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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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) C

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
EARNEST PARTNERS MULTIPLE INVESTMENT TRUST

1b Three-digit plan number (PN) ▶ 041

1c Effective date of plan

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)
SEI TRUST COMPANY

1 FREEDOM VALLEY DRIVE
OAKS, PA 19456-9989

2b Employer Identification Number (EIN)
26-4377500

2c Plan Sponsor's telephone number
610-676-2369

2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	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	Filed with authorized/valid electronic signature.	01/06/2026	HEATHER BILLERA
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE D (Form 5500) 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 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan EARNEST PARTNERS MULTIPLE INVESTMENT TRUST	**B** Three-digit plan number (PN) ▶	041
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	**D** Employer Identification Number (EIN) 26-4377500	

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)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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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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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name	32BJ SCHOOL WORKERS' PENSION FUND		
b Name of plan sponsor	32BJ SCHOOL WORKERS' PENSION FUND	**c** EIN-PN	13-1957585-001
a Plan name	ACUITY BRANDS, INC. PENSION PLAN		
b Name of plan sponsor	ACUITY BRANDS, INC.	**c** EIN-PN	58-2632672-034
a Plan name	AKIN GUMP STRAUSS HAUER & FELD LLP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	AKIN GUMP STRAUSS HAUER & FELD LLP	**c** EIN-PN	75-1338644-001
a Plan name	AKIN GUMP STRAUSS HAUER & FELD LLP MASTER TRUST		
b Name of plan sponsor	AKIN GUMP STRAUSS HAUER & FELD LLP	**c** EIN-PN	75-1338644-006
a Plan name	ALLIANT ENERGY CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	ALLIANT ENERGY CORPORATION SERVICES, INC.	**c** EIN-PN	39-1914946-005
a Plan name	AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.	**c** EIN-PN	13-2592361-003
a Plan name	AMES CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMES CONSTRUCTION, INC.	**c** EIN-PN	41-0871375-010
a Plan name	AON SAVINGS PLAN		
b Name of plan sponsor	AON CORPORATION	**c** EIN-PN	36-3051915-020
a Plan name	APARTMENT EMPLOYEES PENSION TRUST		
b Name of plan sponsor	BOARD OF TRUSTEES APARTMENT EMPLOYEES PENSION TRUST	**c** EIN-PN	94-6069859-001
a Plan name	APEX TOOL GROUP, LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	APEX TOOL GROUP, LLC	**c** EIN-PN	27-1996059-001
a Plan name	APEX TOOL GROUP, LLC INDIVIDUAL ACCOUNT RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES		
b Name of plan sponsor	APEX TOOL GROUP, LLC	**c** EIN-PN	27-1996059-002
a Plan name	APTIV CORPORATION SAVINGS TRUST		
b Name of plan sponsor	APTIV CORPORATION	**c** EIN-PN	27-0791190-001

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

a Plan name	ATLANTA IRONWORKERS LOCAL 387 PENSION PLAN		
b Name of plan sponsor	ATLANTA IRONWORKERS LOCAL 387	**c** EIN-PN	58-6051152-001
a Plan name	ATLANTIC AVIATION FBO INC. 401(K) PLAN		
b Name of plan sponsor	ATLANTIC AVIATION FBO INC.	**c** EIN-PN	20-1301856-001
a Plan name	B.A.C. LOCAL NO. 4 PENSION PLAN		
b Name of plan sponsor	B.A.C. LOCAL NO. 4 PENSION PLAN	**c** EIN-PN	22-6041493-001
a Plan name	BASF CORPORATION SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	BASF CORPORATION	**c** EIN-PN	84-5171020-102
a Plan name	BEN E. KEITH COMPANY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BEN E. KEITH COMPANY	**c** EIN-PN	75-0372230-002
a Plan name	BHP MINERALS USA RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BHP MINERALS SERVICE COMPANY	**c** EIN-PN	94-3062380-001
a Plan name	BLUECROSS BLUESHIELD OF ALABAMA 401(K) SALARY DEFERRAL PLAN		
b Name of plan sponsor	BLUECROSS BLUESHIELD OF ALABAMA	**c** EIN-PN	63-0103830-002
a Plan name	BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL NO. 5 PENSION PLAN		
b Name of plan sponsor	BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL NO. 5 PENSION PLAN	**c** EIN-PN	80-0083075-001
a Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BRUNSWICK CORPORATION	**c** EIN-PN	36-0848180-154
a Plan name	BWXT THRIFT PLAN		
b Name of plan sponsor	BWXT INVESTMENT COMPANY	**c** EIN-PN	72-1172705-002
a Plan name	CENTERPOINT ENERGY, INC. MASTER RETIREMENT TRUST		
b Name of plan sponsor	CENTERPOINT ENERGY, INC.	**c** EIN-PN	74-0694415-101
a Plan name	CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN		
b Name of plan sponsor	CHEVRON CORPORATION	**c** EIN-PN	94-0890210-001

