

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN CENTURY MULTIPLE INVESTMENT TRUST
1b Three-digit plan number (PN): 019
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): 27-0573048
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN CENTURY MULTIPLE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>019</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>27-0573048</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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d Entity code

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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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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 401(K) PLAN FOR EMPLOYEES OF FANDUEL GROUP, INC. AND SUBSIDIARIES	
b	Name of plan sponsor FANDUEL GROUP, INC.	c EIN-PN 83-0606053-001
a	Plan name A.J. WINDOW CLEANING INC 401(K) PLAN	
b	Name of plan sponsor A.J. WINDOW CLEANING	c EIN-PN 20-3765127-001
a	Plan name ALLEGHENY GROUP PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ALLEGHENY FINANCIAL GROUP	c EIN-PN 25-1307896-001
a	Plan name ALLEN, ALLEN, ALLEN, & ALLEN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEN, ALLEN, ALLEN, & ALLEN CORPORATION	c EIN-PN 54-0852062-001
a	Plan name ALLIANT INSURANCE SERVICES, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor ALLIANT INSURANCE SERVICES, INC.	c EIN-PN 33-0785439-002
a	Plan name ALLIED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor ALLIED SOLUTIONS, LLC.	c EIN-PN 35-2125376-001
a	Plan name ALTO PHARMACY 401(K) PLAN	
b	Name of plan sponsor ALTO PHARMACY LLC	c EIN-PN 47-4390076-001
a	Plan name ALTOS FEDERAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALTOS FEDERAL GROUP, INC.	c EIN-PN 52-2013624-002
a	Plan name ALVAREZ & MARSAL HOLDINGS, LLC 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor ALVAREZ & MARSAL HOLDINGS, LLC	c EIN-PN 56-2409465-001
a	Plan name AMERICAN CENTURY RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN CENTURY SERVICES, LLC	c EIN-PN 44-0619208-001
a	Plan name AMERICAN FURNITURE WAREHOUSE 401(K) PLAN	
b	Name of plan sponsor AMERICAN FURNITURE WAREHOUSE	c EIN-PN 84-0581547-001
a	Plan name AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	c EIN-PN 53-0217164-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AIRLINES REPORTING CORPORATION	c EIN-PN 52-1367276-002
a	Plan name	ARCFIELD CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ARCFIELD CORPORATION	c EIN-PN 71-0869563-001
a	Plan name	ASSOCIATED RADIOLOGIST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED RADIOLOGIST, INC.	c EIN-PN 55-0516458-001
a	Plan name	ASSURED RETIREMENT PLAN	
b	Name of plan sponsor	A.L.M. HOLDING COMPANY	c EIN-PN 20-0520252-003
a	Plan name	AVERITT EXPRESS, INC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	AVERITT EXPRESS, INC.	c EIN-PN 62-0755421-001
a	Plan name	BAL SEAL ENGINEERING, LLC SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	BAL SEAL ENGINEERING, LLC	c EIN-PN 95-2454094-001
a	Plan name	BRACCO MEDICAL TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ACIST MEDICAL TECHNOLOGIES, INC.	c EIN-PN 41-1694195-001
a	Plan name	BRADY FUNDED RETIREMENT PLAN	
b	Name of plan sponsor	BRADY CORPORATION	c EIN-PN 39-0178960-004
a	Plan name	BRADY MATCHED 401(K) PLAN	
b	Name of plan sponsor	BRADY CORPORATION	c EIN-PN 39-0178960-003
a	Plan name	BREAKTHRU BEVERAGE GROUP 401(K) PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-001
a	Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC	c EIN-PN 37-1367202-001
a	Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC LOCAL 50 401(K) PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC	c EIN-PN 37-1367202-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BREAKTHRU BEVERAGE LOCALS 14, 26, 533, 710, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-007
a	Plan name BREAKTHRU BEVERAGE MINNESOTA BEER, LLC LOCAL 792 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-005
a	Plan name BROOKFIELD 401(K) SAVINGS PLAN	
b	Name of plan sponsor BROOKFIELD ASSET MANAGEMENT LLC	c EIN-PN 20-4473811-002
a	Plan name BUTTERWORTH'S FURNITURE 401(K) PLAN	
b	Name of plan sponsor BUTTERWORTH'S OF PETERSBURG, INC.	c EIN-PN 54-0632854-001
a	Plan name BY LIGHT PROFESSIONAL IT SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor BY LIGHT PROFESSIONAL IT SERVICES LLC	c EIN-PN 74-3068812-001
a	Plan name C.H. GUENTHER & SON LLC 401(K) PLAN	
b	Name of plan sponsor C.H. GUENTHER & SON LLC	c EIN-PN 74-1508677-001
a	Plan name CAISSON INVESTMENTS, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CAISSON INVESTMENT INC.	c EIN-PN 84-1396755-001
a	Plan name CHASE BENEFIT ADVISORS 401(K) PLAN	
b	Name of plan sponsor BENEFIT DESIGN & ADMINISTRATION, INC. DBA CHASE BENEFIT ADVISORS	c EIN-PN 54-1370499-001
a	Plan name CHILDREN & ADOLESCENTS CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN & ADOLESCENTS CLINIC	c EIN-PN 62-1374635-001
a	Plan name CHOICE HOTELS INTERNATIONAL, INC. RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CHOICE HOTELS INTERNATIONAL, INC.	c EIN-PN 52-1209792-001
a	Plan name CHOICE POOLED EMPLOYER PLAN III	
b	Name of plan sponsor TRANSAMERICA FIDUCIARY SERVICES	c EIN-PN 42-1484983-333
a	Plan name COMMUNITY HEALTH NETWORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COMMUNITY HEALTH NETWORK, INC.	c EIN-PN 35-0983617-004

