

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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
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1a Name of plan <u>AMERICAN CENTURY RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN CENTURY SERVICES, LLC</u> <u>4500 MAIN STREET</u> <u>KANSAS CITY, MO 64111-7709</u>	1c Effective date of plan <u>12/31/1966</u> 2b Employer Identification Number (EIN) <u>44-0619208</u> 2c Plan Sponsor's telephone number <u>816-531-5575</u> 2d Business code (see instructions) <u>523900</u>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2025	LISA BANNING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	2370
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.....	6a(1)	1443
	6a(2)	1410
	6b	0
	6c	869
	6d	2279
	6e	11
	6f	2290
	6g(1)	2385
6g(2)	2280	
6h	66	
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:
 2E 2F 2J 2K 2R 2S 2T 3F 3H 3I

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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 C (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>	Service Provider 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 AMERICAN CENTURY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN CENTURY SERVICES, LLC	D Employer Identification Number (EIN) 44-0619208	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT MGT INC

44-0640487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GLOBAL TRUST COMPANY

26-3761443

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEI TRUST COMPANY

06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CREATIVE PLANNING LLC

43-1270780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	59693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	44561	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

HALYARD FINANCIAL LLC

82-3310677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	18446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KAVAR CAPITAL PARTNERS GROUP L

85-3721708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	10643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ONE ADVISORY PARTNERS LLC

45-4357540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	7902	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 62 71 59	NONE	6378	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MONETA GROUP INVESTMENT ADVISO

20-1903821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	5743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GREENUP STREET WEALTH

85-3245392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	5377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO.INC. AND AFFIL	59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 75-2401150	SEE ATTACHMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN CENTURY RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN CENTURY SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>44-0619208</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>AMERICAN CENTURY USPREM LRGCAP</u>	b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>	
c EIN-PN <u>30-6406015-027</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>65145007</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENTURY U.S LRG CAP GRW EQ TR</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	
c EIN-PN <u>27-0573048-019</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>33672308</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENTURYYY U.S MIDCAP VAL EQ TR</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	
c EIN-PN <u>27-0573048-019</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>15647709</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENTURY U.S. RE SECU EQ TR</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	
c EIN-PN <u>27-0573048-019</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>9611726</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENTURYYY U.S SMLCAP VAL EQ TR</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	
c EIN-PN <u>27-0573048-019</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>20461900</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENTURYYY U.S VAL YIELD EQ TR</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	
c EIN-PN <u>27-0573048-019</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>42301803</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MELLON STABLE VALUE FD CL M</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>11-3152987-000</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>33676366</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT NON US SM CAP TST I		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 27-0573049-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9566949

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT NONUS CONCENTRATED GRTH		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8741397

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY EMMKTS EQ I		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14168128

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2025 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24051412

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2030 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59340336

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2035 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89474831

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2040 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43258065

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2045 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50545238

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2050 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21210758

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RET DATE 2055 TRUST CL3		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11935261

a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RET DATE 2060 TRUST CL3**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11739587
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RET DATE 2065 TRUST CL3**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4371785
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY RET DATE TRUST**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22411665
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY US SMCAP GR**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 30-6406015-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24165197
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN CENTURY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN CENTURY SERVICES, LLC	D Employer Identification Number (EIN) 44-0619208

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)	11807457	12176538
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2012912	606175
(2) U.S. Government securities	1c(2)	10232301	8789532
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	13461347	10978495
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	42241	49528
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2841227	3211951
(9) Value of interest in common/collective trusts	1c(9)	520381267	581821062
(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)	220423966	239409187
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	149788814	182260392

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	46033476	54084086
(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	977025008	1093386946
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	977025008	1093386946

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)	22806057	
(B) Participants.....	2a(1)(B)	22869140	
(C) Others (including rollovers).....	2a(1)(C)	3462537	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		49137734
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)	225392	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		225392
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4447962	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10692017	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15139979
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9599787	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8143884	
(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)	7000684	
(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)		67092702
(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)		20576392
c Other income	2c		25156293
d Total income. Add all income amounts in column (b) and enter total.....	2d		185785079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	68993437	
(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)		68993437
f Corrective distributions (see instructions)	2f		269150
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)	8175	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	152379	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		160554
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		69423141

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		116361938
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>AMERICAN CENTURY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN CENTURY SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>44-0619208</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



