

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: ARTISAN MULTIPLE INVESTMENT TRUST; 1b Three-digit plan number (PN): 021; 1c Effective date of plan; 2a Plan sponsor's name: SEI TRUST COMPANY; 2b Employer Identification Number (EIN): 26-3653822; 2c Plan Sponsor's telephone number: 610-676-2369; 2d Business code

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>ARTISAN MULTIPLE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>021</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>26-3653822</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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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 32BJ SCHOOL WORKERS' PENSION FUND	
b	Name of plan sponsor 32BJ SCHOOL WORKERS' PENSION FUND	c EIN-PN 13-1957585-001
a	Plan name 401K RETIREMENT PLAN FOR EMPLOYEES OF MATHER	
b	Name of plan sponsor MATHER	c EIN-PN 36-2233542-003
a	Plan name AGC - INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 PENSION TRUST FU	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 93-6075580-001
a	Plan name AKIN GUMP STRAUSS HAUER & FELD LLP MASTER TRUST	
b	Name of plan sponsor AKIN GUMP STRAUSS HAUER & FELD LLP	c EIN-PN 75-1338644-006
a	Plan name AMERICAN AIRLINES INC., MASTER FIXED BENEFIT PLAN PENSION TRUST	
b	Name of plan sponsor AMERICAN AIRLINES, INC.	c EIN-PN 13-1502798-020
a	Plan name AMERICAN INTERNATIONAL GROUP, INC. RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor AMERICAN INTERNATIONAL GROUP, INC.	c EIN-PN 41-2275587-009
a	Plan name AMERIPRISE FINANCIAL RETIREMENT PLAN	
b	Name of plan sponsor AMERIPRISE FINANCIAL , INC.	c EIN-PN 13-3180631-002
a	Plan name ARAMCO U.S. RETIREMENT INCOME PLAN	
b	Name of plan sponsor ARAMCO SHARED BENEFITS COMPANY (ASBCO)	c EIN-PN 84-4364434-001
a	Plan name ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM (APERS)	
b	Name of plan sponsor ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM (APERS)	c EIN-PN 71-0385993-999
a	Plan name ARTISAN GLOBAL OPPORTUNITIES TRUST II	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 83-0763565-001
a	Plan name ARTISAN PARTNERS HOLDINGS LP 401(K) PLAN	
b	Name of plan sponsor ARTISAN PARTNERS LIMITED PARTNERSHIP	c EIN-PN 39-1807188-001
a	Plan name ASHLEY FURNITURE INDUSTRIES INC PS 401K PLAN	
b	Name of plan sponsor ASHLEY FURNITURE INDUSTRIES INC.	c EIN-PN 39-1141201-001

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	AUTOMOTIVE MACHINISTS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 91-6123687-001
a	Plan name	BAKKT, LLC 401(K) PLAN	
b	Name of plan sponsor	BAKKT, LLC	c EIN-PN 37-1906173-001
a	Plan name	BI WORLDWIDE SAVINGS PLAN	
b	Name of plan sponsor	SCHOENECKERS, INC.	c EIN-PN 41-0688799-001
a	Plan name	BON SECOURS MERCY HEALTH RETIREMENT SAVINGS PLAN 401	
b	Name of plan sponsor	BON SECOURS MERCY HEALTH, INC	c EIN-PN 52-1301088-022
a	Plan name	BON SECOURS MERCY HEALTH SAVINGS PLAN 403(B)	
b	Name of plan sponsor	BON SECOURS MERCY HEALTH, INC	c EIN-PN 52-1301088-022
a	Plan name	BOSTON PLASTERERS' CEMENT MASONS' AND ASPHALT LAYERS LOCAL NO. 534 DEFERRED	
b	Name of plan sponsor	BOARD OF TRUSTEES - BPCM LOCAL 534 DEFERRED INCOM	c EIN-PN 04-6544055-001
a	Plan name	BOSTON PLASTERERS' CEMENT MASONS' AND ASPHALT LAYERS LOCAL NO. 534 PENSION	
b	Name of plan sponsor	BOSTON PLASTERERS' AND CEMENT MASONS UNION LOCAL 5	c EIN-PN 04-6127786-001
a	Plan name	BVPV STYRENICS LLC CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	BVPV STYRENICS LLC	c EIN-PN 85-2318004-002
a	Plan name	BVPV STYRENICS LLC SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor	BVPV STYRENICS LLC	c EIN-PN 85-2318004-003
a	Plan name	CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	ROCHELLE FOODS, LLC	c EIN-PN 36-3889635-001
a	Plan name	CARE NEW ENGLAND PENSION PLAN	
b	Name of plan sponsor	CARE NEW ENGLAND HEALTH SYSTEM	c EIN-PN 05-0490997-001
a	Plan name	CASH BALANCE PLAN FOR PARTNERS AND SENIOR STAFF OF SIMPSON THACHER & BARTLETT	
b	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	c EIN-PN 13-5395280-052

