

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

**Part I Annual Report Identification Information**  
 For calendar plan year 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) C

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>WTC-CTF SHORT-TERM GOVERNMENT PORTFOLIO</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>WELLINGTON TRUST COMPANY, NA</u></p> <p><u>280 CONGRESS STREET</u> <u>BOSTON, MA 02210</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>45-2978283</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>617-790-8964</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/03/2025</u>	<u>ASHLEY ADAMS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**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:

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 0

---

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

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

<b>A</b> Name of plan <u>WTC-CTF SHORT-TERM GOVERNMENT PORTFOLIO</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON TRUST COMPANY, NA</u>	<b>D</b> Employer Identification Number (EIN) <u>45-2978283</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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.)	
<b>a</b>	Plan name <b>WTC-CIF BIOTECHNOLOGY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-010</b>
<b>a</b>	Plan name <b>WTC-CIF CHINA OPPORTUNITIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-066</b>
<b>a</b>	Plan name <b>WTC-CIF DEFINED BENEFIT - ASSET ALLOCATION SOLUTION I PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-134</b>
<b>a</b>	Plan name <b>WTC-CIF DEFINED BENEFIT - ASSET ALLOCATION SOLUTION II PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-135</b>
<b>a</b>	Plan name <b>WTC-CIF DEFINED BENEFIT - ASSET ALLOCATION SOLUTION III PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-136</b>
<b>a</b>	Plan name <b>WTC-CIF DIVERSIFIED INFLATION HEDGES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-082</b>
<b>a</b>	Plan name <b>WTC-CIF EMERGING COMPANIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-015</b>
<b>a</b>	Plan name <b>WTC-CIF EMERGING MARKETS PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-017</b>
<b>a</b>	Plan name <b>WTC-CIF ENDURING ASSETS PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-130</b>
<b>a</b>	Plan name <b>WTC-CIF GLOBAL HEALTH CARE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-027</b>
<b>a</b>	Plan name <b>WTC-CIF GLOBAL LOW VOLATILITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-132</b>
<b>a</b>	Plan name <b>WTC-CIF GLOBAL RESEARCH EQUITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-028</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WTC-CIF II BALANCED REAL ASSETS PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-094
<b>a</b>	Plan name	WTC-CIF II CITIGROUP EMERGING MARKETS DEBT PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-056
<b>a</b>	Plan name	WTC-CIF II COMMODITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-112
<b>a</b>	Plan name	WTC-CIF II CORE BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-026
<b>a</b>	Plan name	WTC-CIF II CORE BOND PLUS PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-004
<b>a</b>	Plan name	WTC-CIF II CORE BOND PLUS/MORTGAGE-BACKED SECURITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-015
<b>a</b>	Plan name	WTC-CIF II CORE HIGH YIELD BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-105
<b>a</b>	Plan name	WTC-CIF II CORE HIGH YIELD BOND II PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-142
<b>a</b>	Plan name	WTC-CIF II DIVERSIFIED INFLATION HEDGES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-064
<b>a</b>	Plan name	WTC-CIF II DOWNSIDE ALPHA OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-163
<b>a</b>	Plan name	WTC-CIF II EMERGING MARKETS DEBT II PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-081
<b>a</b>	Plan name	WTC-CIF II EMERGING MARKETS RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-191

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WTC-CIF II GLOBAL AGGREGATE BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-117
<b>a</b>	Plan name	WTC-CIF II GLOBAL EQUITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-096
<b>a</b>	Plan name	WTC-CIF II GLOBAL PERSPECTIVES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-069
<b>a</b>	Plan name	WTC-CIF II GLOBAL QUALITY VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-216
<b>a</b>	Plan name	WTC-CIF II GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-028
<b>a</b>	Plan name	WTC-CIF II INTERMEDIATE CORE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-154
<b>a</b>	Plan name	WTC-CIF II INTERNATIONAL OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-110
<b>a</b>	Plan name	WTC-CIF II INTERNATIONAL QUALITY GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-152
<b>a</b>	Plan name	WTC-CIF II LARGE CAP RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-022
<b>a</b>	Plan name	WTC-CIF II LONG BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-080
<b>a</b>	Plan name	WTC-CIF II MID CAP OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-017
<b>a</b>	Plan name	WTC-CIF II MULTI SECTOR CREDIT II PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6913417-158

