

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 (specify) C
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SCHRODER COLLECTIVE INVESTMENT TRUST
1b Three-digit plan number (PN): 072
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SEI TRUST COMPANY
2b Employer Identification Number (EIN): 46-4679164
2c Plan Sponsor's telephone number: 610-676-2369
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SCHRODER COLLECTIVE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>072</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>46-4679164</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN

d Entity code

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d Entity code

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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)

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 AMERICAN FIRST CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor AMERICAN FIRST CREDIT UNION	c EIN-PN 87-0216202-002
a	Plan name AMGEN RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor AMGEN INC.	c EIN-PN 95-3540776-001
a	Plan name ANESTHESIA ASSOCIATES OF GAINESVILLE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANESTHESIA ASSOCIATES OF GAINESVILLE	c EIN-PN 58-2144960-003
a	Plan name ARES MANAGEMENT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARES MANAGEMENT LLC	c EIN-PN 01-0605583-001
a	Plan name ARMSTRONG COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor ARMSTRONG COUNTY	c EIN-PN 25-6001018-001
a	Plan name BLAIR COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor BLAIR COUNTY	c EIN-PN 23-6003045-001
a	Plan name BOSE EMPLOYEES' RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor BOSE CORPORATION	c EIN-PN 04-2655386-002
a	Plan name CALIFORNIA IRONWORKERS FIELD PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, CALIFORNIA IRONWORKERS FIELD PENSION TRUST FUND	c EIN-PN 95-6042866-001
a	Plan name CAMBRIA COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor CAMBRIA COUNTY	c EIN-PN 25-1449327-001
a	Plan name CAPITAL ONE FINANCIAL CORPORATION ASSOCIATE SAVINGS PLAN	
b	Name of plan sponsor CAPITAL ONE FINANCIAL CORPORATION	c EIN-PN 54-1719854-002
a	Plan name CARBON COUNTY EMPLOYEES' RETIREMENT FUND	
b	Name of plan sponsor CARBON COUNTY	c EIN-PN 23-2234198-999
a	Plan name CAROLINE COUNTY MARYLAND EMPLOYEES PENSION PLAN	
b	Name of plan sponsor CAROLINE COUNTY, MARYLAND	c EIN-PN 52-6000905-999

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	CARPENTERS PENSION FUND OF ILLINOIS	
b Name of plan sponsor	CARPENTERS PENSION FUND OF ILLINOIS BOARD OF TRUSTEES	c EIN-PN 36-6147396-001
a Plan name	CBL & ASSOCIATES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CBL & ASSOCIATES MANAGEMENT, INC.	c EIN-PN 62-1542279-001
a Plan name	CENTERPOINT ENERGY RETIREMENT PLAN	
b Name of plan sponsor	CENTERPOINT ENERGY, INC.	c EIN-PN 74-0694415-001
a Plan name	CENTERPOINT ENERGY SAVINGS PLAN	
b Name of plan sponsor	CENTERPOINT ENERGY, INC.	c EIN-PN 74-6216012-015
a Plan name	CHRISTOPHERSON ANDAVO LP 401(K) PLAN	
b Name of plan sponsor	CHRISTOPHERSON ANDAVO TRAVEL LP	c EIN-PN 46-1790204-001
a Plan name	CITI RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CITIGROUP INC.	c EIN-PN 52-1568099-004
a Plan name	CITI RETIREMENT SAVINGS PLAN FOR PUERTO RICO	
b Name of plan sponsor	CITIGROUP INC.	c EIN-PN 66-0177415-002
a Plan name	CITY AND COUNTY OF SAN FRANCISCO DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	CITY AND COUNTY OF SAN FRANCISCO DEFERRED COMPENSATION PLAN	c EIN-PN 94-3248335-999
a Plan name	CITY OF ANAHEIM 457 DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	CITY OF ANAHEIM	c EIN-PN 95-6000666-999
a Plan name	CITY OF DAYTONA BEACH POLICE OFFICERS' AND FIREFIGHTERS' PENSION PLAN	
b Name of plan sponsor	CITY OF DAYTONA BEACH	c EIN-PN 59-6959296-999
a Plan name	CITY OF KENMORE, WASHINGTON 401(A) DEFINE CONTRIBUTION PLAN	
b Name of plan sponsor	CITY OF KENMORE, WASHINGTON	c EIN-PN 91-1912254-999
a Plan name	CITY OF KENMORE, WASHINGTON 457 DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	CITY OF KENMORE, WASHINGTON	c EIN-PN 91-1912254-999