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 CATALINA MARKETING CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CATALINA MARKETING CORPORATION	c EIN-PN 33-0499007-001
a	Plan name CDM SMITH CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor CDM SMITH INC	c EIN-PN 04-2473650-002
a	Plan name CEFCU RETIREMENT INCOME PLAN AND TRUST	
b	Name of plan sponsor CITIZENS EQUITY FIRST CREDIT UNION	c EIN-PN 37-6028123-001
a	Plan name CFG PENSION PLAN	
b	Name of plan sponsor CFG FINANCIAL GROUP, INC.	c EIN-PN 05-0412693-001
a	Plan name CHILDREN'S SPECIALISTS OF SAN DIEGO, AMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN'S SPECIALISTS OF SAN DIEGO, AMG, INC.	c EIN-PN 95-3255175-006
a	Plan name CITGO PETROLEUM CORPORATION DEFINED BENEFIT PLANS MASTER TRUST	
b	Name of plan sponsor CITGO PETROLEUM CORP	c EIN-PN 56-1819750-007
a	Plan name CITY OF OAKLAND DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF OAKLAND	c EIN-PN 94-6000384-999
a	Plan name CITY OF PHOENIX EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor CITY OF PHOENIX	c EIN-PN 86-0467267-001
a	Plan name CITY OF SAN JOSE 1961 POLICE & FIRE DEPARTMENT RETIREMENT PLAN	
b	Name of plan sponsor CITY OF SAN JOSE	c EIN-PN 77-0419483-999
a	Plan name CITY OF SAVANNAH	
b	Name of plan sponsor CITY OF SAVANNAH	c EIN-PN 58-6000660-001
a	Plan name CIVILIAN EMPLOYEES' RETIREMENT SYSTEM OF THE POLICE DEPARTMENT OF KANSAS CI	
b	Name of plan sponsor RETIREMENT BOARD OF TRUSTEES OF THE CIVILIAN EMP R	c EIN-PN 43-0862257-001
a	Plan name CLEVELAND BAKERS AND TEAMSTERS PENSION FUND	
b	Name of plan sponsor JOINT BOT CLEVELAND BAKERS AND TEAMSTERS PENSION F	c EIN-PN 34-0904419-001