American Century Retirement Plan

Financial Statements and Supplemental Schedule

**December 31, 2024 and 2023 and for the Year Ended
December 31, 2024**

American Century Retirement Plan

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Schedule of Assets (Held at End of Year) December 31, 2024	17-19

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

Plan Administrator or Administrative Committee
American Century Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of the American Century Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Kansas City, Missouri
September 12, 2025

American Century Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments at fair value (See Note 3)	<u>\$ 1,077,998,457</u>	<u>\$ 962,376,324</u>
Receivables		
Employer contributions receivable	12,176,538	11,807,457
Notes receivable from participants	<u>3,211,951</u>	<u>2,841,227</u>
Total receivables	<u>15,388,489</u>	<u>14,648,684</u>
Net assets available for benefits	<u>\$ 1,093,386,946</u>	<u>\$ 977,025,008</u>

The accompanying notes are an integral part of these financial statements.

American Century Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	2024
Investment income	
Net appreciation in fair value of investments	\$ 121,281,974
Interest and dividend income	15,365,371
Total investment income	<u>136,647,345</u>
Contributions	
Employer discretionary profit sharing contributions	10,911,940
Employer matching contributions	11,894,117
Participant contributions	22,869,140
Rollover contributions	3,462,537
Total contributions	<u>49,137,734</u>
Benefits and expenses	
Benefits paid to participants	68,993,437
Corrective distributions	269,150
Administrative expenses	160,554
Total benefits and expenses	<u>69,423,141</u>
Net increase in net assets	116,361,938
Net assets available for benefits	
Beginning of year	<u>977,025,008</u>
End of year	<u>\$ 1,093,386,946</u>

The accompanying notes are an integral part of these financial statements.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the American Century Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan’s provisions, which are available from the plan administrator.

General

The Plan is a defined contribution profit sharing and 401(k) plan covering all eligible employees of American Century Services, LLC (the “Sponsoring Employer”, “Plan Administrator”, or the “Company”) and participating employers which include American Century Companies, Inc.; American Century Investment Management, Inc.; American Century Investment Services, Inc.; and American Century Proprietary Holdings, Inc. The Plan Administrator controls and manages the operation and administration of the Plan and may appoint and delegate discretionary authority to an advisory committee. Charles Schwab Trust Bank and Inspira Financial Trust LLC (“Inspira”) (formerly Millennium Trust Company, LLC (“Millennium Trust”)) serve as directed Trustees for the Plan. Schwab Retirement Plan Services, Inc. serves as the recordkeeper of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan will be amended for the provisions implemented under the Setting Every Community Up for Retirement Enhancement (“SECURE”) 2.0 Act by the time prescribed. Effective January 1, 2024, the automatic force out distribution limit was increased from \$5,000 to \$7,000.

Effective September 1, 2023, the Plan was amended to recognize service with 3x5 Partners, LLC for purposes of determining a year of service under the Plan.

Effective January 1, 2024, the Plan was amended to clarify how forfeitures will be used and the funding of employer contributions.

Eligible Employees

Generally, all employees, who are not part of a collective bargaining unit or are not contractors or leased employees, are eligible to participate in the Plan at their initial day of employment.

Contributions

Each year, participants may contribute up to 80% of their annual compensation, as defined in the Plan, on either a pretax basis, Roth 401(k) or after-tax basis or a combination, and are subject to certain Internal Revenue Code (“IRC”) provisions. New employees are automatically enrolled after 30 days of employment in the 401(k) feature at a 5% pretax contribution rate unless they elect a different rate. In addition, all employees who are eligible to make salary deferrals under this Plan and who are age 50 or will attain age 50 before the close of the Plan year shall be eligible to make catch-up contributions in accordance with the Plan document. Annually, participant contribution rates are automatically increased by 1% if the participant is contributing between 5% and 14% or increased to 5% if the participant is contributing below 5%, unless the participant opts out of the automatic increase during the annual window. Participants may also contribute amounts representing distributions from certain employer-sponsored plans and Individual Retirement Accounts (“IRA”). The Company contributes a matching contribution equal to 100% of the first 5% of annual compensation, as defined in the Plan.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan (continued)

Contributions (continued)