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 CITY OF MILWAUKIE, OREGON 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF MILWAUKIE, OREGON	c EIN-PN 93-6002212-999
a	Plan name CITY OF MOBILE ALABAMA POLICE AND FIREFIGHTERS RETIREMENT PLAN	
b	Name of plan sponsor CITY OF MOBILE ALABAMA	c EIN-PN 63-6001318-001
a	Plan name CITY OF OCALA GENERAL EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor CITY OF OCALA	c EIN-PN 59-6000392-999
a	Plan name CITY OF ROANOKE PENSION PLAN	
b	Name of plan sponsor CITY OF ROANOKE	c EIN-PN 54-0883954-001
a	Plan name CLEARFIELD COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor CLEARFIELD COUNTY	c EIN-PN 25-6001014-001
a	Plan name COUNTY OF CALAVARES DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor COUNTY OF CALAVARES	c EIN-PN 94-6000507-999
a	Plan name COUNTY OF MARIN 457 PLAN & TRUST	
b	Name of plan sponsor COUNTY OF MARIN	c EIN-PN 94-6000519-999
a	Plan name COVENANT TRANSPORTATION GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor COVENANT TRANSPORT, INC.	c EIN-PN 88-0320154-001
a	Plan name CROWNE PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor CROWNE PARTNERS, INC.	c EIN-PN 63-1056824-001
a	Plan name DALLAS THEOLOGICAL SEMINARY PENSION PLAN	
b	Name of plan sponsor DALLAS THEOLOGICAL SEMINARY	c EIN-PN 75-0827421-001
a	Plan name DAVIS POLK PARTNER DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor DAVIS POLK & WARDWELL LLP	c EIN-PN 13-5023295-005
a	Plan name DONALDSON COMPANY, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP	
b	Name of plan sponsor DONALDSON COMPANY, INC.	c EIN-PN 41-0222640-007

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 ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF THE ELEVATOR CONSTRUCTORS ANNUITY AND 401K RE	c EIN-PN 52-2125995-001
a	Plan name EMPLOYEES PENSION PLAN OF UNITED CONVEYOR CORPORATION	
b	Name of plan sponsor UNITED CONVEYOR CORPORATION	c EIN-PN 36-1895960-002
a	Plan name EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF ST. PETERSBURG	
b	Name of plan sponsor CITY OF ST. PETERSBURG	c EIN-PN 59-6143089-003
a	Plan name FACTORY MUTUAL INSURANCE COMPANY PENSION PLAN	
b	Name of plan sponsor FACTORY MUTUAL INSURANCE COMPANY	c EIN-PN 05-0316605-001
a	Plan name FAYETTE COUNTY EMPLOYEES' RETIREMENT SYSTEM AND TRUST	
b	Name of plan sponsor FAYETTE COUNTY	c EIN-PN 25-1650929-999
a	Plan name FLUSHING BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor FLUSHING BANK	c EIN-PN 41-2231564-002
a	Plan name FORSYTH COUNTY GOVERNMENT EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor FORSYTH COUNTY	c EIN-PN 58-6000828-001
a	Plan name FRANCE PUBLICATIONS, INC 401(K) PLAN	
b	Name of plan sponsor FRANCE MEDIA, INC.	c EIN-PN 58-2217764-001
a	Plan name FRANKLIN COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor FRANKLIN COUNTY, PENNSYLVANIA	c EIN-PN 23-2230803-999
a	Plan name GENESYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GENESYS CLOUD SERVICES, INC	c EIN-PN 94-3120525-001
a	Plan name GORDON, FOURNARIS & MAMMARELLA, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor GORDON, FOURNARIS & MAMMARELLA, P.A.	c EIN-PN 51-0361926-001
a	Plan name GREEN MOUNTAIN POWER CORPORATION EMPLOYEES SAVINGS AND INVESTMENT PLAN AND TRUST	
b	Name of plan sponsor GREEN MOUNTAIN POWER CORPORATION	c EIN-PN 03-0127430-003

