

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 03/22/2024 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: NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST III
1b Three-digit plan number (PN): 171
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): 93-2251815
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.

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> 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 03/22/2024 and ending 12/31/2024

A Name of plan <u>NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST III</u>	B Three-digit plan number (PN)	<u>171</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>93-2251815</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)

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)	
<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	ALBUQUERQUE CHARTER ACADEMY 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALBUQUERQUE CHARTER ACADEMY	c EIN-PN 80-0107700-999
a	Plan name	ALBUQUERQUE TALENT DEVELOPMENT SECONDARY CHARTER SCHOOL 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALBUQUERQUE TALENT DEVELOPMENT SECONDARY CHARTER SCHOOL	c EIN-PN 20-8213433-999
a	Plan name	ARISE MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ARISE MANAGEMENT LLC	c EIN-PN 90-0906294-001
a	Plan name	BANGS ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BANGS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-2160052-999
a	Plan name	BASTROP COUNTY 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BASTROP COUNTY	c EIN-PN 74-6000226-999
a	Plan name	BELLVILLE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BELLVILLE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000344-999
a	Plan name	BLOOMINGTON WELLNESS CENTER, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLOOMINGTON WELLNESS CENTER, PA	c EIN-PN 47-0902905-001
a	Plan name	BROWNWOOD ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BROWNWOOD INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6900028-999
a	Plan name	BUENA VISTA ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BUENA VISTA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001437-999
a	Plan name	CARE SOLACE 401(K) PLAN	
b	Name of plan sponsor	CARE SOLACE, INC	c EIN-PN 47-4430091-001
a	Plan name	CITY OF HARLINGEN 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITY OF HARLINGEN	c EIN-PN 74-6001047-999
a	Plan name	COLEMAN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COLEMAN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6000744-999

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 COLLEGES & UNIVERSITIES RETIREMENT PLAN (CURP)	
b	Name of plan sponsor MISSOURI STATE EMPLOYEES RETIREMENT SYSTEM (MOSERS)	c EIN-PN 37-1702453-999
a	Plan name COLUMBIA-BRAZORIA ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COLUMBIA-BRAZORIA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6025454-999
a	Plan name COLUMBUS ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COLUMBUS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000547-999
a	Plan name COMFORT ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMFORT INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000548-999
a	Plan name CONNALLY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONNALLY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6003571-999
a	Plan name CONROE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONROE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000556-999
a	Plan name COPPERAS COVE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COPPERAS COVE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000564-999
a	Plan name CORSICANA ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CORSICANA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6000800-999
a	Plan name DAVID A. ALTAMIRA, M.D. PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID A. ALTAMIRA, M.D., P.A.	c EIN-PN 76-0470518-001
a	Plan name DENVER CITY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DENVER CITY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002455-999
a	Plan name DILLEY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DILLEY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-1612405-999
a	Plan name EASTLAND ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EASTLAND INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001357-999

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	ECOMMISSION FINANCIAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ECOMMISSION FINANCIAL SERVICES, INC.	c EIN-PN 74-3000705-001
a	Plan name	ECTOR COUNTY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001362-999
a	Plan name	EDUCATION SERVICE CENTER (ESC) REGION 10 457 COOPERATIVE MASTER PLAN	
b	Name of plan sponsor	EDUCATION SERVICE CENTER REGION 10	c EIN-PN 74-1249185-999
a	Plan name	EDUCATION SERVICE CENTER (ESC) REGION 13 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EDUCATION SERVICE CENTER REGION 13	c EIN-PN 74-1590220-999
a	Plan name	EDVANTAGE STRATEGY GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EDVANTAGE STRATEGY GROUP INC.	c EIN-PN 81-3486626-001
a	Plan name	EL CAMPO ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EL CAMPO INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000730-999
a	Plan name	EVERMAN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EVERMAN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001394-999
a	Plan name	FERRIS ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FERRIS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001419-999
a	Plan name	FORT HANCOCK ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FORT HANCOCK INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000856-999
a	Plan name	FREDERICKSBURG ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000876-999
a	Plan name	GALENA PARK ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GALENA PARK INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000895-999
a	Plan name	GLEN ROSE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GLEN ROSE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000990-999