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	COMMSCOPE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMSCOPE, INC.	c EIN-PN 36-4135495-001
a	Plan name	CONSTRUCTION INDUSTRY & LABORERS JOINT PENSION TRUST	
b	Name of plan sponsor	CONSTRUCTION INDUSTRY & LABORERS	c EIN-PN 88-0135695-001
a	Plan name	CONSTRUCTION LABORERS PENSION TRUST FOR SOUTHERN CALIFORNIA	
b	Name of plan sponsor	BOARD OF TRUSTEES, CONSTRUCTION LABORERS PENSION TRUST FUND FOR SOUTHE	c EIN-PN 43-6159056-001
a	Plan name	CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	
b	Name of plan sponsor	CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIAT	c EIN-PN 94-2478110-001
a	Plan name	COUNTY EMPLOYEES' RETIREMENT FUND	
b	Name of plan sponsor	COUNTY EMPLOYEES' RETIREMENT FUND	c EIN-PN 43-6505213-001
a	Plan name	COUNTY OF ORANGE 1.62 PLAN	
b	Name of plan sponsor	COUNTY OF ORANGE	c EIN-PN 95-6000928-999
a	Plan name	COUNTY OF ORANGE 401(A) PLAN	
b	Name of plan sponsor	COUNTY OF ORANGE	c EIN-PN 95-6000928-003
a	Plan name	COUNTY OF ORANGE DEFINE CONTRIBUTION PLAN	
b	Name of plan sponsor	COUNTY OF ORANGE	c EIN-PN 95-6000928-999
a	Plan name	CROWN CASTLE INTERNATIONAL CORP. 401(K) PLAN	
b	Name of plan sponsor	CROWN CASTLE INTERNATIONAL CORP.	c EIN-PN 76-0470458-001
a	Plan name	CSLB HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor	CSLB HOLDINGS INC.	c EIN-PN 80-0120293-001
a	Plan name	DANAHER CORPORATION RETIREMENT PLANS' MASTER TRUST	
b	Name of plan sponsor	DANAHER CORPORATION	c EIN-PN 36-6807372-001
a	Plan name	DENTONS GLOBAL SERVICES 401K PLAN	
b	Name of plan sponsor	DENTONS US GLOBAL SERVICES LLC	c EIN-PN 85-3887996-001

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	DENTONS US LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	DENTONS US LLP	c EIN-PN 36-1796730-001
a	Plan name	DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SOUTHWEST SERVICE ADMINISTRATORS	c EIN-PN 84-6277982-001
a	Plan name	DIRECTED ACCOUNT PLAN	
b	Name of plan sponsor	COMMUNITY AMERICA CREDIT UNION	c EIN-PN 44-6015072-002
a	Plan name	EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES EAST BAY RESTAURANT AND TAVERN PLAN	c EIN-PN 94-6076428-001
a	Plan name	EMPLOYEE RETIREMENT PLAN OF S&P GLOBAL INC AND ITS SUBSIDIARIES	
b	Name of plan sponsor	S&P GLOBAL INC	c EIN-PN 13-1026995-001
a	Plan name	EMPLOYEES' RETIREMENT SYSTEM OF BALTIMORE COUNTY	
b	Name of plan sponsor	BALTIMORE COUNTY, MARYLAND	c EIN-PN 52-6000889-001
a	Plan name	EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF NORFOLK	
b	Name of plan sponsor	CITY OF NORFOLK	c EIN-PN 54-6001454-999
a	Plan name	FRAMATOME 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FRAMATOME INC.	c EIN-PN 54-1536465-001
a	Plan name	GARTNER INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GARTNER, INC	c EIN-PN 04-3099750-002
a	Plan name	GENERAL RETIREMENT SYSTEM OF THE CITY OF DETROIT	
b	Name of plan sponsor	CITY OF DETROIT, MICHIGAN	c EIN-PN 38-6004606-001
a	Plan name	GEORGIA FIREFIGHTERS' PENSION FUND	
b	Name of plan sponsor	GEORGIA FIREFIGHTERS' PENSION FUND	c EIN-PN 58-6005261-999
a	Plan name	GREENHECK FAN CORPORATION 401(K) & SAVINGS PLAN	
b	Name of plan sponsor	GREENHECK FAN CORPORATION	c EIN-PN 39-0920319-005