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 GUILD-CONSUMER REPORTS ADJUSTABLE RETIREMENT PLAN	
b	Name of plan sponsor GUILD-CONSUMER REPORTS ADJUSTABLE RETIREMENT PLAN BOARD OF TRUSTEES	c EIN-PN 46-3402474-001
a	Plan name HANGER, INC 401(K) PLAN SAVINGS PLAN	
b	Name of plan sponsor HANGER, INC.	c EIN-PN 84-0904275-001
a	Plan name HAWKINS PARNELL & YOUNG LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKINS PARNELL & YOUNG, LLP	c EIN-PN 58-0908407-001
a	Plan name HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEALTH NEW ENGLAND, INC.	c EIN-PN 04-2864973-001
a	Plan name HOMESERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOMESERVICES OF AMERICA, INC.	c EIN-PN 41-1945806-010
a	Plan name HOUGHTON MIFFLIN 401K SAVINGS PLAN	
b	Name of plan sponsor HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	c EIN-PN 04-1456030-003
a	Plan name IBEW LOCAL NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND	
b	Name of plan sponsor BOARD OF TTEES OF IBEW LOCAL NO. 43	c EIN-PN 16-6153389-001
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IUOE LOCAL 98 PENSION PLAN	c EIN-PN 04-6127765-001
a	Plan name IVY HILL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IVY HILL ASSET MANAGEMENT L.P.	c EIN-PN 26-1468377-001
a	Plan name JOHN DEERE PENSION TRUST (MASTER TRUST)	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-010
a	Plan name JOHN DEERE SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-011
a	Plan name KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS	c EIN-PN 44-6000197-999