The Company may also make a discretionary profit sharing contribution, a portion of which may be made in the form of American Century Companies, Inc. common stock ("Company Stock"). For the Plan year ending December 31, 2024, the Company's discretionary contribution was 5% of annual compensation which totaled \$11,565,219. This contribution consisted of a 2% allocation in Company Stock totaling \$4,626,088 and a 3% allocation per the participant's investment direction totaling \$6,939,131. These contributions were offset by forfeited non-vested accounts as discussed in the Forfeited Accounts note below. Eligible participants must have completed one year of service and be employed on the last day of the Plan year in order to receive a discretionary profit sharing allocation.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution and allocation of the Company's discretionary profit sharing contribution (if the eligibility requirements of completing one year of service and being employed on the last day of the Plan year are met) and Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses, if any. Allocations of the Company's discretionary profit sharing contribution are based on total eligible compensation paid, while allocations of earnings are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments

Participants direct the investment of their contributions and Company contributions (excluding the portion of the Company's discretionary profit sharing contributions which is initially allocated in Company Stock) in 1% increments into various investment options offered by the Plan. The Plan currently offers core investment options of various mutual funds, which are managed by American Century Investment Management, Inc. and The Vanguard Group, Inc., and collective investment trusts, which are managed by American Century Investment Management, Inc. along with a self-directed brokerage, Schwab Personal Choice Retirement Account® (PCRA). If a participant does not provide investment direction, contributions will be invested in the American Century Retirement Date Trust Fund applicable to the participant's age. There are two investments in the Plan, Company Stock and the Inspira cash account, that are non-participant directed and used only for the Company's discretionary profit sharing contributions allocated in Company Stock. After the portion of the Company's discretionary profit sharing contribution in Company Stock is allocated, participants are allowed to re-direct the portion of their account balance in Company Stock into other investment options on a monthly basis.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan (continued)

Vesting

Participants are vested immediately in their contributions, any rollover balances, and Company matching contributions plus actual earnings thereon. For vesting in the Company discretionary profit sharing contribution portion of their accounts plus actual earnings thereon, the Company has elected the following vesting schedule:

Years of Service	Percentage
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Notes Receivable from Participants

Participants may borrow from their salary deferral amounts (including Roth deferrals) and earnings thereon, their rollover contribution account, and/or any prior after-tax contributions and earnings thereon from the former Benham Capital Management Group ("Benham") Retirement Plan. Participants may borrow a minimum of \$1,000 up to the lesser of \$50,000, 100% of their vested account balance, or 100% of the participant's deferred compensation account, rollover account, and after-tax contribution account from the former Benham Retirement Plan. Loan terms may not exceed five years. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest, as specified by the Plan Administrator. The interest rate on the loan will be a reasonable rate of interest to be determined based on current interest rates charged by persons in the business of lending money for similar loans at the time the loan is made. Currently the interest rate is based on the national prime rate at the time of loan initiation, as published in the Wall Street Journal, plus 1%. Interest rates on each loan are fixed upon initiation of the loan. Principal and interest is paid ratably through semi-monthly payroll deductions. During 2024 and 2023, the interest rate on participant loans ranged from 4.25% to 9.50%.

Payment of Benefits

On termination of service due to death, disability, retirement or separation of employment, a participant may elect to receive:

- lump-sum equal to all or a part of the participant's vested account balance; or
- qualified joint and survivor annuity equal to the value of the participant's vested account balance, which is the default option.

If a participant's vested balance is \$1,000 or less, the account balance must be distributed as a lump sum as soon as administratively possible after separation from service. If a participant's vested balance is greater than \$1,000 but less than \$7,000 and if no election is received from the participant, the account balance will be rolled over automatically to an individual retirement account designated by the Plan Administrator. If the account balance is \$7,000 or greater, distributions can be paid under one of the forms available under the Plan, or the account balance can remain in the Plan. However, if no election is made, the participant's vested account balance will be distributed not later than April 1 of the calendar year following the later of attaining age 73 or retirement, in accordance with the Plan Document.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan (continued)

In-Service Withdrawals

For payment of benefits prior to termination of employment, participants may elect to receive all or part of the participant's vested interest in the following accounts:

- Rollover and after-tax contributions at any time,
- certain former Benham employees' after-tax contributions at any time,
- pre-tax contribution, Roth 401(k) contribution and certain other former Benham accounts after attaining age 59½, and
- all contributions after attaining the age of 65.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$650,752 and \$527,723, respectively. These accounts will first be made available to reinstate previously forfeited account balances of former participants, if any, in accordance with Plan provisions. The remaining forfeitures plus earnings, if any, shall be used to reduce the Company contributions for the Plan year in which such forfeitures occur.

