT LOAN ASSET CUSIP: 000887851	22,611,230.130	22,611,230.13	22,611,230.13
&&HEWITT SDA ASSET CUSIP: 000887836	1.000	0.00	46,511,053.99
GAMING & LEISURE PPTYS INC COM CUSIP: 36467J108	9,600.000	460,272.21	462,336.00
SBA COMMUNICATIONS CORP COM USD0.01 CL A CUSIP: 78410G104	5,200.000	1,109,516.47	1,059,760.00
SUN COMMUNITIES INC COM CUSIP: 866674104	7,500.000	955,381.32	922,275.00
SYNTHETIC GIC METROPOLITAN TOWER LIFE INS CO CONTRACT #38137 CUSIP: 999502LP0	44,190,186.430	44,190,186.43	44,190,186.43
SYNTHETIC GIC PRUDENTIAL CONTRACT #GA-64002 CUSIP: 999502CI6	46,104,036.980	46,104,036.98	46,104,036.98
SYNTHETIC GIC VOYA CONTRACT #MCA-60478 CUSIP: 999502CH8	43,601,878.630	43,601,878.63	43,601,878.63
Total United States - USD		159,032,502.17	205,462,757.16
CAD - Canadian dollar	0.000	0.00	0.00
CHF - Swiss franc	0.000	0.00	0.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
DKK - Danish krone	0.000	0.00	0.00
EUR - Euro	0.000	0.00	0.00
GBP - British pound sterling	0.000	0.00	0.00
JPY - Japanese yen	0.000	0.00	0.00
SEK - Swedish krona	0.000	0.00	0.00
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		159,420,926.04	205,818,579.59
<i>Other Liabilities</i>			
Pending foreign exchange sales: Japanese yen	0.000	-7,100.50	-7,124.95
Pending foreign exchange sales: United States dollar	0.000	-9,422.42	-9,422.42
Pending trade purchases: Euro	0.000	-9,448.99	-9,387.79
Pending trade purchases: United States dollar	0.000	-12,235.68	-12,235.68
Total - all currencies		-38,207.59	-38,170.84
Total Other Liabilities		-38,207.59	-38,170.84
<i>Payable Other</i>			
United States - USD			
INVESTMENT MANAGEMENT EXPENSE ACCRUAL CUSIP: 994996916	0.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Payable Other		0.00	0.00
Total		1,867,356,161.30	2,446,430,156.62

** All or a portion of this security participates in Securities Lending.