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 CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor A.L.M. HOLDING COMPANY	c EIN-PN 20-0520252-002
a	Plan name CONVERGEONE 401(K) PLAN	
b	Name of plan sponsor CONVERGEONE HOLDINGS INC.	c EIN-PN 20-4202326-002
a	Plan name CONVERGEONE DEDICATED SERVICES 401(K) PLAN	
b	Name of plan sponsor CONVERGEONE DEDICATED SERVICES, LLC	c EIN-PN 20-4273323-002
a	Plan name CRESCENT RIVER PORT PILOTS' ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARK NELSON	c EIN-PN 72-0162930-002
a	Plan name DAI 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor DAI ESOP, INC	c EIN-PN 81-0781201-001
a	Plan name DASSAULT SYSTEMES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DASSAULT SYSTEMES OF AMERICA CORP	c EIN-PN 51-0379588-001
a	Plan name DECHERT LLP PARTICIPANT-DIRECTED RETIREMENT PLAN NO 2	
b	Name of plan sponsor DECHERT LLC	c EIN-PN 23-1425587-009
a	Plan name DECHERT LLP PARTICIPANT-DIRECTED RETIREMENT PLAN NO. 1	
b	Name of plan sponsor DECHERT LLC	c EIN-PN 23-1425587-008
a	Plan name DECHERT LLP PENSION PLAN NO 1 FOR PARTNERS	
b	Name of plan sponsor DECHERT LLP	c EIN-PN 23-1425587-002
a	Plan name DECHERT LLP PENSION PLAN NO. 2 FOR PARTNERS	
b	Name of plan sponsor DECHERT LLP	c EIN-PN 23-1425587-007
a	Plan name DECHERT LLP SALARY SAVINGS PLAN	
b	Name of plan sponsor DECHERT LLP	c EIN-PN 23-1425587-003
a	Plan name DIGI INTERNATIONAL INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor DIGI INTERNATIONAL, INC.	c EIN-PN 41-1532464-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	DLA PIPER LLP (US) PROFIT SHARING AND 401K SAVINGS PLAN	
b Name of plan sponsor	DLA PIPER LLP (US)	c EIN-PN 52-0616490-004
a Plan name	DLJ PRODUCE, INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	DLJ PRODUCE, INC	c EIN-PN 95-4425885-001
a Plan name	DUNN 401(K) RETIREMENT PLAN	
b Name of plan sponsor	J.E. DUNN CONSTRUCTION COMPANY	c EIN-PN 44-0229405-001
a Plan name	ECHOSTAR 401(K) PLAN	
b Name of plan sponsor	ECHOSTAR CORPORATION	c EIN-PN 26-1232727-001
a Plan name	EMPLOYEES' & AGENTS' PENSION BENEFITS PLAN OF GWL&A FINANCIAL INC	
b Name of plan sponsor	GWL&A FINANCIAL INC	c EIN-PN 84-1474245-002
a Plan name	ENDEAVOR HEALTH 401(K) PLAN	
b Name of plan sponsor	ENDEAVOR HEALTH (F/K/A/ NS-EE HOLDINGS)	c EIN-PN 87-4520691-001
a Plan name	ERICSSON US 401(K) PLAN	
b Name of plan sponsor	ERICSSON, INC.	c EIN-PN 06-1119960-006
a Plan name	EVERSHEDS SUTHERLAND (US) LLP MASTER RETIREMENT TRUST	
b Name of plan sponsor	EVERSHEDS SUTHERLAND (US) LLP	c EIN-PN 58-0619407-006
a Plan name	EZ(K) FLEX PEP	
b Name of plan sponsor	NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-001
a Plan name	FAIRWATER PAYROLL MANAGEMENT LLC 401(K)	
b Name of plan sponsor	FIARWATER PAYROLL MANAGEMENT LLC	c EIN-PN 93-4200137-001
a Plan name	FIDELITY BUILDING SERVICES GROUP 401(K) PLAN	
b Name of plan sponsor	FIDELITY ENGINEERING CORPORATION	c EIN-PN 83-0853190-001
a Plan name	FIDUCIARY INVESTMENT TRUST AGGRESSIVE PORTFOLIO	
b Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 47-6646422-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name FIDUCIARY INVESTMENT TRUST BALANCED PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST NA	c EIN-PN 47-6652256-001
a	Plan name FIDUCIARY INVESTMENT TRUST CONSERVATIVE PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST NA	c EIN-PN 47-6658632-001
a	Plan name FIDUCIARY INVESTMENT TRUST GROWTH PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST NA	c EIN-PN 47-6649174-001
a	Plan name FIDUCIARY INVESTMENT TRUST MODERATELY CONSERVATIVE PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST NA	c EIN-PN 47-6655437-001
a	Plan name FIFTH THIRD BANCORP 401(K) SAVINGS PLAN	
b	Name of plan sponsor FIFTH THIRD BANCORP	c EIN-PN 31-0854434-001
a	Plan name FIFTH THIRD BANCORP FROZEN SUCCESSOR PLAN	
b	Name of plan sponsor FIFTH THIRD BANCORP	c EIN-PN 31-0854434-008
a	Plan name FREDERICKSBURG CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor FREDERICKSBURG CHRISTIAN EDUCATION	c EIN-PN 54-1144064-001
a	Plan name GEORGE LECK & SON, INC 401(K) PLAN	
b	Name of plan sponsor GEORGE LECK & SON INC.	c EIN-PN 23-2444896-001
a	Plan name GLOBAL PAYMENTS INC 401(K) PLAN	
b	Name of plan sponsor GLOBAL PAYMENTS INC	c EIN-PN 58-2567903-001
a	Plan name GOE & FORSYTHE, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor GOE & FORSYTHE, LLP	c EIN-PN 33-0818306-003
a	Plan name GOOP, INC 401(K) PLAN	
b	Name of plan sponsor GOOP, INC.	c EIN-PN 90-1022709-001
a	Plan name GREAT-WEST TRUST COMPANY COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT P	
b	Name of plan sponsor ORCHARD TRUST COMPANY LLC	c EIN-PN 84-1455663-999