Forfeited non-vested accounts used to reduce 2024 discretionary profit sharing and employer matching contributions totaled \$653,279.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation of investments is composed of the change in fair value and includes realized and unrealized gains and losses during the plan year for investments retained by the Plan.

Contributions

Contributions from Plan participants, matching contributions, and discretionary profit sharing contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest.

Administrative Expenses

Administrative expenses paid by Plan participants include loan initiation fees, domestic relations order processing fees, brokerage transaction fees, and investment advisory and other services fees of the underlying investment funds. All other administrative expenses, such as recordkeeping services, company stock valuations and plan audit expenses are paid by the Sponsoring Employer.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Corrective Distributions

The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

3. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the principal or most advantageous market at the measurement date. In conformity with accounting principles generally accepted in the United States of America, the inputs used to determine fair value are classified into three broad levels as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds	Valued at the unadjusted closing net asset value ("NAV") reported on the active market on which the individual funds are traded.
Collective investment trusts	Valued at the closing NAV of trust units held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Under ordinary market conditions, purchases into and redemptions from the collective investment trusts are permitted on a daily basis and are executed at that day's NAV. There are no unfunded commitments.
Company stock	Valued monthly by an independent valuation firm using comparative company analysis, analysis of pricing multiples and discounted cash flow analysis. Assumptions in the discounted cash flow analysis include the revenue growth rate, assets under management ("AUM") growth income tax provision, operating expense growth rate, stock based compensation expense, net change in working capital expenditures, terminal values, and weighted average cost of capital of the Company. Redemptions are permitted during the stock sale window at the beginning of the month.
Self-directed brokerage accounts	Accounts consist of mutual funds, unit investment trusts, common stocks, preferred stock, real estate investment trusts, limited partnerships, and government and corporate bonds. Mutual funds, unit investment trusts, real estate investment trusts, and common and preferred stock are valued on the basis of readily determinable market prices. Government and corporate bonds are valued at the current market value as provided by a commercial pricing service. Limited partnerships are valued at NAV practical expedient, any. Valuation inputs consist of direct or indirect observable market data (including quoted prices for comparable investments, evaluations of subsequent market events, interest rates, prepayment speed, credit risk, etc.).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
As of December 31, 2024:				
Mutual funds	\$ 239,409,187	\$ -	\$ -	\$ 239,409,187
Self-directed brokerage account	146,009,638	22,998,118	-	169,007,756
Company stock	-	-	54,084,086	54,084,086
Investments measured at net asset value <i>Collective investment trusts*</i>				615,497,428
Investments at fair value	<u>\$ 385,418,825</u>	<u>\$ 22,998,118</u>	<u>\$ 54,084,086</u>	<u>\$ 1,077,998,457</u>
As of December 31, 2023:				
Mutual funds	\$ 220,423,966	\$ -	\$ -	\$ 220,423,966
Self-directed brokerage account	113,924,163	19,677,793	-	133,601,956
Company stock	-	-	46,033,476	46,033,476
Investments measured at net asset value <i>Collective investment trusts*</i>				562,316,926
Investments at fair value	<u>\$ 334,348,129</u>	<u>\$ 19,677,793</u>	<u>\$ 46,033,476</u>	<u>\$ 962,376,324</u>

*In accordance with Subtopic 820-10, certain investment that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits. These investments are measured at fair value based on the NAV per unit as of December 31, 2024 and 2023. There are no unfunded commitments. The funds can be redeemed daily and there is no redemption notice period. Refer to the Supplemental Schedule for a detailed listing of these investment trusts.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. There were no significant transfers between level 1, 2 or 3 assets in 2024 and 2023.

American Century Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

3. Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024.

	Company Stock 2024
Balances at beginning of year	\$ 46,033,476
Realized gain	1,455,903
Unrealized gain relating to instruments still held at the reporting date	7,000,684
Purchases, sales, issuances and settlements	
Issuances	8,754,172
Sales	<u>(9,160,149)</u>
Balances at end of year	<u>\$ 54,084,086</u>

4. Certification of Investment Information

The Plan financial information has been certified by Charles Schwab Trust Bank and Inspira in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following certified summary of information, in addition to the supplemental schedule of assets (held at end of year), as of December 31, 2024 and 2023, and for the year ended December 31, 2024, has not been audited by independent auditors.

