

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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: SHORT-TERM INVESTMENT FUND II
1b Three-digit plan number (PN): 004
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): 92-2544088
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 01/01/2024 and ending 12/31/2024

A Name of plan <u>SHORT-TERM INVESTMENT FUND II</u>	B Three-digit plan number (PN)	<u>004</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>92-2544088</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:	<u>SHORT TERM INVESTMENT FUND A5</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>47-5476982-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1643599000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AIG MASTER TRUST	
b	Name of plan sponsor AMERICAN INTERNATIONAL GROUP, INC.	c EIN-PN 13-2592361-007
a	Plan name AKZONOBEL RETIREMENT PLAN	
b	Name of plan sponsor AKZONOBEL INC.	c EIN-PN 56-1349341-001
a	Plan name ALLIANZ ASSET ACCUMULATION PLAN	
b	Name of plan sponsor ALLIANZ OF AMERICA CORPORATION	c EIN-PN 75-1723041-002
a	Plan name AMEREN CORPORATION SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor AMEREN SERVICES COMPANY	c EIN-PN 43-1723446-003
a	Plan name AMGEN RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor AMGEN INC.	c EIN-PN 95-3540776-001
a	Plan name APPLE INC 401K	
b	Name of plan sponsor APPLE, INC.	c EIN-PN 94-2404110-001
a	Plan name BAE SYSTEMS EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BAE SYSTEMS, INC.	c EIN-PN 22-3537950-003
a	Plan name BEST BUY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEST BUY ENTERPRISE SERVICES, INC.	c EIN-PN 55-0805038-002
a	Plan name BRISTOL-MYERS SQUIBB SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor BRISTOL-MYERS SQUIBB COMPANY	c EIN-PN 04-6767867-112
a	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-055
a	Plan name CITY AND COUNTY OF DENVER DEFERRED COMPENSATION TRUST	
b	Name of plan sponsor CITY AND COUNTY OF DENVER	c EIN-PN 84-6000580-999
a	Plan name CITY OF LONG BEACH 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF LONG BEACH	c EIN-PN 95-6000733-999

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CITY OF LOS ANGELES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	THE CITY OF LOS ANGELES	c EIN-PN 95-6000735-999
a	Plan name	COMERICA INCORPORATED PREFERRED SAVINGS PLAN	
b	Name of plan sponsor	COMERICA BANK PREFERRED SAVINGS PLAN	c EIN-PN 38-1998421-002
a	Plan name	CO-OP 401K STABLE ASSET FUND	
b	Name of plan sponsor	MILLIMAN, INC.	c EIN-PN 94-6675493-001
a	Plan name	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	c EIN-PN 95-4715639-001
a	Plan name	CRA DEFINED CONTRIBUTION & DEFERRED COMPENSATION PLANS	
b	Name of plan sponsor	COLORADO RETIREMENT ASSOCIATION	c EIN-PN 84-6070776-999
a	Plan name	DUKE ENERGY RETIREMENT CASH BALANCE PLAN	
b	Name of plan sponsor	DUKE ENERGY CORPORATION	c EIN-PN 20-2777218-001
a	Plan name	E. & J. GALLO WINERY MASTER RETIREMENT TRUST	
b	Name of plan sponsor	E. & J. GALLO WINERY	c EIN-PN 73-1649476-001
a	Plan name	ELECTRICAL WORKERS DEFERRED INCOME PLAN LOCAL 103, I.B.E.W.	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES, ELECTRICAL WORKERS LOCAL 103, I.B.E.W.	c EIN-PN 04-2471895-002
a	Plan name	FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN TRUST FUND	
b	Name of plan sponsor	STATE BOARD OF ADMINISTRATION OF FLORIDA	c EIN-PN 59-6001872-999
a	Plan name	FLUOR CORPORATION EMPLOYEES SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	FLUOR CORPORATION	c EIN-PN 33-0927079-002
a	Plan name	FORD DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-012
a	Plan name	GALLIARD MANAGED INCOME FUND CORE	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 52-2250939-001