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.)	
<b>a</b>	Plan name <b>WTC-CIF II OPPORTUNISTIC EMERGING MARKETS DEBT PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-099</b>
<b>a</b>	Plan name <b>WTC-CIF II QUALITY INCOME OPPORTUNITIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-205</b>
<b>a</b>	Plan name <b>WTC-CIF II QUALITY VALUE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-067</b>
<b>a</b>	Plan name <b>WTC-CIF II RESEARCH VALUE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-010</b>
<b>a</b>	Plan name <b>WTC-CIF II SECURITIZED OPPORTUNITIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-160</b>
<b>a</b>	Plan name <b>WTC-CIF II SELECT CHINA PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-209</b>
<b>a</b>	Plan name <b>WTC-CIF II SELECT LEADERS PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-174</b>
<b>a</b>	Plan name <b>WTC-CIF II SMALL CAP 2000 PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-108</b>
<b>a</b>	Plan name <b>WTC-CIF II SMALL CAP OPPORTUNITIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-012</b>
<b>a</b>	Plan name <b>WTC- CIF II SMALL CAP VALUE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-086</b>
<b>a</b>	Plan name <b>WTC-CIF II SMALL COMPANIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-224</b>
<b>a</b>	Plan name <b>WTC-CIF II SMID CAP RESEARCH EQUITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-128</b>

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.)	
<b>a</b>	Plan name <b>WTC-CIF II SMID OPPORTUNISTIC VALUE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-130</b>
<b>a</b>	Plan name <b>WTC-CIF II STRATEGIC PARTNERSHIP W PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-164</b>
<b>a</b>	Plan name <b>WTC-CIF II TREASURY INFLATION PROTECTED SECURITIES (TIPS) PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-092</b>
<b>a</b>	Plan name <b>WTC-CIF II TREASURY INFLATION PROTECTED SECURITIES (TIPS) PORTFOLIO (B</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-139</b>
<b>a</b>	Plan name <b>WTC-CIF II US INTERMEDIATE TREASURY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-172</b>
<b>a</b>	Plan name <b>WTC-CIF II US INVESTMENT GRADE CORPORATE LONG BOND PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-120</b>
<b>a</b>	Plan name <b>WTC-CIF II US INVESTMENT GRADE INTERMEDIATE CORPORATE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-206</b>
<b>a</b>	Plan name <b>WTC-CIF II US LONG STRIPS PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-182</b>
<b>a</b>	Plan name <b>WTC-CIF II US LONG TREASURY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-173</b>
<b>a</b>	Plan name <b>WTC-CIF II WORLD BOND PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-116</b>
<b>a</b>	Plan name <b>WTC-CIF INTERNATIONAL CONTRARIAN VALUE PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-115</b>
<b>a</b>	Plan name <b>WTC-CIF INTERNATIONAL CONTRARIAN VALUE (SERIES 3) PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-2767481-223</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WTC-CIF INTERNATIONAL RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-036
<b>a</b>	Plan name	WTC-CIF MICRO CAP EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-070
<b>a</b>	Plan name	WTC-CIF OPPORTUNISTIC INVESTMENT ALLOCATION PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-076
<b>a</b>	Plan name	WTC-CIF REAL ESTATE SECURITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-052
<b>a</b>	Plan name	WTC-CIF RESEARCH ENERGY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-019
<b>a</b>	Plan name	WTC-CIF RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-054
<b>a</b>	Plan name	WTC-CIF RESEARCH VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-040
<b>a</b>	Plan name	WTC-CIF SMALL CAP 2000 PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-057
<b>a</b>	Plan name	WTC-CIF SMALL CAP VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-2767481-058
<b>a</b>	Plan name	WTC-CTF ASIA TECHNOLOGY	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 38-3782554-001
<b>a</b>	Plan name	WTC-CTF ASIAN OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 88-3559449-001
<b>a</b>	Plan name	WTC-CTF BANK LOAN PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-5407843-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WTC-CTF BLENDED OPPORTUNISTIC EMERGING MARKETS DEBT PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 47-3828930-001
<b>a</b>	Plan name	WTC-CTF GLOBAL ENVIRONMENTAL OPPORTUNITIES PORT.	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-8936896-001
<b>a</b>	Plan name	WTC-CTF COMMODITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 38-3766431-001
<b>a</b>	Plan name	WTC-CTF CONTRARIAN VALUE INFLATION OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-4673310-001
<b>a</b>	Plan name	WTC-CTF CORE BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6721653-001
<b>a</b>	Plan name	WTC-CTF CORE BOND PLUS PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657596-001
<b>a</b>	Plan name	WTC-CTF CORE BOND PLUS/MORTGAGE-BACKED SECURITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 51-6537504-001
<b>a</b>	Plan name	WTC-CTF CORE HIGH YIELD BOND	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 47-3090492-001
<b>a</b>	Plan name	WTC-CTF CREDIT TOTAL RETURN PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 93-3064797-001
<b>a</b>	Plan name	WTC-CTF DAILY ENDURING ASSETS PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 45-4997118-001
<b>a</b>	Plan name	WTC-CTF DIVERSIFIED INFLATION HEDGES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-1786368-001
<b>a</b>	Plan name	WTC-CTF DIH II	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 61-1547874-001