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 KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM	
b	Name of plan sponsor KANSAS CITY PUBLIC SCHOOL DISTRICT	c EIN-PN 43-6040029-001
a	Plan name KENVUE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KENVUE INC.	c EIN-PN 88-1032011-002
a	Plan name KENVUE SAVINGS PLAN	
b	Name of plan sponsor KENVUE INC.	c EIN-PN 88-1032011-001
a	Plan name KERN COUNTY CA DEFERRED COMP	
b	Name of plan sponsor KERN COUNTY	c EIN-PN 95-6000925-001
a	Plan name KUBOTA MANUFACTURING OF AMERICA CORPORATION 401(K) PLAN & TRUST	
b	Name of plan sponsor KUBOTA MANUFACTURING OF AMERICA CORP.	c EIN-PN 58-1781948-001
a	Plan name LANCASTER COUNTY EMPLOYEES RETIREMENT SYSTEM AND TRUST	
b	Name of plan sponsor COUNTY OF LANCASTER, PENNSYLVANIA	c EIN-PN 23-2231202-999
a	Plan name LANDS' END, INC. RETIREMENT PLAN	
b	Name of plan sponsor LANDS' END, INC.	c EIN-PN 36-2512786-001
a	Plan name LAWRENCE COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor LAWRENCE COUNTY, PENNSYLVANIA	c EIN-PN 25-1327538-999
a	Plan name LIUNA NATIONAL (INDUSTRIAL) PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LIUNA NATIONAL (INDUSTRIAL) PENSION FUND	c EIN-PN 52-6074345-001
a	Plan name LIUNA STAFF & AFFILIATES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LIUNA STAFF & AFFILIATES PENSION FUND	c EIN-PN 52-0743575-001
a	Plan name MAIN PUBLIC SERVICE COMPANY PENSION PLAN	
b	Name of plan sponsor VERSANT POWER	c EIN-PN 01-0024370-005
a	Plan name MAMMOET USA SOUTH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAMMOET USA SOUTH, INC.	c EIN-PN 76-0294739-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MANSFIELD OIL COMPANY OF GAINESVILLE 401(K) PLAN
b	Name of plan sponsor	MANSFIELD OIL COMPANY OF GAINESVILLE INC.
c	EIN-PN	58-1091383-001
a	Plan name	MARCO CONSULTING GROUP TRUST I
b	Name of plan sponsor	SEGAL ADVISORS, INC.
c	EIN-PN	27-6230536-001
a	Plan name	MARIN COUNTY SUPERIOR COURT 457 PLAN & TRUST
b	Name of plan sponsor	COUNTY OF MARIN
c	EIN-PN	68-0460174-999
a	Plan name	MAULDIN & JENKINS 401(K) PLAN
b	Name of plan sponsor	MAULDIN & JENKINS, LLC
c	EIN-PN	58-0692043-002
a	Plan name	MCKENNEY'S, INC. AND COMPANIES PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	MCKENNEY'S, INC.
c	EIN-PN	58-0501197-001
a	Plan name	METAL LATHERS LOCAL 46 PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF METAL LATHERS LOCAL 46 PENSION FUND
c	EIN-PN	13-6106419-001
a	Plan name	MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	MIDAMERICAN ENERGY COMPANY
c	EIN-PN	42-1425214-002
a	Plan name	MILWAUKEE DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	CITY OF MILWAUKEE
c	EIN-PN	39-1392797-999
a	Plan name	MILWAUKEE DRIVERS PENSION TRUST FUND
b	Name of plan sponsor	BOARD OF TRUSTEES FOR THE MILWAUKEE DRIVERS PENSIO
c	EIN-PN	39-6045229-001
a	Plan name	MUFG BANK, LTD. 401(K) PLAN
b	Name of plan sponsor	MUFG BANK, LTD.
c	EIN-PN	58-1861313-015
a	Plan name	MWRA EMPLOYEES' RETIREMENT SYSTEM
b	Name of plan sponsor	MWRA EMPLOYEES' RETIREMENT BOARD
c	EIN-PN	04-3002144-001
a	Plan name	NASDAQ INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	NASDAQ INC.
c	EIN-PN	52-1165937-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS	
b	Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	c EIN-PN 13-5582586-004
a	Plan name	NATIONAL ELEVATOR INDUSTRY PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF THE NATIONAL ELEVATOR INDUSTRY PENSION FUND	c EIN-PN 23-2694291-001
a	Plan name	NATIONAL HOCKEY LEAGUE RETIREMENT PLAN (UNITED STATES)	
b	Name of plan sponsor	NATIONAL HOCKEY LEAGUE	c EIN-PN 98-0036067-002
a	Plan name	NEUBERGER, QUINN, GIELEN, RUBIN & GIBBER, P.A. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	NEUBERGER, QUINN, GIELEN, RUBIN & GIBBER, P.A.	c EIN-PN 52-1641614-001
a	Plan name	NEW MEXICO ELECTRICIANS RETIREMENT BENEFIT FUND	
b	Name of plan sponsor	NEW MEXICO ELECTRICIANS RETIREMENT BENFIT FUND	c EIN-PN 51-6105542-001
a	Plan name	NEW YORK TRADES COUNCIL & HOTEL ASSOCIATION OF NEW YORK CITY, INC.401K SAVINGS	
b	Name of plan sponsor	THE BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL HOTEL ASSOCIATION	c EIN-PN 13-4178178-001
a	Plan name	NEWGUILD OF NEW YORK - CONSUMER REPORTS PENSION PLAN	
b	Name of plan sponsor	CONSUMER REPORTS, INC.	c EIN-PN 13-1776434-001
a	Plan name	NORDSTROM 401(K) PLAN	
b	Name of plan sponsor	NORDSTROM, INC.	c EIN-PN 91-0515058-001
a	Plan name	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM	
b	Name of plan sponsor	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD	c EIN-PN 31-1224569-999
a	Plan name	PACIFICORP K PLUS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PACIFICORP	c EIN-PN 93-0246090-009
a	Plan name	PAINTING INDUSTRY ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - PAINTING INDUSTRY ANNUITY FD	c EIN-PN 51-6049898-001
a	Plan name	PERRIGO COMPANY PROFIT-SHARING AND INVESTMENT PLAN	
b	Name of plan sponsor	PERRIGO COMPANY	c EIN-PN 38-2799573-003

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	PLUMBERS AND STEAMFITTERS LOCAL #118 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL #118 PENSION PLAN	c EIN-PN 39-6187966-001
a	Plan name	POPE & LAND ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POPE & LAND ENTERPRISES, INC.	c EIN-PN 58-1337112-001
a	Plan name	PORT AUTHORITY OF ALLEGHENY COUNTY CONSOLIDATED PLAN TRUST FUND	
b	Name of plan sponsor	PORT AUTHORITY OF ALLEGHENY COUNTY	c EIN-PN 25-6013815-999
a	Plan name	PUEBLO OF LAGUNA COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUEBLO OF LAGUNA	c EIN-PN 85-0138325-003
a	Plan name	PUEBLO OF LAGUNA GOVERNMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUEBLO OF LAGUNA	c EIN-PN 85-0138325-002
a	Plan name	READING HEALTH SYSTEM PENSION PLAN	
b	Name of plan sponsor	TOWER HEALTH SYSTEM / READING HOSPITAL	c EIN-PN 23-1352204-001
a	Plan name	RELIABLE HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor	RH&A, LLC	c EIN-PN 36-4681184-001
a	Plan name	RETAIL, WHOLESALERS AND DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE RWDSU PENSION	c EIN-PN 63-0708442-001
a	Plan name	RETIREMENT BOARD OF THE POLICE RETIREMENT SYSTEM OF KANSAS CITY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	RETIREMENT BOARD OF THE POLICE RETIREMENT SYSTEM OF KANSAS CITY, MISSO	c EIN-PN 44-6000202-999
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF PUGET SOUND ENERGY	
b	Name of plan sponsor	PUGET SOUND ENERGY, INC.	c EIN-PN 91-0374630-001
a	Plan name	RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF THE PANGBORN LLC HAGERSTOWN, MARYLAND	
b	Name of plan sponsor	PANGBORN LLC	c EIN-PN 52-1456658-003
a	Plan name	RETIREMENT PLAN OF THE TRANSPORTATION DISTRICT OF HAMPTON	
b	Name of plan sponsor	TRANSIT MANAGEMENT CO. OF NORFOLK	c EIN-PN 54-0928574-003