	2024	2023
Mutual funds	\$ 239,409,187	\$ 220,423,966
Collective investment trusts	615,497,428	562,316,926
Company stock	54,084,086	46,033,476
Self-directed brokerage account	169,007,756	133,601,956
Notes receivable from participants	3,211,951	2,841,227
	2024	
Net appreciation in fair value of investments	\$ 121,281,974	
Interest and dividend income	15,365,371	

American Century Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

5. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments as of December 31, 2024 and 2023, and for the year ended December 31, 2024, is as follows:

	<u>2024</u>	<u>2023</u>
Net assets		
American Century Companies, Inc. Class C		
Common stock	\$ 54,084,086	\$ 46,033,476
Employer contributions receivable (Common stock)	4,457,564	4,306,210
	<u>\$ 58,541,650</u>	<u>\$ 50,339,686</u>
	<u>2024</u>	
Changes in net assets		
Employer profit sharing contributions	\$ 4,457,564	
Interest and dividend income	4,447,961	
Net appreciation in fair value of investments	8,456,587	
Transfers out	(7,069,572)	
Benefits paid to participants	(2,090,576)	
	<u>\$ 8,201,964</u>	

In accordance with the Plan Document, participants are allowed to direct the portion of their account balance attributable to Company Stock (after the portion of the Company's discretionary profit sharing contribution to Company Stock is allocated). Participant sales of Company Stock in order to direct the account balance to another investment option are reflected as "Transfer out" in the table above. Dividends attributable to Company Stock are allocated in cash and invested according to the participants' elections for future contributions.

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, or upon complete or partial discontinuance of contributions, the accounts of each affected participant shall become fully vested. The Company shall direct the distribution of assets of the trust to participants according to the provisions of the Plan Document.

American Century Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Income Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by letter dated July 25, 2014, that the Plan (as restated January 1, 2014) and the related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Company and Plan Administrator believe that the Plan and related trust are currently designed and operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Related Party and Exempt Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by American Century Investment Management, Inc. (“ACIM”) which is a related, controlled group entity to the Company/Plan Administrator. In addition, certain Plan investments are units in collective investment trusts for which SEI Trust Company and Global Trust Company serve as trustees and ACIM serves as the investment manager. Transactions with ACIM and the funds and collective investment trusts managed by it qualify as related party and exempt party-in-interest transactions. At December 31, 2024, ACIM managed Plan funds and collective investment trusts totaling \$713,690,276; and as of December 31, 2023, ACIM managed Plan funds and collective investment trusts totaling \$673,454,974.

At December 31, 2024 and 2023, the Plan held 2,078,558 shares and 2,080,139 shares, respectively, of common stock of American Century Companies, Inc., a related, controlled group entity to the Sponsoring Employer, with a cost basis of \$43,381,480 and \$43,165,363, respectively. During 2024, additional shares in the amount of \$4,457,564 were contributed to the Plan and shares in the amount of \$2,090,576 were sold.

Transactions within the notes receivable from participants and Schwab Personal Choice Retirement Account® (“PCRA”) are treated as related party and exempt party-in-interest transactions.

Charles Schwab Trust Bank and Inspira are directed trustees for the Plan.

9. Risks and Uncertainties

The Plan provides for various investment options in a combination of mutual funds, collective investment trusts, other investment securities through the self-directed brokerage as well as employer contributions invested in company stock. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Investment securities are exposed to various risks, such as interest rate, market account and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related changes in the value of investment securities, it is at least reasonably possible that changes in risks could materially affect participants’ account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

American Century Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

10. Subsequent Events

Management has evaluated the events and transactions that have occurred through September 12, 2025, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Supplemental Schedule