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	GALLIARD STABLE RETURN FUND CORE	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 46-6208187-001
a	Plan name	GENERAL MILLS PENSION PLAN	
b	Name of plan sponsor	GENERAL MILLS, INC.	c EIN-PN 41-0274440-002
a	Plan name	GUARDIAN MASTER INVT TRUST PLAN	
b	Name of plan sponsor	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	c EIN-PN 13-5123390-026
a	Plan name	IKON OFFICE SOLUTIONS, INC. PENSION PLAN	
b	Name of plan sponsor	RICOH AMERICAS CORPORATION	c EIN-PN 23-0334400-014
a	Plan name	J.M. HUBER CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	J.M. HUBER CORPORATION	c EIN-PN 13-0860350-001
a	Plan name	L3HARRIS RETIREMENT SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	L3HARRIS TECHNOLOGIES INC.	c EIN-PN 22-3566412-101
a	Plan name	LAND O' LAKES, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LAND O'LAKES	c EIN-PN 41-0365145-001
a	Plan name	LOWES 401(K) PLAN	
b	Name of plan sponsor	LOWE'S COMPANIES INC.	c EIN-PN 56-0578072-003
a	Plan name	LSC SAVINGS PLAN	
b	Name of plan sponsor	LSC COMMUNICATIONS, LLC	c EIN-PN 85-3418344-001
a	Plan name	MINNESOTA SUPPLMNTL INVST FD 457PLAN	
b	Name of plan sponsor	MINNESOTA TEAMSTERS CONSTRUCTION DIVISION LOCAL NO. 221	c EIN-PN 41-6007162-999
a	Plan name	MTA INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN TRANSPORTATION AUTHORITY	c EIN-PN 35-2728775-999
a	Plan name	MUFG BANK, LTD. 401(K) PLAN	
b	Name of plan sponsor	MUFG BANK, LTD.	c EIN-PN 94-0304228-015

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 NEW JERSEY TRANSIT CORPORATION RETIREMENT PLANS	
b	Name of plan sponsor NEW JERSEY TRANSIT CORPORATION	c EIN-PN 22-2281352-999
a	Plan name NNPP CONTRACTOR DC MASTER TRUST	
b	Name of plan sponsor FLUOR MARINE PROPULSION, LLC	c EIN-PN 35-7220852-001
a	Plan name NOURYON CHEMICALS HSP/RSP MASTER TRUST	
b	Name of plan sponsor NOURYON CHEMICALS	c EIN-PN 61-6609102-001
a	Plan name NOV INC. 401(K) PLAN	
b	Name of plan sponsor NOV INC.	c EIN-PN 76-0475815-001
a	Plan name PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor PACIFIC LIFE INSURANCE COMPANY	c EIN-PN 95-1079000-007
a	Plan name PANDUIT 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor PANDUIT CORP	c EIN-PN 36-2601300-001
a	Plan name PENSKE MOTOR GROUP 401K PLAN	
b	Name of plan sponsor PENSKE MOTOR GROUP	c EIN-PN 45-4060873-001
a	Plan name QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND PROFIT SHARING PLAN TRUST	c EIN-PN 95-3685934-001
a	Plan name SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-999
a	Plan name SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-999
a	Plan name SAN FRANCISCO STABLE VALUE FUND	
b	Name of plan sponsor CITY AND COUNTY OF SAN FRANCISCO	c EIN-PN 93-6274666-999
a	Plan name SEAGATE 401(K) PLAN	
b	Name of plan sponsor SEAGATE TECHNOLOGY, INC.	c EIN-PN 77-0545987-001