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 GREAT-WEST TRUST COMPANY COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT PLANS	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY, LLC	c EIN-PN 84-1455663-999
a	Plan name HAIRFIELD MORTON PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAIRFIELD MORTON PLC	c EIN-PN 54-1502795-001
a	Plan name HARLAN CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor HARLAN CONSTRUCTION	c EIN-PN 54-0741477-001
a	Plan name HERITAGE MEDICAL GROUP RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor HIGH DESERT MEDICAL CORPORATION	c EIN-PN 95-3930862-002
a	Plan name HOWARD COUNTY GENERAL HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor HOWARD COUNTY GENERAL HOSPITAL, INC.	c EIN-PN 52-2093120-002
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS DISTRICT NO. 9 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKE	c EIN-PN 93-6074829-001
a	Plan name INTERNATIONAL EZ UP 401K RETIREMENT PLAN	
b	Name of plan sponsor INTERNATIONAL EZ UP	c EIN-PN 95-4104156-001
a	Plan name INX INTERNATIONAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INX INTERNATIONAL INK CO.	c EIN-PN 36-0702910-001
a	Plan name J&J WORLDWIDE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor J&J MAINTENANCE, INC.	c EIN-PN 74-1668145-001
a	Plan name JOHNS HOPKINS MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOHNS HOPKINS HEALTH SYSTEM CORPORATION	c EIN-PN 52-1465301-002
a	Plan name JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	c EIN-PN 52-1250028-001
a	Plan name JOHNS MANVILLE EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor JOHNS MANVILLE CORPORATION	c EIN-PN 84-0856796-005