American Century Retirement Plan
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 44-0619208
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
American Century Funds				
* Diversified Bond Fund		Registered Investment Company (1,444,358.74900 shares)	**	\$ 13,085,890
* Focused Global Growth Fund		Registered Investment Company (1,813,504.34800 shares)	**	\$ 20,401,924
* Heritage Fund		Registered Investment Company (1,031,222.99400 shares)	**	\$ 29,090,801
* Value Fund		Registered Investment Company (1,967,681.21300 shares)	**	\$ 15,210,176
* Global Gold Fund		Registered Investment Company (464,146.49900 shares)	**	\$ 5,690,436
* High Income Fund		Registered Investment Company (1,018,154.79500 shares)	**	\$ 8,796,857
* Inflation-Adjusted Bond Fund		Registered Investment Company (573,329.80000 shares)	**	\$ 5,916,764
The Vanguard Group Funds				
Vanguard Institutional Index		Registered Investment Company (166,070.49000 shares)	**	\$ 79,531,158
Vanguard Mid Cap Index		Registered Investment Company (36,070.84200 shares)	**	\$ 11,790,476
Vanguard Small Cap Index		Registered Investment Company (124,070.70500 shares)	**	\$ 14,287,982
Vanguard Total International Stock Index		Registered Investment Company (487,717.70300 shares)	**	\$ 15,455,774
Vanguard Total Bond Market Index		Registered Investment Company (2,125,627.56900 shares)	**	\$ 20,150,949
Total Mutual Funds				\$ 239,409,187

Note: The data included within the table is certified as accurate and complete by Charles Schwab Trust Bank and Inspira Financial Trust LLC (Trustees).

American Century Retirement Plan
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 44-0619208
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
American Century Collective Investment Trusts				
* BNYM Insight Stable Value Fd Cl M		Collective Investment Trust	**	\$ 33,676,366
* In Retirement Trust		Collective Investment Trust (1,963,931.62700 units)	**	\$ 22,411,665
* Non US Concentrated Growth		Collective Investment Trust (1,130,489.53900 units)	**	\$ 8,741,397
* Non US Small Cap Trust I		Collective Investment Trust (628,420.54300 units)	**	\$ 9,566,949
* Retirement Date 2025 Trust XXIV		Collective Investment Trust (2,082,824.15900 units)	**	\$ 24,051,412
* Retirement Date 2030 Trust XXIV		Collective Investment Trust (5,092,454.52400 units)	**	\$ 59,340,336
* Retirement Date 2035 Trust XXIV		Collective Investment Trust (7,595,228.70000 units)	**	\$ 89,474,831
* Retirement Date 2040 Trust XXIV		Collective Investment Trust (3,622,528.77800 units)	**	\$ 43,258,065
* Retirement Date 2045 Trust XXIV		Collective Investment Trust (4,178,259.30100 units)	**	\$ 50,545,238
* Retirement Date 2050 Trust XXIV		Collective Investment Trust (1,729,683.10600 units)	**	\$ 21,210,758
* Retirement Date 2055 Trust XXIV		Collective Investment Trust (962,303.77300 units)	**	\$ 11,935,261
* Retirement Date 2060 Trust XXIV		Collective Investment Trust (941,977.82400 units)	**	\$ 11,739,587
* Retirement Date 2065 Trust XXIV		Collective Investment Trust (349,301.26200 units)	**	\$ 4,371,785
* US Large Cap Growth Equity Trust		Collective Investment Trust (495,035.40800 units)	**	\$ 33,672,308
* US Mid Cap Value Equity Trust 1		Collective Investment Trust (320,781.24500 units)	**	\$ 15,647,709
* US Real Estate Securities Trust		Collective Investment Trust (427,758.15100 units)	**	\$ 9,611,726
* US Small Cap Value Equity Trust 1		Collective Investment Trust (522,520.43800 units)	**	\$ 20,461,900
* US Value Yield Equity Trust 1		Collective Investment Trust (1,001,700.27700 units)	**	\$ 42,301,803
* Emerging Markets Equity 1		Collective Investment Trust (1,126,842.41200 units)	**	\$ 14,168,128
* US Premium Large Cap		Collective Investment Trust (2,154,978.72600 units)	**	\$ 65,145,007

Note: The data included within the table is certified as accurate and complete by Charles Schwab Trust Bank and Inspira Financial Trust LLC (Trustees).