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	HITACHI EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HITACHI AMERICA, LTD	c EIN-PN 13-1896069-002
a	Plan name	HORMEL FOODS CORPORATION JOINT EARNINGS PROFIT SHARING TRUST	
b	Name of plan sponsor	HORMEL FOODS CORPORATION	c EIN-PN 41-0319970-030
a	Plan name	HORMEL FOODS CORPORATION MASTER DEFINED BENEFIT TRUST	
b	Name of plan sponsor	HORMEL FOODS CORPORATION	c EIN-PN 27-1536054-001
a	Plan name	HORMEL FOODS CORPORATION TAX DEFERRED INVESTMENT PLAN A	
b	Name of plan sponsor	HORMEL FOODS CORPORATION	c EIN-PN 41-0319970-050
a	Plan name	HORMEL FOODS CORPORATION TAX DEFERRED INVESTMENT PLAN B	
b	Name of plan sponsor	HORMEL FOODS CORPORATION	c EIN-PN 41-0319970-051
a	Plan name	HOWARD COUNTY MASTER TRUST	
b	Name of plan sponsor	HOWARD COUNTY, MARYLAND	c EIN-PN 52-1935666-999
a	Plan name	I.B.E.W. LOCAL 769 MANAGEMENT PENSION PLAN A	
b	Name of plan sponsor	BOARD OF TRUSTEES I.B.E.W. LOCAL 769 MGMT PENSION PLAN A	c EIN-PN 86-6049763-001
a	Plan name	IATSE LOCAL NO. 33 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, IATSE LO. NO. 33 PENSION TRUST	c EIN-PN 95-6377503-001
a	Plan name	IBEW LOCAL 98# PENSION TRUST FUND	
b	Name of plan sponsor	N/A	c EIN-PN 23-1990722-001
a	Plan name	IBEW LOCAL UNION NO 357 PENSION TRUST FUND - PLAN B	
b	Name of plan sponsor	IBEW LOCAL UNION 357 BOT	c EIN-PN 88-6023284-002
a	Plan name	IBEW LOCAL UNION NO. 357 PENSION TRUST PLAN A	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 88-6023284-001
a	Plan name	IBT CONSOLIDATED PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IBT CONSOLIDATED PENSION FUND	c EIN-PN 82-1976695-001

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	IDEAL INDUSTRIES, INC. 401(K) PLAN	
b Name of plan sponsor	IDEAL INDUSTRIES, INC.	c EIN-PN 36-2048768-001
a Plan name	INTERCONTINENTAL EXCHANGE, INC. 401(K) PLAN	
b Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.	c EIN-PN 46-2286804-001
a Plan name	INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 91-6187192-001
a Plan name	INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	INTREPID POTASH, INC.	c EIN-PN 26-1501877-001
a Plan name	INVESTORS BANK PENSION PLAN	
b Name of plan sponsor	CFG FINANCIAL GROUP, INC.	c EIN-PN 05-0412693-014
a Plan name	IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	
b Name of plan sponsor	IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	c EIN-PN 04-2591016-001
a Plan name	IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	
b Name of plan sponsor	IW PENSION FUND DISTRICT COUNCIL OF NE PENSION FUN	c EIN-PN 04-2591016-001
a Plan name	IRVING MATERIALS, INC. EMPLOYEE SAVINGS 401(K) PLAN	
b Name of plan sponsor	IRVING MATERIALS, INC	c EIN-PN 35-0817664-002
a Plan name	JENNIE-O TURKEY STORE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	JENNIE-O TURKEY STORE, INC.	c EIN-PN 41-0734466-003
a Plan name	JOHNSON & JOHNSON PENSION AND SAVINGS PLANS MASTER TRUST	
b Name of plan sponsor	JOHNSON & JOHNSON	c EIN-PN 22-1024240-015
a Plan name	LABORERS' DISTRICT COUNCIL AND CONTRACTORS PENSION FUND OF OHIO	
b Name of plan sponsor	BOARD OF TRUSTEES OF LABORERS' DISTRICT COUNCIL AN	c EIN-PN 31-6129964-001
a Plan name	LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b Name of plan sponsor	BOARD OF TRUSTEES LABORERS PENSION TRUST FUND FOR NOR CAL	c EIN-PN 94-6277608-001