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	SONOCO RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	SONOCO
c	EIN-PN	57-0248420-026
a	Plan name	SONY USA 401(K) PLAN
b	Name of plan sponsor	SONY CORPORATION OF AMERICA
c	EIN-PN	13-1914734-002
a	Plan name	SPIRIT AEROSYSTEMS RSP
b	Name of plan sponsor	SPIRIT AEROSYSTEMS, INC.
c	EIN-PN	20-2436320-001
a	Plan name	STATE OF NEW MEXICO DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	STATE OF NEW MEXICO PUBLIC EMPLOYEES RETIREMENT ASSOCIATION
c	EIN-PN	85-6000434-999
a	Plan name	STATE OF NORTH CAROLINA SVF
b	Name of plan sponsor	STATE OF NORTH CAROLINA
c	EIN-PN	47-7201125-999
a	Plan name	STATE OF WISCONSIN DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	STATE OF WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS DEFERRED COMPENSATION PLAN
c	EIN-PN	39-1103756-999
a	Plan name	SYSCO CORPORATION EMPLOYEES 401K PLAN
b	Name of plan sponsor	SYSCO CORPORATION
c	EIN-PN	74-1648137-015
a	Plan name	TEAMHEALTH 401(K) PLAN
b	Name of plan sponsor	AMERITEAM SERVICES, LLC
c	EIN-PN	47-2129748-002
a	Plan name	TEXAS HEALTH RESOURCES MASTER TRUST
b	Name of plan sponsor	TEXAS HEALTH RESOURCES
c	EIN-PN	75-2702388-999
a	Plan name	TEXTRON SAVINGS PLAN
b	Name of plan sponsor	TEXTRON INC.
c	EIN-PN	05-0315468-030
a	Plan name	THE CULTURAL INSTITUTIONS SAVINGS PLAN
b	Name of plan sponsor	CULTURAL INSTITUTIONS RETIREMENT SYSTEM
c	EIN-PN	11-2001170-002
a	Plan name	THE DUN & BRADSTREET CORPORATION RETIREMENT ACCOUNT
b	Name of plan sponsor	DUN & BRADSTREET CORPORATION
c	EIN-PN	22-3725387-001

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 JOINT RETIREMENT BOARD FOR CONSERVATIVE JUDAISM, AMUTAH 403(B)(9) RETIREMENT PLAN	
b	Name of plan sponsor THE JOINT RETIREMENT BOARD FOR CONSERVATIVE JUDAISM, AMUTAH	c EIN-PN 31-1711622-999
a	Plan name THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 32-0255508-334
a	Plan name THE TJX COMPANIES, INC. GENERAL SAVINGS/PROFIT SHARING PLAN	
b	Name of plan sponsor TJX COMPANIES, INC.	c EIN-PN 04-2207613-004
a	Plan name TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor TRANE TECHNOLOGIES COMPANY LLC	c EIN-PN 47-6602897-002
a	Plan name U.S. BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor US BANK, N.A.	c EIN-PN 41-0255900-004
a	Plan name UNITED AIRLINES 401(K) MASTER TRUST	
b	Name of plan sponsor UNITED AIRLINES, INC.	c EIN-PN 61-1785563-224
a	Plan name UNITEDHEALTH GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITEDHEALTH GROUP INCORPORATED	c EIN-PN 41-1321939-001
a	Plan name VRS STABLE VALUE FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF VIRGINIA RETIREMENT SYSTEM	c EIN-PN 54-6001808-999
a	Plan name WELLS FARGO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor WELLS FARGO & COMPANY	c EIN-PN 41-0449260-002
a	Plan name WESTINGHOUSE ELECTRIC COMPANY SAVINGS PLAN	
b	Name of plan sponsor WESTINGHOUSE ELECTRIC COMPANY	c EIN-PN 52-2140933-001
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.	OMB No. 1210-0110 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 SHORT-TERM INVESTMENT FUND II	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 92-2544088

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	8545000
		85110000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	1635075000
(10) Value of interest in pooled separate accounts	1c(10)	1643599000
(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)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	1643620000 1728709000
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	224000 42902000
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	224000 42902000
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1643396000 1685807000

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.

		(a) Amount	(b) Total
Income			
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)		83232000
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		83232000

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)	1077000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	230000	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1307000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1307000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		81925000
l Transfers of assets:			
(1) To this plan	2l(1)		12730214000
(2) From this plan	2l(2)		12769728000

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 _____.