American Century Retirement Plan
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 44-0619208
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
* US Small Cap Growth	Collective Investment Trust (1,963,931.62700 units)	**	\$ 24,165,197	
Total Collective Investment Trusts			<u>\$ 615,497,428</u>	
* American Century Companies, Inc.	Class C common stock (2,078,558.00000 shares)	\$ 43,381,480	\$ 54,084,086	
* Participant Loans	Promissory notes (Interest rates ranging from 4.25% to 9.50%, maturity dates through January 2029)	**	\$ 3,211,951	
* Charles Schwab	Self-directed brokerage account	**	\$ 169,007,756	
Total Investments			<u>\$ 43,381,480</u>	<u>\$ 1,081,210,408</u>

* Party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and, therefore, is not included.

Note: The data included within the table is certified as accurate and complete by Charles Schwab Trust Bank and Inspira Financial Trust LLC (Trustees).

AMERICAN CENTURY RETIREMENT PLAN
Information for Form 5500, Schedule C
For January 1, 2024 - December 31, 2024

Appendix 1 - Shareholder Servicing Payment Rates :

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.29%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Range of 0.02 - 0.40% of average daily balance of assets
AlphaCentric Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
American Beacon	75-2401150	Rate of 0.10% of average daily balance of asset(s)
American Century Investments	43-0821857	Range of 0.05 - 0.35% of average daily balance of assets
American Funds	90-0924512	Rate of 0.37% of average daily balance of asset(s)
AMG Funds	06-1555943	Rate of 0.40% of average daily balance of asset(s)
AQR Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Artisan Partners Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Avantis Investors	Not Available	Rate of 0.05% of average daily balance of asset(s)
Ave Maria Mutual Funds	38-2325495	Range of 0.10 - 0.40% of average daily balance of assets
Baron Capital Group, Inc.	Not Available	Rate of 0.09% of average daily balance of asset(s)
BlackRock	04-6171663	Range of 0.06 - 0.40% of average daily balance of assets
Brown Capital Management, LLC	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Calamos	36-3316238	Rate of 0.40% of average daily balance of asset(s)
Campbell & Company	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
CION Investments	Not Available	Rate of 0.15% of average daily balance of asset(s)
CLIFFWATER LLC	Not Available	Rate of 0.15% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Rate of 0.10% of average daily balance of asset(s)
Conestoga Capital Advisors	Not Available	Rate of 0.10% of average daily balance of asset(s)
Cromwell Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Dimensional Fund Advisors	22-2370029	Rate of 0.02% of average daily balance of asset(s)
DoubleLine	Not Available	Rate of 0.10% of average daily balance of asset(s)
Driehaus	20-3634295	Rate of 0.40% of average daily balance of asset(s)
Euro Pacific Asset Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
Eventide Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
FEDERATED FUNDS	Not Available	Range of 0.05 - 0.31% of average daily balance of assets
Fidelity Investments	06-1194217	Rate of 0.40% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.23% of average daily balance of asset(s)
FullerThaler	Not Available	Rate of 0.40% of average daily balance of asset(s)
GQG Partners Inc	Not Available	Rate of 0.40% of average daily balance of asset(s)
Hennessy	68-0377264	Rate of 0.40% of average daily balance of asset(s)
Homestead	53-0116145	Rate of 0.40% of average daily balance of asset(s)
Hood River Capital Management	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
INVESCO FUNDS	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
J.P. MORGAN & CO.	Not Available	Range of 0.07 - 0.40% of average daily balance of assets
Lazard	Not Available	Rate of 0.40% of average daily balance of asset(s)
Lord Abbett	13-3731507	Range of 0.10 - 0.40% of average daily balance of assets
Mairs & Power	Not Available	Rate of 0.10% of average daily balance of asset(s)
Morgan Stanley	36-3145972	Range of 0.10 - 0.40% of average daily balance of assets
Natixis Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Neuberger Berman	13-3216325	Rate of 0.29% of average daily balance of asset(s)
Northern Funds	39-1777365	Rate of 0.10% of average daily balance of asset(s)
Nuveen	Not Available	Rate of 0.40% of average daily balance of asset(s)

AMERICAN CENTURY RETIREMENT PLAN
Information for Form 5500, Schedule C
For January 1, 2024 - December 31, 2024