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 LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA - ANNUITY PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6277608-002
a	Plan name LANCASTER COUNTY EMPLOYEES' RETIREMENT SYSTEM AND TRUST	
b	Name of plan sponsor COUNTY OF LANCASTER, PENNSYLVANIA	c EIN-PN 23-2331202-001
a	Plan name LEGACY HEALTH EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor LEGACY HEALTH	c EIN-PN 23-7426300-001
a	Plan name LIBERTY MEDIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor LIBERTY MEDIA CORPORATION	c EIN-PN 37-1699499-001
a	Plan name LIFESPAN CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor LIFESPAN CORPORATION	c EIN-PN 22-2861978-001
a	Plan name MANAGED RETIREMENT FUNDS AGRESSIVE	
b	Name of plan sponsor MTC COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT PLANS	c EIN-PN 75-3182674-142
a	Plan name MANAGED RETIREMENT FUNDS BALANCED	
b	Name of plan sponsor MTC COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT PLANS	c EIN-PN 75-3182674-140
a	Plan name MANAGED RETIREMENT FUNDS CONSERVATIVE	
b	Name of plan sponsor MTC COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT PLANS	c EIN-PN 75-3182674-139
a	Plan name MANAGED RETIREMENT FUNDS MODERATE	
b	Name of plan sponsor MTC COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT PLANS	c EIN-PN 75-3182674-143
a	Plan name MANAGED RETIREMENT PLANS GROWTH	
b	Name of plan sponsor MTC COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT PLANS	c EIN-PN 75-3182674-141
a	Plan name MARIN COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	
b	Name of plan sponsor MARIN COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	c EIN-PN 94-6083038-001
a	Plan name MASTERCARD SAVINGS PLAN	
b	Name of plan sponsor MASTERCARD INTERNATIONAL INCORPORATED	c EIN-PN 95-2536378-002

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 MERCED COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	
b	Name of plan sponsor MERCED COUNTY	c EIN-PN 94-6091719-001
a	Plan name MICHELS CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHELS CORPORATION	c EIN-PN 39-0970311-002
a	Plan name MICHIGAN CARPENTERS' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF MICHIGAN CARPENTERS' PENSION	c EIN-PN 38-6233978-001
a	Plan name MOLSON COORS CONSOLIDATED RETIREMENT & THRIFT SAVINGS PLAN	
b	Name of plan sponsor MOLSON COORS BEVERAGE COMPANY USA LLC	c EIN-PN 26-2387410-049
a	Plan name MOLSON COORS EMPLOYEES' RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor MOLSON COORS BEVERAGE COMPANY USA LLC	c EIN-PN 26-2387410-065
a	Plan name MUNTERS CORPORATION EMPLOYEE SAVINGS AND 401(K) PLAN	
b	Name of plan sponsor MUNTERS CORPORATION	c EIN-PN 84-0830599-002
a	Plan name N&M TRANSFER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor N&M TRANSFER CO., INC.	c EIN-PN 39-1389333-001
a	Plan name NCH CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NCH CORPORATION	c EIN-PN 75-0457200-001
a	Plan name NISSAN EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor NISSAN NORTH AMERICA, INC	c EIN-PN 95-2108010-006
a	Plan name NORTHWESTERN MUTUAL EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 39-0509570-005
a	Plan name NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY AGENTS PERSISTENCY FEE GUARANTEE FUND	
b	Name of plan sponsor THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 39-0509570-001
a	Plan name NORTHWESTERN OHIO PLUMBERS & PIPEFITTERS PENSION PLAN AND TRUST	
b	Name of plan sponsor NORTHWESTERN OHIO PLUMBERS & PIPEFITTERS	c EIN-PN 34-6502487-001

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	NW NATURAL GAS COMPANY RETIREMENT K SAVINGS PLAN	
b	Name of plan sponsor	NW NATURAL GAS COMPANY	c EIN-PN 93-0256722-008
a	Plan name	OOCL (USA) INC SAVINGS PLAN	
b	Name of plan sponsor	OOCL (USA) INC.	c EIN-PN 13-4934630-006
a	Plan name	OOCL (USA) INC. DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	OOCL USA INC.	c EIN-PN 13-4934630-009
a	Plan name	OPERATING ENGINEERS LOCAL 324 PENSION FUND	
b	Name of plan sponsor	BOARD OF TTEES OPERATING ENGINEERS LOC 324 PENSION	c EIN-PN 38-1900637-001
a	Plan name	OPERATING ENGINEERS PENSION TRUST	
b	Name of plan sponsor	N/A - MULTIPLE EMPLOYERS	c EIN-PN 95-6032487-001
a	Plan name	ORLANDO POLICE PENSION PLAN	
b	Name of plan sponsor	CITY OF ORLANDO	c EIN-PN 59-6000396-001
a	Plan name	ORLANDO FIREFIGHTERS PENSION PLAN	
b	Name of plan sponsor	CITY OF ORLANDO	c EIN-PN 59-6000396-003
a	Plan name	ORLANDO GENERAL EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF ORLANDO	c EIN-PN 59-6000396-001
a	Plan name	PENSION AND RETIREMENT PLAN OF PLUMBERS AND PIPEFITTERS UNION LOCAL NO. 525	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 88-6003864-001
a	Plan name	PENSION FUND OF OPERATING ENGINEERS LOCAL 513	
b	Name of plan sponsor	BOARD OF TRUSTEES, LOCAL UNION 513 PENSION FUND	c EIN-PN 43-0827344-001
a	Plan name	PG&E CORPORATION RETIREMENT MASTER TRUST	
b	Name of plan sponsor	PACIFIC GAS & ELECTRIC COMPANY	c EIN-PN 94-6222282-002
a	Plan name	PPG INDUSTRIES INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-384