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 ROCKFORD AREA DAIRY INDUSTRY LOCAL #754 I.B. OF T. RETIREMENT PENSION FUND	
b	Name of plan sponsor ROCKFORD AREA DAIRY INDUSTRY LOCAL #754 I.B. OF T. RETIREMENT PENSION	c EIN-PN 36-6067654-001
a	Plan name ROOFERS UNION LOCAL NO 33 PENSION FUND	
b	Name of plan sponsor ROOFERS LOCAL 33 PENSION FUND	c EIN-PN 04-2228135-001
a	Plan name S&P GLOBAL SAVINGS PLAN COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor S&P GLOBAL, INC.	c EIN-PN 26-0821335-101
a	Plan name SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-999
a	Plan name SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-999
a	Plan name SCHRODER US HOLDINGS INC. AND SUBSIDIARIES RETIREMENT PLAN	
b	Name of plan sponsor SCHRODER US HOLDINGS INC.	c EIN-PN 13-2621402-004
a	Plan name SEMPRA ENERGY SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor SEMPRA ENERGY	c EIN-PN 33-0732627-006
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 28 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE SHEET METAL WORKERS LOCAL 28 PENSION FUND	c EIN-PN 11-2480671-001
a	Plan name SKADDEN ARPS SLATE MEAGHER & FLOM RETIREMENT AND PENSION PLANS MASTER TRUST	
b	Name of plan sponsor SKADDEN ARPS SLATE MEAGHER & FLOM LLP	c EIN-PN 13-1777230-010
a	Plan name SOUTHERN CALIFORNIA LOCAL 831 EMPLOYER PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES OF SOUTHERN CALIFORNIA LOCAL 831 PENSION PLAN	c EIN-PN 95-6376874-001
a	Plan name ST. LUKE'S HEALTH SYSTEM BASIC PENSION PLAN	
b	Name of plan sponsor ST. LUKE'S HEALTH SYSTEM, LTD.	c EIN-PN 56-2570681-002
a	Plan name ST. MARY'S COUNTY SHERIFF'S OFFICE RETIREMENT PLAN	
b	Name of plan sponsor ST. MARY'S COUNTY, MARYLAND	c EIN-PN 52-6001015-999

