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

2024

This Form is Open to Public Inspection

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) P

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
AMERICAN CENTURY EMERGING MARKETS

1b Three-digit plan number (PN) ▶ 934

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DFE RETURNS

DIVERSIFIED INVESTMENT ADVISORS
4333 EDGEWOOD RD NE, MD 0009
CEDAR RAPIDS, IA 52499

2b Employer Identification Number (EIN)
36-6071399

2c Plan Sponsor's telephone number
319-355-5357

2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE D (Form 5500)

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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
AMERICAN CENTURY EMERGING MARKETS

B Three-digit plan number (PN) ▶ 934

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DFE RETURNS

D Employer Identification Number (EIN)
36-6071399

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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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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b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

b Name of sponsor of entity listed in (a):

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

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

a Plan name	ARCH MANAGEMENT PROFIT SHARING PLAN		
b Name of plan sponsor	JOF, LLC	**c** EIN-PN	47-2674762-001
a Plan name	BUFFALO VETERINARY PRACTICES 401(K) PLAN		
b Name of plan sponsor	PET DEGREE HOSPITAL PLLC	**c** EIN-PN	81-2573552-001
a Plan name	CREATIVE FLOORING OHIO 401(K) PLAN		
b Name of plan sponsor	HOEY ENTERPRISES, INC. DBA CREATIVE FLOORING OHIO	**c** EIN-PN	31-1313161-001
a Plan name	ENVIRO-TOTE, INC. 401(K) PLAN		
b Name of plan sponsor	ENVIRO-TOTE, INC.	**c** EIN-PN	02-0445490-001
a Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN		
b Name of plan sponsor	NARFA	**c** EIN-PN	04-2279821-001
a Plan name	SAN DIEGO THEATRES, INC. 401(K) PLAN		
b Name of plan sponsor	SAN DIEGO THEATRES, INC.	**c** EIN-PN	14-1886373-001
a Plan name	TEXTILES COATED, INC. 401(K) PLAN		
b Name of plan sponsor	TEXTILES COATED, INC.	**c** EIN-PN	02-0385288-001
a Plan name	HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN		
b Name of plan sponsor	HAWAII PACIFIC X-RAY CORPORATION	**c** EIN-PN	99-0250562-001
a Plan name	W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN		
b Name of plan sponsor	W.L. STATON PLUMBING, HEATING & COOLING, LLC	**c** EIN-PN	45-5074350-002
a Plan name	BARTELS, POWALSKI & WEISSMAN, M.D., P.C. DEFERRED PROFIT SHARING PLAN		
b Name of plan sponsor	BARTELS, POWALSKI & WEISSMAN, M.D., P.C.	**c** EIN-PN	16-1021580-002
a Plan name	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	**c** EIN-PN	47-4609056-001
a Plan name	NEXT RETIREMENT PLAN - ENTERPRISE		
b Name of plan sponsor	NEXT RETIREMENT PLAN - ENTERPRISE	**c** EIN-PN	26-2480212-001

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

a Plan name	ONESOURCE PROS 401(K) PLAN		
b Name of plan sponsor	ONESOURCE PROFESSIONAL SEARCH, LLC	**c** EIN-PN	13-4301164-001
a Plan name	PLATINUM ELEPHANT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PLATINUM ELEPHANT, INC.	**c** EIN-PN	27-3004527-001
a Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	**c** EIN-PN	31-1409301-001
a Plan name	SC ENVIRONMENTAL SERVICES, LLC 401(K) PLAN		
b Name of plan sponsor	SC ENVIRONMENTAL SERVICES	**c** EIN-PN	26-2811552-001
a Plan name	ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN		
b Name of plan sponsor	ATTAWAY SERVICE CAROLINA, INC.	**c** EIN-PN	82-2912532-001
a Plan name	AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN		
b Name of plan sponsor	AVMA LIFE TRUST, LLC	**c** EIN-PN	84-2685033-001
a Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN		
b Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	**c** EIN-PN	47-5342804-001
a Plan name	DELTA CONSTRUCTORS, LLC 401(K) PLAN		
b Name of plan sponsor	DELTA CONSTRUCTORS, LLC	**c** EIN-PN	37-1552952-001
a Plan name	RAIDER OUTBOARDS 401(K) PLAN		
b Name of plan sponsor	RAIDER OUTBOARDS INC.	**c** EIN-PN	47-3627794-001
a Plan name	FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN		
b Name of plan sponsor	FORTIN WELDING & MANUFACTURING, INC.	**c** EIN-PN	31-0873755-002
a Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN		
b Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	**c** EIN-PN	72-1279212-001
a Plan name	ACUITY SURGICAL DEVICES, LLC 401(K) PLAN		
b Name of plan sponsor	ACUITY SURGICAL DEVICES, LLC	**c** EIN-PN	46-4569963-001