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	KANSAS CITY MISSOURI EMPLOYEES' RETIREMENT SYSTEM TRUST	
b	Name of plan sponsor	KANSAS CITY, MISSOURI EMPLOYEES' RETIREMENT SYSTEM	c EIN-PN 43-6039485-999
a	Plan name	KELLEHER CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	KELLEHER CORPORATION	c EIN-PN 54-0839635-001
a	Plan name	KRAUS-ANDERSON, INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	KRAUS-ANDERSON, INCORPORATED	c EIN-PN 41-0358300-001
a	Plan name	KRAYDEN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAYDEN, INC.	c EIN-PN 84-1107449-001
a	Plan name	LEGRAND NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	LEGRAND HOLDING, INC.	c EIN-PN 98-0065554-001
a	Plan name	LEGRAND SAVINGS PLAN	
b	Name of plan sponsor	LEGRAND HOLDING, INC.	c EIN-PN 98-0065554-002
a	Plan name	LEWIS AUDIO & VIDEO, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LEWIS AUDIO & VIDEO, INC.	c EIN-PN 20-8164474-001
a	Plan name	LOMBARD INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	LOMBARD INTERNATIONAL	c EIN-PN 52-0795747-001
a	Plan name	MAPLE LEAF FARMS, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MAPLE LEAF FARMS, INC.	c EIN-PN 35-1060186-001
a	Plan name	MAYTEX & ZENITH 401K PLAN	
b	Name of plan sponsor	MAYTEX & ZENITH	c EIN-PN 37-1796425-001
a	Plan name	MEDIKIND 401(K) PLAN	
b	Name of plan sponsor	MK SYSTEMS USA, INC.	c EIN-PN 82-5378266-001
a	Plan name	MELHORN & MELHORN, D.O. , INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MELHORN & MELHORN, D.O. INC	c EIN-PN 54-1039259-001

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	MERCEDES-BENZ FINANCIAL SERVICES USA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MERCEDES-BENZ FINANCIAL SERVICES USA LLC	c EIN-PN 20-8653034-001
a	Plan name	MID ATLANTIC PERMANENTE MEDICAL GROUP 401K PLAN	
b	Name of plan sponsor	MID ATLANTIC PERMANENTE MEDICAL GROUP PC	c EIN-PN 52-1196226-002
a	Plan name	MID CAP VALUE FUND	
b	Name of plan sponsor	WILMINGTON TRUST N.A. AS TRUSTEE	c EIN-PN 38-4139852-630
a	Plan name	MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	MITSUBISHI CHEMICAL AMERICA, INC.	c EIN-PN 52-2196843-003
a	Plan name	MONTEBELLO 401(K) PLAN	
b	Name of plan sponsor	MONTEBELLO PACKAGING	c EIN-PN 36-3792281-001
a	Plan name	MONUMENT CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	MONUMENT CONSTRUCTION LLC	c EIN-PN 26-3904362-001
a	Plan name	MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MOSAIC HEALTH SYSTEM	c EIN-PN 43-1283316-002
a	Plan name	MW INDUSTRIES, INC. CONSOLIDATED EMPLOYER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATTHEW WARREN INC. DBA MW INDUSTRIES INC.	c EIN-PN 38-2938499-001
a	Plan name	MW LIFE SCIENCE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRECISION ENGINEERED PRODUCTS HOLDING INC	c EIN-PN 01-0757400-001
a	Plan name	MY RETIREMENT PATH AGGRESSIVE 2025 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097342-490
a	Plan name	MY RETIREMENT PATH AGGRESSIVE 2035 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097343-491
a	Plan name	MY RETIREMENT PATH AGGRESSIVE 2045 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097344-492