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	STEPTOE & JOHNSON LLP CASH BALANCE PENSION PLAN
b	Name of plan sponsor	STEPTOE & JOHNSON LLP
c	EIN-PN	52-1349790-007
a	Plan name	SUPERVALU INC. MASTER INVESTMENT TRUST
b	Name of plan sponsor	UNITED NATURAL FOODS INC.
c	EIN-PN	41-0617000-105
a	Plan name	SUSSEX COUNTY EMPLOYEE PENSION PLAN
b	Name of plan sponsor	SUSSEX COUNTY
c	EIN-PN	51-6000161-999
a	Plan name	TECO ENERGY GROUP RETIREMENT PLAN
b	Name of plan sponsor	TECO HOLDINGS, INC
c	EIN-PN	99-1722708-001
a	Plan name	TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TENET HEALTHCARE CORPORATION
c	EIN-PN	95-2557091-335
a	Plan name	THE ADJUSTABLE PLAN OF THE UNITE HERE RETIREMENT FUND
b	Name of plan sponsor	BOARD OF TRUSTEES - ADJUSTABLE PLAN OF THE UNITE HERE RETIREMENT FUND
c	EIN-PN	82-0994119-002
a	Plan name	THE CAREFIRST 401(K) PLAN
b	Name of plan sponsor	CAREFIRST, INC.
c	EIN-PN	52-2069215-002
a	Plan name	THE CUMBERLAND COUNTY EMPLOYEES RETIREMENT SYSTEM & TRUST
b	Name of plan sponsor	CUMBERLAND COUNTY, PENNSYLVANIA
c	EIN-PN	23-6003119-001
a	Plan name	THE KELLEN COMPANY 401(K) PLAN
b	Name of plan sponsor	THE KELLEN COMPANY
c	EIN-PN	36-2607505-004
a	Plan name	THE KROGER DEFINED CONTRIBUTION PLAN MASTER TRUST
b	Name of plan sponsor	THE KROGER CO.
c	EIN-PN	31-0345740-009
a	Plan name	THE RETIREMENT AND SAVINGS PLAN FOR AMGEN MANUFACTURING LIMITED LLC
b	Name of plan sponsor	AMGEN MANUFACTURING LIMITED LLC
c	EIN-PN	98-0210484-001
a	Plan name	THE SOUTH METRO FIRE RESCUE AUTHORITY 457(B) DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	SOUTH METRO FIRE RESCUE AUTHORITY
c	EIN-PN	84-0529916-999

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE SOUTH METRO FIRE RESCUE AUTHORITY MONEY PURCHASE PLAN	
b	Name of plan sponsor SOUTH METRO FIRE RESCUE AUTHORITY	c EIN-PN 84-0529916-001
a	Plan name TIAA CODE SECTION 401(K) PLAN	
b	Name of plan sponsor TIAA	c EIN-PN 13-1624203-003
a	Plan name TIAA RETIREMENT PLAN	
b	Name of plan sponsor TIAA	c EIN-PN 13-1624203-001
a	Plan name TRAVIS PRUITT & ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor TRAVIS PRUITT & ASSOCIATES, INC	c EIN-PN 58-2510345-001
a	Plan name UNITE HERE HEALTH STAFF PENSION PLAN	
b	Name of plan sponsor UNITE HERE HEALTH	c EIN-PN 23-7385560-001
a	Plan name UNITED ASSOCIATION NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, UNITED ASSOCIATION NATIONAL PENSION FUND	c EIN-PN 52-6088636-001
a	Plan name WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor WARNER BROS. DISCOVERY, INC.	c EIN-PN 88-1660993-999
a	Plan name WASHINGTON COUNTY EMPLOYEES' RETIREMENT SYSTEM AND TRUST	
b	Name of plan sponsor WASHINGTON COUNTY	c EIN-PN 25-1326051-999
a	Plan name WEIL, GOTSHAL & MANGES SECTION 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor WEIL, GOTSHAL & MANGES LLP	c EIN-PN 13-1456110-006
a	Plan name WILSHIRE MULTI-MANAGER INTERNATIONAL EQUITY FUND	
b	Name of plan sponsor WILMINGTON TRUST, N.A.	c EIN-PN 38-7275323-001
a	Plan name XPRESSAVINGS 401(K) PLAN	
b	Name of plan sponsor U.S. XPRESS ENTERPRISES, INC.	c EIN-PN 62-1378182-001
a	Plan name YORK COUNTY EMPLOYEES' RETIREMENT SYSTEM AND TRUST	
b	Name of plan sponsor YORK COUNTY	c EIN-PN 23-6003050-001

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 SCHRODER COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 072
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 46-4679164

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28475000	26180000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	97801000	168870000
(2) U.S. Government securities	1c(2)	228882000	215089000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	185858000	165243000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	28895000	18671000
(B) Common	1c(4)(B)	3529948000	3743932000
(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)	79044000	83931000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	118572000	74315000

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	4297475000	4496231000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13943000	13915000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13943000	13915000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4283532000	4482316000

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)	8766000	
(B) U.S. Government securities.....	2b(1)(B)	11165000	
(C) Corporate debt instruments.....	2b(1)(C)	8578000	
(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)		28509000
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	554000	
(B) Common stock.....	2b(2)(B)	111116000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2491000	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		114161000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	4368846000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4114082000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		254764000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-39426000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1541000
c Other income	2c		1033000
d Total income. Add all income amounts in column (b) and enter total	2d		357500000

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)	23325000	
(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)		23325000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23325000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		334175000
l Transfers of assets:			
(1) To this plan	2l(1)		650061000
(2) From this plan	2l(2)		785452000

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.