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	PRESBYTERIAN CHURCH IN AMERICA 403(B)(9) RETIREMENT PLAN	
b	Name of plan sponsor	PRESBYTERIAN CHURCH IN AMERICA	c EIN-PN 74-3069926-999
a	Plan name	PROLOGIS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PROLOGIS, L.P.	c EIN-PN 94-3285362-001
a	Plan name	PUBLICIS BENEFITS CONNECTION 401K PLAN	
b	Name of plan sponsor	MMS USA HOLDINGS, INC.	c EIN-PN 36-2677628-002
a	Plan name	QUICKBASE INC. 401K PLAN	
b	Name of plan sponsor	QUICKBASE INC	c EIN-PN 81-1510345-001
a	Plan name	RETAIL FOOD EMPLOYERS AND UNITED FOOD AND COMMERCIAL WORKERS LOCAL 711 PENS	
b	Name of plan sponsor	BOARD OF TRUSTEES OF RETAIL FOOD EMPLOYERS AND UFC	c EIN-PN 51-6031512-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF UNIVERSITY OF MIAMI	
b	Name of plan sponsor	UNIVERSITY OF MIAMI	c EIN-PN 59-0624458-001
a	Plan name	RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.	
b	Name of plan sponsor	FAC SERVICES, LLC	c EIN-PN 46-1574498-001
a	Plan name	RETIREMENT TRUST FOR EMPLOYEES OF SOUTH NASSAU COMMUNITIES HOSPITAL	
b	Name of plan sponsor	SOUTH NASSAU COMMUNITIES BOARD OF DIRECTORS	c EIN-PN 11-1352310-001
a	Plan name	ROCKY MOUNTAIN UFCW UNIONS & EMPLOYERS RETAIL AND MEAT PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE ROCKY MOUNTAIN UFCW PENSION PLAN C/O ZENITH AMERICAN S	c EIN-PN 84-6045986-001
a	Plan name	S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	S.C. JOHNSON & SON, INC.	c EIN-PN 39-0379990-001
a	Plan name	SACRAMENTO COUNTY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor	BOARD OF RETIREMENT OF SACRAMENTO COUNTY EMPLOYEES' RETIREMENT SYSTEM	c EIN-PN 26-0096542-001
a	Plan name	SAN DIEGO CITY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor	N/A	c EIN-PN 20-1800126-999