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	MY RETIREMENT PATH AGGRESSIVE 2055 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097345-493
a	Plan name	MY RETIREMENT PATH AGGRESSIVE RETIREMENT FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097341-489
a	Plan name	MY RETIREMENT PATH CONSERVATIVE 2025 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116826-503
a	Plan name	MY RETIREMENT PATH CONSERVATIVE 2035 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116827-504
a	Plan name	MY RETIREMENT PATH CONSERVATIVE 2045 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116828-505
a	Plan name	MY RETIREMENT PATH CONSERVATIVE 2055 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116829-506
a	Plan name	MY RETIREMENT PATH CONSERVATIVE RETIREMENT FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116825-499
a	Plan name	MY RETIREMENT PATH MODERATE 2025 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097347-495
a	Plan name	MY RETIREMENT PATH MODERATE 2035 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116822-496
a	Plan name	MY RETIREMENT PATH MODERATE 2045 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116823-497
a	Plan name	MY RETIREMENT PATH MODERATE 2055 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4116824-498
a	Plan name	MY RETIREMENT PATH MODERATE 2065 FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-7275339-001

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	MY RETIREMENT PATH MODERATE RETIREMENT FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097346-494
a	Plan name	MYWAYRETIREMENT MID CAP VALUE FUND	
b	Name of plan sponsor	WILMINGTON TRUST N.A. AS TRUSTEE	c EIN-PN 38-7264528-691
a	Plan name	NATIONAL COOPERATIVE BUSINESS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	COOPERATIVE LEAGUE OF THE USA	c EIN-PN 36-2007481-002
a	Plan name	NATIONAL MEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL MEDIA, INC.	c EIN-PN 52-1397807-003
a	Plan name	NAVITUS HEALTH SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	NAVITUS HEALTH SOLUTIONS, LLC	c EIN-PN 04-3608530-001
a	Plan name	NIBCO INC. PROFIT SHARING AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NIBCO INC.	c EIN-PN 35-0552560-005
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-021
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-023
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-025
a	Plan name	NOVAVAX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVAVAX, INC.	c EIN-PN 22-2816046-001
a	Plan name	NT CONCEPTS 401(K) PLAN	
b	Name of plan sponsor	NEXT TIER CONCEPTS INC	c EIN-PN 54-1909584-001
a	Plan name	PAHNKE LP 401(K) PLAN	
b	Name of plan sponsor	PAHNKE LP	c EIN-PN 38-4132909-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARK HOTELS & RESORTS 401K PLAN	
b	Name of plan sponsor	PARK INTERMEDIATE HOLDING LLC	c EIN-PN 32-0419337-001
a	Plan name	PEDIATRIC ASSOCIATES OF RICHMOND, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF RICHMOND, INC.	c EIN-PN 54-0886561-002
a	Plan name	PENN STATE HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PENN STATE HEALTH	c EIN-PN 47-3769205-001
a	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT/SAVINGS PLAN	
b	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	c EIN-PN 53-0197038-002
a	Plan name	POINTSMITH 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POINTSMITH HOLDING COMPANY	c EIN-PN 88-0480686-001
a	Plan name	POWERHOUSE RETAIL SERVICE 401(K) PLAN	
b	Name of plan sponsor	POWERHOUSE RETAIL SERVICES LLC	c EIN-PN 26-0761398-001
a	Plan name	PRACTICE SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRACTICE SUPPORT SERVICES, LLC	c EIN-PN 61-1803877-001
a	Plan name	PRIME CARE FAMILY CARE 401(K) PLAN	
b	Name of plan sponsor	PRIME CARE FAMILY CARE	c EIN-PN 74-3116912-001
a	Plan name	PRIMORIS SERVICES CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRIMORIS SERVICES CORPORATION	c EIN-PN 84-3707404-001
a	Plan name	PURSUIT ATTRACTIONS AND HOSPITALITY, INC. 401K PLAN	
b	Name of plan sponsor	PURSUIT ATTRACTIONS AND HOSPITALITY, INC.	c EIN-PN 36-1169950-002
a	Plan name	RAYMOND JAMES FINANCIAL, INC. & AFFILIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	RAYMOND JAMES FINANCIAL, INC.	c EIN-PN 59-1517485-001
a	Plan name	RAYMOND JAMES FINANCIAL, INC. 401(K) PLAN	
b	Name of plan sponsor	RAYMOND JAMES FINANCIAL, INC.	c EIN-PN 59-1517485-010