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>WTC-CTF DURABLE COMPANIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>46-3572913-001</b>
<b>a</b>	Plan name <b>WTC-CTF DYNAMIC GROWTH PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>45-4516450-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING COMPANIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6657595-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING LOCAL DEBT PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>27-2594633-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKET DEVELOPMENT PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>82-2462665-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>54-2079200-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS DEBT PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>56-2354338-001</b>
<b>a</b>	Plan name <b>WTC-CIF II EMERGING MARKETS DEBT II PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>04-6913417-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS LOCAL EQUITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>26-0356102-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS OPPORTUNITIES PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>46-1454454-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS RESEARCH EQUITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>27-1593162-001</b>
<b>a</b>	Plan name <b>WTC-CTF EMERGING MARKETS SMALL CAP SYSTEMATIC EQUITY PORTFOLIO</b>	
<b>b</b>	Name of plan sponsor <b>WELLINGTON TRUST COMPANY, NA</b>	<b>c</b> EIN-PN <b>84-2367183-001</b>

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.)	
<b>a</b>	Plan name <a href="#">WTC-CTF EMERGING MARKETS SYSTEMATIC EQUITY PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">83-1756748-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF ENDURING ASSETS</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">27-2564822-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL BOND OPPORTUNITIES - US TARGET TREASURIES PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">46-2110724-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL GROWTH</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">20-3879807-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL IMPACT</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">47-4719678-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL OPPORTUNITIES PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">20-5832863-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL PERSPECTIVES</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">26-0594501-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL PROPERTY</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">20-8939816-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL QUALITY GROWTH PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">47-6422291-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL RESEARCH EQUITY CATHOLIC VALUES</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">85-3938810-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL SELECT CAPITAL APPRECIATION PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">20-5853753-001</a>
<b>a</b>	Plan name <a href="#">WTC-CTF GLOBAL TOTAL RETURN PORTFOLIO</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLINGTON TRUST COMPANY, NA</a>	<b>c</b> EIN-PN <a href="#">27-2918974-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WTC-CTF GLOBAL TOTAL RETURN II PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-2261019-001
<b>a</b>	Plan name	WTC-CTF INTERMEDIATE BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657591-001
<b>a</b>	Plan name	WTC-CTF INTERNATIONAL CONTRARIAN VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 47-2399816-001
<b>a</b>	Plan name	WTC-CTF INTERNATIONAL OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 27-3649481-001
<b>a</b>	Plan name	WTC-CTF INTERNATIONAL QUALITY GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-3226461-001
<b>a</b>	Plan name	WTC-CTF INTERNATIONAL RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657586-001
<b>a</b>	Plan name	WTC-CTF INTERNATIONAL SMALL CAP RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-2546180-001
<b>a</b>	Plan name	WTC-CTF MICRO CAP EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-3460618-001
<b>a</b>	Plan name	WTC-CTF MID-CAP GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657584-001
<b>a</b>	Plan name	WTC-CTF MID CAP OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-3531764-001