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	SAN JOSE FEDERATED CITY EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF SAN JOSE	c EIN-PN 77-6077470-001
a	Plan name	SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY 401(K) BENEFIT PLAN	
b	Name of plan sponsor	SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, P.C.	c EIN-PN 35-1487550-001
a	Plan name	SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - SCREEN ACTORS GUILD PRODUCERS PENSION PLAN	c EIN-PN 95-2110997-001
a	Plan name	SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	
b	Name of plan sponsor	BD TTEES SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION	c EIN-PN 52-6038495-001
a	Plan name	SIERRA-CEDARS COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	SIERRA-CEDARS COMPANIES, LLC	c EIN-PN 58-2548193-001
a	Plan name	SITA EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SOCIETE INTERNATIONALE DE TELECOMMUNICATIONS AERONAUTIQUES	c EIN-PN 11-2133344-002
a	Plan name	SPA AGGRESSIVE PORTFOLIO	
b	Name of plan sponsor	WILMINGTON TRUST. N.A.	c EIN-PN 81-4599793-318
a	Plan name	SPA BALANCED PORTFOLIO	
b	Name of plan sponsor	WILMINGTON TRUST N.A.	c EIN-PN 81-4576579-316
a	Plan name	SPA CONSERVATIVE PORTFOLIO	
b	Name of plan sponsor	WILMINGTON TRUST N.A.	c EIN-PN 38-4139840-620
a	Plan name	SPA GROWTH PORTFOLIO	
b	Name of plan sponsor	WILMINGTON TRUST N.A.	c EIN-PN 81-4586721-317
a	Plan name	SPA MODERATE PORTFOLIO	
b	Name of plan sponsor	WILMINGTON TRUST N.A.	c EIN-PN 81-4559880-315
a	Plan name	STANDARD PROCESS INC. 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	STANDARD PROCESS INC.	c EIN-PN 39-0762936-001

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 STOEL RIVES RETIREMENT PLAN	
b	Name of plan sponsor STOEL RIVES LLP	c EIN-PN 93-0408771-333
a	Plan name T&T RETIREMENT PLAN GROUP TRUST	
b	Name of plan sponsor TEKNOR APEX COMPANY AND TRUEX INCORPORATED	c EIN-PN 05-0473278-005
a	Plan name TECK AMERICAN INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor TECK AMERICAN INCORPORATED	c EIN-PN 26-1974324-001
a	Plan name TELUS INTERNATIONAL U.S. CORP 401(K) PLAN	
b	Name of plan sponsor TELUS INTERNATIONAL (U.S.) CORP	c EIN-PN 98-0226610-001
a	Plan name TERMINALS 401(K) SAVINGS PLAN	
b	Name of plan sponsor LONG BEACH CONTAINER TERMINAL	c EIN-PN 45-4649289-002
a	Plan name TERMINALS LOCAL 63 OCU 401(K) SAVINGS PLAN	
b	Name of plan sponsor LONG BEACH CONTAINER TERMINAL	c EIN-PN 95-3542307-004
a	Plan name TERMINALS MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor LONG BEACH CONTAINER TERMINAL	c EIN-PN 45-4649289-001
a	Plan name THE COCA-COLA BOTTLING COMPANY OF NEW ENGLAND INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor THE COCA COLA BOTTLING COMPANY OF NORTHERN NEW ENGLAND, INC	c EIN-PN 04-2614952-002
a	Plan name THE DUPPS COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE DUPPS COMPANY	c EIN-PN 31-0267820-001
a	Plan name THE GENERAL RETIREMENT SYSTEM FOR EMPLOYEES OF JEFFERSON COUNTY	
b	Name of plan sponsor THE GENERAL RETIREMENT SYSTEM	c EIN-PN 63-0595995-001
a	Plan name THE KELLOGG COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor KELLOGG COMPANY	c EIN-PN 38-0710690-009
a	Plan name THE LUBRIZOL CORPORATION EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor THE LUBRIZOL CORPORATION	c EIN-PN 84-1455663-003