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 REGENXBIO, INC. 401(K) PLAN	
b	Name of plan sponsor REGENXBIO, INC.	c EIN-PN 47-1851754-001
a	Plan name RELIABLE CHURCHILL LOCAL 570 401(K) PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE GROUP, LLC	c EIN-PN 35-2545107-002
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF ALL CHILDREN'S HEALTH SYSTEM, INC.	
b	Name of plan sponsor ALL CHILDREN'S HEALTH SYSTEM, INC.	c EIN-PN 59-2481740-005
a	Plan name RICE INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor RICE HOLDINGS LLC	c EIN-PN 47-2605979-002
a	Plan name RPI GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RPI GROUP, INC	c EIN-PN 52-2325622-001
a	Plan name RWD CONSULTING LLC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor RWD CONSULTING LLC	c EIN-PN 74-3231345-001
a	Plan name S.E. BURKS SALES COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor S.E. BURKS SALES COMPANY, INC.	c EIN-PN 54-0939885-001
a	Plan name SABRE INDUSTRIES 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SABRE INDUSTRIES INC.	c EIN-PN 26-0319300-004
a	Plan name SANTA MONICA SEAFOOD COMPANY 401K PLAN	
b	Name of plan sponsor SANTA MONICA SEAFOOD COMPANY	c EIN-PN 95-3616163-001
a	Plan name SEACOR SAVINGS PLAN	
b	Name of plan sponsor SEACOR HOLDING INC.	c EIN-PN 20-1587454-002
a	Plan name SEARLES VALLEY MINERALS 401(K) PLAN	
b	Name of plan sponsor SEARLES VALLEY MINERALS	c EIN-PN 13-3579263-001
a	Plan name SECURITY RETIREMENT PLAN	
b	Name of plan sponsor A.L.M. HOLDINGS COMPANY	c EIN-PN 20-0520252-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SMALL CAP VALUE FUND II	
b	Name of plan sponsor WILMINGTON TRUST	c EIN-PN 38-4126250-554
a	Plan name SPLUNK INC. RETIREMENT PLAN	
b	Name of plan sponsor SPLUNK INC.	c EIN-PN 86-1106510-001
a	Plan name STEWARD HEALTH CARE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEWARD HEALTH CARE SYSTEM LLC	c EIN-PN 27-2473240-001
a	Plan name SUNDANCE MANUFACTURING INC. 401(K) PLAN	
b	Name of plan sponsor SUNDANCE MANUFACTURING INC.	c EIN-PN 93-0610403-001
a	Plan name TCAS, INC 401(K) PLAN	
b	Name of plan sponsor TCAS, INC. THE CENTER FOR AMBULATORY SURGERY	c EIN-PN 52-1979344-001
a	Plan name TENABLE INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor TENABLE INC.	c EIN-PN 03-0486428-001
a	Plan name THE ATLAS AIR, INC. RETIREMENT PLAN	
b	Name of plan sponsor ATLAS AIR, INC.	c EIN-PN 84-1207329-001
a	Plan name THE CANADA LIFE ASSURANCE COMPANY UNITED STATES CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor THE CANADA LIFE ASSURANCE COMPANY	c EIN-PN 38-0397420-001
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 HACKETT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE HACKETT GROUP, INC.	c EIN-PN 65-0750100-001
a	Plan name THE HOLT RETIREMENT PLAN	
b	Name of plan sponsor HOLT OF CALIFORNIA	c EIN-PN 68-0421094-004
a	Plan name THE MATHWORKS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MATHWORKS, INC.	c EIN-PN 94-3149038-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE WATERS EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	WATERS TECHNOLOGIES CORPORATION	c EIN-PN 04-3234558-002
a	Plan name	THE WIREMOLD COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	THE WIREMOLD COMPANY	c EIN-PN 06-0593670-003
a	Plan name	THOMAS WATSON & HIGGINBOTHAM 401(K) PLAN	
b	Name of plan sponsor	THOMAS WATSON & HIGGINBOTHAM PLC	c EIN-PN 46-2565057-002
a	Plan name	TITAN MACHINERY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN MACHINERY INC.	c EIN-PN 45-0357838-001
a	Plan name	TRUE MANUFACTURING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TRUE MFG. CO., INC.	c EIN-PN 43-0709967-002
a	Plan name	TTM TECHNOLOGIES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TTM TECHNOLOGIES	c EIN-PN 91-1033443-001
a	Plan name	UPONOR NORTH AMERICA RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	UPONOR NORTH AMERICA, INC.	c EIN-PN 36-3306746-001
a	Plan name	VAN DRUNEN FARMS 401(K) RETIREMENT AND SAVINGS PLAN & TRUST	
b	Name of plan sponsor	RJ VAN DRUNEN & SONS, INC.	c EIN-PN 36-2902868-001
a	Plan name	VIRGINIA HOSPITAL CENTER 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA HOSPITAL CENTER ARLINGTON	c EIN-PN 54-0505989-002
a	Plan name	VOITH EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	VOITH HOLDING INC	c EIN-PN 39-2042166-002
a	Plan name	VOITH EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	VOITH HOLDING	c EIN-PN 56-2074559-012
a	Plan name	WELLS ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	WELLS ENTERPRISES, INC.	c EIN-PN 42-1080796-002