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

a Plan name	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING		
b Name of plan sponsor	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	**c** EIN-PN	31-1456649-001
a Plan name	WALIER CHEVY 401(K) PLAN		
b Name of plan sponsor	TWO THIRDS MOTORS, INC.	**c** EIN-PN	02-0450291-001
a Plan name	AICUO 401(K) RETIREMENT PLAN		
b Name of plan sponsor	ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO	**c** EIN-PN	31-0746875-001
a Plan name	B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	B&R MOLL, INC.	**c** EIN-PN	20-0026172-001
a Plan name	BALD PEAK COLONY CLUB 401(K) PLAN		
b Name of plan sponsor	BALD PEAK COLONY CLUB	**c** EIN-PN	02-0210407-002
a Plan name	CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CEDAR RAPIDS OB-GYN SPECIALISTS, PC	**c** EIN-PN	42-1232291-001
a Plan name	DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DIXIE SEAL AND STAMP COMPANY, INC.	**c** EIN-PN	58-0222270-001
a Plan name	EDERA L3C 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	EDERA L3C	**c** EIN-PN	82-5524927-001
a Plan name	JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN		
b Name of plan sponsor	JOSEPH J. SCHIFINI MD, LTD	**c** EIN-PN	88-0424633-001
a Plan name	THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	KING & SOMMER, PLLC	**c** EIN-PN	26-0673255-001
a Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN		
b Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	**c** EIN-PN	58-1075293-001
a Plan name	ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ELEVATE PROPERTY MANAGEMENT LLC	**c** EIN-PN	27-3695592-001

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

a Plan name	HOUSTON CRITICAL CARE 401(K) PLAN		
b Name of plan sponsor	WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE	**c** EIN-PN	76-0567380-001
a Plan name	MOJO RISING 401(K) PLAN		
b Name of plan sponsor	MOJO RISING DE, LLC	**c** EIN-PN	36-4903386-001
a Plan name	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	STONE INSURANCE, INC.	**c** EIN-PN	72-0799511-001
a Plan name	SUMMERSET AND DURATEK BOAT LIFTS 401(K) PLAN		
b Name of plan sponsor	SUMMERSET AND DURATEK BOAT LIFTS	**c** EIN-PN	86-3812777-001
a Plan name	WILLIS SPANGLER STARLING 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WILLIS SPANGLER STARLING, LTD	**c** EIN-PN	46-4230982-001
a Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	**c** EIN-PN	95-4887678-001
a Plan name	CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN		
b Name of plan sponsor	CONSTRUCTION-CAD SOLUTIONS, INC.	**c** EIN-PN	36-4253943-002
a Plan name	MORNINGSIDE ELITE MANAGEMENT, LLC 401(K) PLAN		
b Name of plan sponsor	MORNINGSIDE ELITE MANAGEMENT, LLC	**c** EIN-PN	85-3197674-001
a Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN		
b Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	**c** EIN-PN	84-1755108-001
a Plan name	SUSTAINABLEHR RETIREMENT PLAN		
b Name of plan sponsor	SUSTAINABLEHR PEO, LLC	**c** EIN-PN	84-2747571-001
a Plan name	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	WITMER'S, INC.	**c** EIN-PN	34-1016582-001
a Plan name	RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	RJL RESOURCES, INC.	**c** EIN-PN	13-4199316-001

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

a Plan name	SYSTEMS 2000 PLUMBING SERVICES, INC 401(K) PLAN		
b Name of plan sponsor	SYSTEMS 2000 PLUMBING SERVICES, INC	**c** EIN-PN	13-3781164-001
a Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	T & D MACHINE HANDLING, INC.	**c** EIN-PN	58-1630426-001
a Plan name	TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	TRIUNITY ENGINEERING AND MANAGEMENT INC.	**c** EIN-PN	76-0747545-001
a Plan name	TRUSTED MEDICAL, LLC 401(K) PLAN		
b Name of plan sponsor	TRUSTED MEDICAL, LLC	**c** EIN-PN	87-2670313-001
a Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	APERION CARE, INC.	**c** EIN-PN	46-5646073-002
a Plan name	APPIAN WAY ASSET MANAGEMENT LP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	APPIAN WAY ASSET MANAGEMENT LP	**c** EIN-PN	84-2833996-002
a Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN		
b Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	**c** EIN-PN	59-1694414-001
a Plan name	CORE SOLUTIONS LLC 401(K) PLAN		
b Name of plan sponsor	CORE SOLUTIONS LLC	**c** EIN-PN	72-1401158-001
a Plan name	LIEBERMAN LEBOVIT, PLLC INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	LIEBERMAN LEBOVIT, PLLC	**c** EIN-PN	84-2449886-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
AMERICAN CENTURY EMERGING MARKETS

B Three-digit plan number (PN) ▶ 934

C Plan sponsor's name as shown on line 2a of Form 5500
DFE RETURNS

D Employer Identification Number (EIN)
36-6071399

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2399340	1848076
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2399340	1848076
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2399340	1848076

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	317566	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		317566

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		317566
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		317566
l Transfers of assets:			
(1) To this plan	2l(1)		689293
(2) From this plan	2l(2)		1558123

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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