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 THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST	
b	Name of plan sponsor CARE NEW ENGLAND	c EIN-PN 05-0259004-001
a	Plan name THE MINISTERS AND MISSIONARIES BENEFIT BOARD OF AMERICAN BAPTIST CHURCHES	
b	Name of plan sponsor THE MINISTERS AND MISSIONARIES BENEFIT BOARD OF AMERICAN BAPTIST CHURCH	c EIN-PN 13-1628182-999
a	Plan name TOWN OF PLYMOUTH CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor TOWN OF PLYMOUTH CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 04-6001271-001
a	Plan name TURNER NON-UNION TRADE EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE TURNER CORPORATION	c EIN-PN 13-3209884-003
a	Plan name TURNER RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor THE TURNER CORPORATION	c EIN-PN 13-3209884-002
a	Plan name TWIN CITY IRON WORKERS PENSION FUND	
b	Name of plan sponsor TWIN CITY IRON WORKERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 41-6084127-001
a	Plan name U.S. BANK NATIONAL ASSOCIATION AS TRUSTEE FOR THE PEERLESS PUMP RETIREMENT INCOME PLAN	
b	Name of plan sponsor GRUNDFOS PUMP CORPORATION	c EIN-PN 05-0596578-200
a	Plan name UFCW NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 94-6313554-001
a	Plan name UNITE HERE LOCAL 25 AND HOTEL ASSOCIATION OF WASHINGTON D.C. PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES-HTL. & REST. EMP. LO. 25 & HTL ASSN.	c EIN-PN 52-6051390-001
a	Plan name UNITE HERE! WORKERS AND HOSPITALITY EMPLOYERS VDB PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEE UNITE HERE! WORKERS AND HOSPITALITY EMPLOYERS TRUST	c EIN-PN 45-4227067-026
a	Plan name UNIVERSITY OF COLORADO OPTIONAL RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 84-6000555-001
a	Plan name UNUM GROUP PENSION PLAN	
b	Name of plan sponsor UNUM GROUP	c EIN-PN 62-1598430-001

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	US BANK, N.A. AS TRUSTEE OF THE MONUMENT HEALTH, INC. PENSION PLAN	
b	Name of plan sponsor	MONUMENT HEALTH, INC.	c EIN-PN 20-1487506-001
a	Plan name	UTAH TRANSIT AUTHORITY EMPLOYEE RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	UTAH TRANSIT AUTHORITY	c EIN-PN 82-3943084-002
a	Plan name	VERMONT PENSION INVESTMENT COMMITTEE	
b	Name of plan sponsor	STATE OF VERMONT	c EIN-PN 20-3300812-001
a	Plan name	WESTERN NEPHROLOGY AND METABOLIC BOND DISEASE, P.C. EMPLOYEE PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	WESTERN NEPHROLOGY AND METABOLIC BOND DISEASE, P.C.	c EIN-PN 84-1460205-001
a	Plan name	WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND	
b	Name of plan sponsor	MULTIEMPLOYER PENSION FUND	c EIN-PN 25-6029946-001
a	Plan name	WIEDEN + KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WIEDEN + KENNEDY, INC.	c EIN-PN 93-0832855-001
a	Plan name	WISCONSIN MASONS PENSION FUND	
b	Name of plan sponsor	WISCONSIN MASONS PENSION FUND (BOARD OF TTEES)	c EIN-PN 39-6185238-001
a	Plan name	ZF CHASSIS MODULES (USA) INC., 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF CHASSIS MODULES (USA) INC.	c EIN-PN 88-4412957-001
a	Plan name	ZF CHASSIS MODULES (USA) INC., HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF CHASSIS MODULES (USA) INC.	c EIN-PN 88-4412957-002
a	Plan name	ZF NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF NORTH AMERICA, INC.	c EIN-PN 61-1462969-001
a	Plan name	ZF NORTH AMERICA, INC. HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF ACTIVE SAFETY US, INC.	c EIN-PN 61-1462969-058
a	Plan name	ZF PASSIVE SAFETY US INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF PASSIVE SAFETY US INC.	c EIN-PN 34-1758354-001

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 ARTISAN MULTIPLE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 021
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 26-3653822

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)	28497000
		64258000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	412954000
(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)	278954000
		363320000
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	20577000
(B) Common	1c(4)(B)	7098578000
		21024000
(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)	45234000
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	5149000
		9299000

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	7889943000	8696605000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28264000	49894000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28264000	49894000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7861679000	8646711000

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)	12152000	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	6697000	
(D) Loans (other than to participants).....	2b(1)(D)	1548000	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20397000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	269000	
(B) Common stock.....	2b(2)(B)	96050000	
(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)		96319000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4895084000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3909020000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		986064000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-60167000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-60167000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-2967000
d Total income. Add all income amounts in column (b) and enter total	2d		1039646000

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)	64535000	
(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)		64535000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		64535000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		975111000
l Transfers of assets:			
(1) To this plan	2l(1)		1507383000
(2) From this plan	2l(2)		1697462000

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 _____.