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

a	Plan name	WESTERN RESERVE HEALTH EDUCATION 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN	45-2409508-001
b	Name of plan sponsor	WESTERN RESERVE HEALTH EDUCATION, INC.	c	EIN-PN	45-2409508-001
a	Plan name	WESTWOOD HOLDINGS GROUP, INC. SAVINGS PLAN	c	EIN-PN	75-2969997-001
b	Name of plan sponsor	WESTWOOD HOLDINGS GROUP, INC.	c	EIN-PN	75-2969997-001
a	Plan name	WILMER CUTLER PICKERING HALE AND DORR LLP SAVINGS AND RETIREMENT PLAN	c	EIN-PN	04-1409810-004
b	Name of plan sponsor	WILMER CUTLER PICKERING HALE AND DORR LLP	c	EIN-PN	04-1409810-004
a	Plan name	WINKS-SNOWA ARCHITECTS, P.C. 401(K) PROFIT SHARING PLAN	c	EIN-PN	54-1767252-001
b	Name of plan sponsor	WINKS-SNOWA ARCHITECTS P.C.	c	EIN-PN	54-1767252-001
a	Plan name	WITT O'BRIEN'S SAVINGS PLAN	c	EIN-PN	32-0449815-001
b	Name of plan sponsor	WITT O'BRIEN'S PAYROLL MANAGEMENT LLC	c	EIN-PN	32-0449815-001
a	Plan name	WORKCARE, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN	33-0779311-003
b	Name of plan sponsor	WORKCARE, INC	c	EIN-PN	33-0779311-003
a	Plan name	WURK 401(K) PLAN	c	EIN-PN	81-2794951-001
b	Name of plan sponsor	WURKFORCE, INC.	c	EIN-PN	81-2794951-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN CENTURY MULTIPLE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 019
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 27-0573048

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)	14025000	11870000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31386000	28484000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	49564000	17701000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	11019000	9287000
(B) Common	1c(4)(B)	2506659000	2491568000
(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)	5122000	15354000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2996000	0

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	2620771000	2574264000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11534000	9439000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11534000	9439000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2609237000	2564825000

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)	1785000	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	1109000	
(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)		2894000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	213000	
(B) Common stock.....	2b(2)(B)	57202000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	352000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		57767000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1666631000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1496179000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		170452000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	37921000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		37921000

		(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)		1236000
c Other income	2c		7763000
d Total income. Add all income amounts in column (b) and enter total	2d		278033000

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)	7287000	
(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)		7287000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7287000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		270746000
l Transfers of assets:			
(1) To this plan	2l(1)		553623000
(2) From this plan	2l(2)		868781000

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 _____.