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	EIN	Formula
Oberweis	Not Available	Rate of 0.40% of average daily balance of asset(s)
Parnassus	94-6579180	Rate of 0.40% of average daily balance of asset(s)
PGIM Investments	22-3703799	Range of 0.27 - 0.40% of average daily balance of assets
PRIMECAP Odyssey Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.10% of average daily balance of asset(s)
ProFunds	52-2035197	Rate of 0.45% of average daily balance of asset(s)
Rydex Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Seven Canyons	Not Available	Rate of 0.40% of average daily balance of asset(s)
SharesPost	Not Available	Rate of 0.10% of average daily balance of asset(s)
Sierra Mutual Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Rate of 0.15% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.10% of average daily balance of asset(s)
Veracity Funds	20-0872988	Rate of 0.40% of average daily balance of asset(s)
Wasatch	87-0319391	Rate of 0.40% of average daily balance of asset(s)
WCM Investment Management	Not Available	Rate of 0.10% of average daily balance of asset(s)
Weitz	47-0693748	Rate of 0.30% of average daily balance of asset(s)
William Blair Funds	36-2214610	Rate of 0.08% of average daily balance of asset(s)

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

For more details, please refer to your Schwab service, trust or custody agreements.

If you need additional information, please contact your Schwab service representative.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	American Century Services, LLC
NAME OF PLAN:	American Century Retirement Plan
EIN:	44-0619208
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 9.50%)		3,211,951
*	AMERICAN CENTURY COMPANY STOCK	Employer Securities		54,084,086
*	AMCENT NON US SM CAP TST I	Common Collective Trust Fund		9566949
*	AMCENT NONUS CONCENTRATED GRTH	Common Collective Trust Fund		8741397
*	AMCENT US LC GRTH EQTY TRST	Common Collective Trust Fund		33672308
*	AMCENT US MC VALUE EQTY TRST I	Common Collective Trust Fund		15647709
*	AMCENT US REAL ESTATE SEC TR	Common Collective Trust Fund		9611726
*	AMCENT US SMCAP VAL EQ TRUST I	Common Collective Trust Fund		20461900
*	AMCENT US VAL YLD EQTY TRST I	Common Collective Trust Fund		42301803
*	AMERICAN CENTURY EMMKTS EQ I	Common Collective Trust Fund		14168128
*	AMERICAN CENTURY RET 2025 XXIV	Common Collective Trust Fund		24051412
*	AMERICAN CENTURY RET 2030 XXIV	Common Collective Trust Fund		59340336
*	AMERICAN CENTURY RET 2035 XXIV	Common Collective Trust Fund		89474831
*	AMERICAN CENTURY RET 2040 XXIV	Common Collective Trust Fund		43258065
*	AMERICAN CENTURY RET 2045 XXIV	Common Collective Trust Fund		50545238
*	AMERICAN CENTURY RET 2050 XXIV	Common Collective Trust Fund		21210758
*	AMERICAN CENTURY RET 2055 XXIV	Common Collective Trust Fund		11935261
*	AMERICAN CENTURY RET 2060 XXIV	Common Collective Trust Fund		11739587
*	AMERICAN CENTURY RET 2065 XXIV	Common Collective Trust Fund		4371785
*	AMERICAN CENTURY RET TRUST	Common Collective Trust Fund		22411665
*	AMERICAN CENTURY US SMCAP GR I	Common Collective Trust Fund		24165197
*	AMERICAN CENTURY USPREM LRGCAP	Common Collective Trust Fund		65145007
	BNYM STABLE VALUE FUND CL M	Common Collective Trust Fund		33676366
	PCRA	Self-Directed Brokerage Account		168,958,227
*	AMCENT DIVERSIFIED BOND R6	Registered Investment Company		13,085,890
*	AMCENT FOCUSED GLOBAL GR R6	Registered Investment Company		20,401,924
*	AMCENT HERITAGE R6	Registered Investment Company		29,090,801
*	AMCENT VALUE FUND R6	Registered Investment Company		15,210,176
*	AMERICAN CENTURY GLOBAL GOLD I	Registered Investment Company		5,690,436
*	AMERICAN CENTURY HIGH IC CL R6	Registered Investment Company		8,796,857
*	AMERICAN CENTURY INFL ADJ BDR6	Registered Investment Company		5,916,764
	VANGUARD INSTITUTIONAL INDEX	Registered Investment Company		79,531,158
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		11,790,476
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		14,287,982
	VANGUARD TOT INTL STK IDX ADM	Registered Investment Company		15,455,774
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		20,150,949
	LIMITED PARTNERSHIP	Limited Partnership		49,528

* Party-in-interest