<b>a</b>	Plan name	WTC-CTF MULTI SECTOR CREDIT	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 85-0779960-001
<b>a</b>	Plan name	WTC-CTF MULTI-ASSET HIGH INCOME	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 88-1121744-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WTC-CTF OPPORTUNISTIC EMERGING MARKETS DEBT PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 61-6346418-001
<b>a</b>	Plan name	WTC-CTF OPPORTUNISTIC INFLATION SENSITIVE BOND PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-2244428-001
<b>a</b>	Plan name	WTC-CTF OPPORTUNISTIC INVESTMENT ALLOCATION PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-0863941-001
<b>a</b>	Plan name	WTC-CTF QUALITY VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657593-001
<b>a</b>	Plan name	WTC-CTF REAL ESTATE SECURITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-3489887-001
<b>a</b>	Plan name	WTC-CTF RESEARCH ENERGY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657594-001
<b>a</b>	Plan name	WTC-CTF RESEARCH ENERGY II PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-4847865-001
<b>a</b>	Plan name	WTC-CTF RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-6657583-001
<b>a</b>	Plan name	WTC-CTF SELECT LEADERS	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 47-4702312-001
<b>a</b>	Plan name	WTC-CTF SMALL CAP 2000 PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 04-3497364-001
<b>a</b>	Plan name	WTC-CTF SMALL CAP OPPORTUNITIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 02-0586111-001
<b>a</b>	Plan name	WTC-CTF SMALL CAP VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 81-0624792-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WTC-CTF SMALL COMPANIES PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 86-3309794-001
<b>a</b>	Plan name	WTC-CTF SMID CAP RESEARCH EQUITY PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 47-5014805-001
<b>a</b>	Plan name	WTC-CTF SMID CAP VALUE PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 20-8424953-001
<b>a</b>	Plan name	WTC-CTF SUSTAINABLE COMMODITIES	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 88-2060382-001
<b>a</b>	Plan name	WTC-CTF TREASURY INFLATION PROTECTED SECURITIES (TIPS) PORTFOLIO	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 26-0263112-001
<b>a</b>	Plan name	WTC-CTF CMC ULTRA SHORT DURATION	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 45-3928836-001
<b>a</b>	Plan name	WTC-CTF US INFLATION LINKED	
<b>b</b>	Name of plan sponsor	WELLINGTON TRUST COMPANY, NA	<b>c</b> EIN-PN 46-2122617-001
<b>a</b>	Plan name	SHELL PENSION PLAN	
<b>b</b>	Name of plan sponsor	SHELL PENSION PLAN	<b>c</b> EIN-PN 13-1299890-001
<b>a</b>	Plan name	MGB ERISA MASTER TRUST	
<b>b</b>	Name of plan sponsor	MGB ERISA MASTER TRUST	<b>c</b> EIN-PN 04-3294527-004
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>WTC-CTF SHORT-TERM GOVERNMENT PORTFOLIO</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WELLINGTON TRUST COMPANY, NA</b>	<b>D</b> Employer Identification Number (EIN) <b>45-2978283</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	93105	29535
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	989019	1622630
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1961528002	2138810847
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1165000000	529800000

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	3127610126	2670263012
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	88112162	124597
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	88112162	124597
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3039497964	2670138415

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	150679133	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		150679133
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	265154481916	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	265154472416	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		9500
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		150688633

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	306285	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		306285
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		306285

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		150382348
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		25032538773
(2) From this plan .....	<b>2l(2)</b>		25552280670

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.