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	GODLEY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GODLEY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6003415-999
a	Plan name	GORDON ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GORDON INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001683-999
a	Plan name	GRAHAM ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRAHAM INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001692-999
a	Plan name	GRANBURY ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRANBURY INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001695-999
a	Plan name	GREGORY-PORTLAND ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001014-999
a	Plan name	HARRIS COUNTY IMPROVEMENT DISTRICT #1 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARRIS COUNTY IMPROVEMENT DISTRICT #1	c EIN-PN 76-0247030-999
a	Plan name	HI-GENE'S JANITORIAL SERVICE 401(K) MATCHING PLAN	
b	Name of plan sponsor	HI-GENE'S JANITORIAL SERVICE, INC.	c EIN-PN 43-1142884-001
a	Plan name	HIGHLAND PARK ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HIGHLAND PARK INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001790-999
a	Plan name	HYDE KELLEY 401(K) PLAN	
b	Name of plan sponsor	HYDE KELLEY LLP	c EIN-PN 88-3860892-001
a	Plan name	INDUSTRIAL ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INDUSTRIAL INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002436-999
a	Plan name	INLAND VALLEY SURVEYING, INC. 401(K) PLAN	
b	Name of plan sponsor	INLAND VALLEY SURVEYING, INC.	c EIN-PN 82-3369565-001
a	Plan name	INTERNATIONAL SCHOOL AT MESA DEL SOL 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL SCHOOL AT MESA DEL SOL	c EIN-PN 26-5548145-999

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	JAMES ORLOFF, THE JEWELER, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	JAMES ORLOSS, THE JEWELER, INC.	c EIN-PN 77-0284242-001
a Plan name	KEENE ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	KEENE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001893-999
a Plan name	KERMIT ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	KERMIT INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001904-999
a Plan name	KINGMAN USD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	KINGMAN UNIFIED SCHOOL DISTRICT	c EIN-PN 86-0815844-999
a Plan name	LA VEGA ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LA VEGA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000340-999
a Plan name	LAGO VISTA ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LAGO VISTA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-1990520-999
a Plan name	LAMAR CISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002016-999
a Plan name	LAMESA ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LAMESA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6001933-999
a Plan name	LAMPASAS ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LAMPASAS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001563-999
a Plan name	LEXINGTON ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LEXINGTON INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001600-999
a Plan name	LORENA ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LORENA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001638-999
a Plan name	LUMABRIDGE LLC 401(K) PLAN	
b Name of plan sponsor	LUMABRIDGE LLC	c EIN-PN 46-1907987-001

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	MANOR ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MANOR INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6003097-999
a	Plan name	MILLSAP ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILLSAP INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002076-999
a	Plan name	MINERAL WELLS ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MINERAL WELLS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002079-999
a	Plan name	MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT #4 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT #4	c EIN-PN 76-0152222-999
a	Plan name	MR. CARTENDER, INC. 401(K) PLAN	
b	Name of plan sponsor	MR. CARTENDER, INC.	c EIN-PN 74-2542411-001
a	Plan name	MUSTARDS, INC. 401(K) PLAN	
b	Name of plan sponsor	MUSTARDS, INC.	c EIN-PN 68-0319525-001
a	Plan name	NAVASOTA ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NAVASOTA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001767-999
a	Plan name	NEEDHAM FIRE RESCUE COMPANY 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEEDHAM FIRE RESCUE COMPANY	c EIN-PN 27-4573801-999
a	Plan name	NORTH RUNNELS COUNTY HOSPITAL DISTRICT 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NORTH RUNNELS COUNTY HOSPITAL DISTRICT	c EIN-PN 75-1306626-999
a	Plan name	PADDOCK CONSTRUCTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PADDOCK CONSTRUCTION COMPANY INC.	c EIN-PN 57-0606967-001
a	Plan name	PEASTER ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PEASTER INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6004402-999
a	Plan name	PLAINVIEW ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLAINVIEW INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002248-999

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	QUEMADO ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QUEMADO INDEPENDENT SCHOOL DISTRICT	c EIN-PN 85-6003711-999
a	Plan name	RICE CISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RICE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-1610792-999
a	Plan name	ROBSTOWN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROBSTOWN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001993-999
a	Plan name	RONIN SOCIETY 401(K) PLAN	
b	Name of plan sponsor	THE RONIN SOCIETY, LLC	c EIN-PN 36-4846290-001
a	Plan name	SABINE COUNTY HOSPITAL DISTRICT 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SABINE COUNTY HOSPITAL DISTRICT	c EIN-PN 75-1656334-999
a	Plan name	SAN ANGELO ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAN ANGELO INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002404-999
a	Plan name	SANTA ROSA ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANTA ROSA INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002268-999
a	Plan name	SEMINOLE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEMINOLE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6000959-999
a	Plan name	SEVA MEDICAL GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SEVA MEDICAL GROUP	c EIN-PN 93-4425805-001
a	Plan name	SLATON ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SLATON INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002454-999
a	Plan name	SOUTHWEST ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHWEST INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-1461322-999
a	Plan name	SPEARMAN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SPEARMAN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002494-999

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	SPRINGTOWN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SPRINGTOWN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002500-999
a	Plan name	SRO MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	WC VISION, LLC	c EIN-PN 26-2324283-001
a	Plan name	STANTON ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STANTON INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002506-999
a	Plan name	STATE UNIVERSITIES IN COLORADO DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	STATE UNIVERSITIES IN COLORADO	c EIN-PN 84-0559160-999
a	Plan name	SUNDOWN ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUNDOWN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002540-999
a	Plan name	TASA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TASA	c EIN-PN 74-1540525-001
a	Plan name	THE MASTERS PROGRAM CHARTER SCHOOL 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE MASTERS PROGRAM CHARTER SCHOOL	c EIN-PN 80-0477817-999
a	Plan name	THE NITSCHKE GROUP 401K SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE NITSCHKE GROUP, INC.	c EIN-PN 74-1846860-001
a	Plan name	THE SCHOOLS OF MCKEEL ACADEMY 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE SCHOOLS OF MCKEEL ACADEMY	c EIN-PN 65-0854467-999
a	Plan name	THORNDALE ISD 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THORNDALE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002399-999
a	Plan name	TRAVIS COUNTY EMERGENCY SERVICES DISTRICT #12 457(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRAVIS COUNTY EMERGENCY SERVICES DISTRICT #12	c EIN-PN 74-2440184-999
a	Plan name	TRAVIS COUNTY ESD #6 401(A) PLAN	
b	Name of plan sponsor	TRAVIS COUNTY EMERGENCY SERVICES DISTRICT NO. 6	c EIN-PN 74-2682632-999

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	TRAVIS COUNTY ESD #6 457(B) DEFERRED COMP PLAN	
b Name of plan sponsor	TRAVIS COUNTY EMERGENCY SERVICES DISTRICT NO. 6	c EIN-PN 74-2682632-999
a Plan name	UPRIORITY 401K PLAN	
b Name of plan sponsor	UPRIORITY, LLC	c EIN-PN 33-1360090-001
a Plan name	USMMG 401(K) SAVINGS PLAN	
b Name of plan sponsor	KC PIGGYBACK HOLDINGS, LLC	c EIN-PN 85-2091679-001
a Plan name	VAN VLECK ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	VAN VLECK INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002435-999
a Plan name	VECCS 401(K) PLAN	
b Name of plan sponsor	VETERINARY EMERGENCY AND CRITICAL CARE SOCIETY	c EIN-PN 91-1043231-001
a Plan name	VENUS ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	VENUS INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002705-999
a Plan name	VERNON ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	VERNON INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-6002706-999
a Plan name	WACO ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WACO INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002532-999
a Plan name	WEST ORANGE COVE CISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WEST ORANGE COVE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001837-999
a Plan name	WICKENBURG USD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WICKENBURG UNIFIED SCHOOL DISTRICT	c EIN-PN 86-0212990-999
a Plan name	WOODVILLE ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WOODVILLE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002580-999
a Plan name	WYLIE ISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WYLIE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 75-1451409-999

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	ZAPATA CISD 457(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ZAPATA CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6002930-999

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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 03/22/2024 and ending 12/31/2024	
A Name of plan NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST III	B Three-digit plan number (PN) ▶ 171
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 93-2251815

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)		4374000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		372000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		294686000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		74548000

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		373980000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		3710000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		3710000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l		370270000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		16846000
c Other income	2c		1919000
d Total income. Add all income amounts in column (b) and enter total	2d		18765000

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)	206000	
(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)		206000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		206000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18559000
l Transfers of assets:			
(1) To this plan	2l(1)		374203000
(2) From this plan	2l(2)		22492000

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 _____.