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

a Plan name	CHEVRON STATIONS INC. THRIFT PLAN		
b Name of plan sponsor	CHEVRON STATIONS INC.	**c** EIN-PN	84-0618607-068
a Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM		
b Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	**c** EIN-PN	94-6001323-002
a Plan name	CHICAGO SYMPHONY ORCHESTRA PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO SYMPHONY ORCHESTRA PENSION PLAN	**c** EIN-PN	36-2859355-001
a Plan name	CHICAGO TRANSIT AUTHORITY SUPPLEMENTAL RETIREMENT PLAN		
b Name of plan sponsor	CHICAGO TRANSIT AUTHORITY	**c** EIN-PN	36-2164842-003
a Plan name	CITY OF ATLANTA GENERAL EMPLOYEES' PENSION PLAN		
b Name of plan sponsor	CITY OF ATLANTA GA	**c** EIN-PN	58-1115767-003
a Plan name	CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	CITY OF HOLLYWOOD	**c** EIN-PN	59-6000338-999
a Plan name	CITY OF NEWPORT POLICE & FIRE PENSION PLANS		
b Name of plan sponsor	CITY OF NEWPORT, RI	**c** EIN-PN	05-6000260-999
a Plan name	CITY OF WARWICK PENSION PLANS		
b Name of plan sponsor	CITY OF WARWICK, RI	**c** EIN-PN	05-6000562-999
a Plan name	CLARIOS RETIREMENT SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	CLARIOS LLC	**c** EIN-PN	39-1684871-001
a Plan name	CONSUMERS ENERGY COMPANY EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	CONSUMERS ENERGY COMPANY	**c** EIN-PN	38-0442310-002
a Plan name	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN		
b Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	**c** EIN-PN	95-4715639-001
a Plan name	CUMMINS INC MASTER RETIREMENT SAVINGS TRUST		
b Name of plan sponsor	CUMMINS INC.	**c** EIN-PN	23-2662529-102

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

a Plan name	DISTRICT OF COLUMBIA RETIREMENT BOARD		
b Name of plan sponsor	DISTRICT OF COLUMBIA RETIREMENT BOARD	**c** EIN-PN	46-0558765-999
a Plan name	EASTERN SHORE TEAMSTERS PENSION FUND		
b Name of plan sponsor	THE BOARD OF TRUSTEES OF THE EASTERN SHORE TEAMSTERS PENSION FUND	**c** EIN-PN	52-0904953-001
a Plan name	ELECTRICAL WORKERS LOCAL NO. 26 PENSION TRUST FUND		
b Name of plan sponsor	BOARD OF TTEES OF ELECTRICAL WORKERS LOCAL NO. 26	**c** EIN-PN	52-6117919-001
a Plan name	EMPLOYEES' RETIREMENT SYSTEM OF THE SEWERAGE AND WATER BOARD OF NEW ORLEANS		
b Name of plan sponsor	BOARD OF TTEES OF THE SEWERAGE AND WATER BOARD	**c** EIN-PN	72-6001323-001
a Plan name	ENTERPRISE 401(K) PLAN		
b Name of plan sponsor	ENTERPRISE PRODUCTS COMPANY	**c** EIN-PN	74-1675622-003
a Plan name	EVERSOURCE 401K PLAN		
b Name of plan sponsor	EVERSOURCE ENERGY SERVICE COMPANY	**c** EIN-PN	06-0810627-005
a Plan name	FCA US LLC DEFINED CONTRIBUTION PLAN MASTER TRUST		
b Name of plan sponsor	FCA US LLC	**c** EIN-PN	90-1076853-070
a Plan name	FINRA SAVINGS PLUS PLAN		
b Name of plan sponsor	FINRA	**c** EIN-PN	53-0088710-003
a Plan name	FIRE AND POLICE PENSION FUND, SAN ANTONIO		
b Name of plan sponsor	CITY OF SAN ANTONIO TEXAS	**c** EIN-PN	74-6002070-001
a Plan name	FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION AND UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION	**c** EIN-PN	52-6128473-001
a Plan name	FRUIT OF THE LOOM 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FRUIT OF THE LOOM AKA UNION UNDERWEAR, INC.	**c** EIN-PN	61-1411269-004
a Plan name	FULTON-DEKALB HOSPITAL AUTHORITY RETIREMENT PLAN		
b Name of plan sponsor	FULTON-DEKALB HOSPITAL AUTHORITY	**c** EIN-PN	58-6001198-999

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

a Plan name	GOOGLE LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	GOOGLE LLC	**c** EIN-PN	77-0493581-001
a Plan name	HAGERSTOWN MOTOR CARRIERS AND TEAMSTERS PENSION FUND		
b Name of plan sponsor	BOARD OF TTEES OF HAGERSTOWN MOTOR CARRIERS	**c** EIN-PN	52-6045424-001
a Plan name	HARRIS COUNTY HOSPITAL DISTRICT PENSION PLAN		
b Name of plan sponsor	HARRIS COUNTY HOSPITAL DISTRICT DBA HARRIS HEALTH SYSTEM	**c** EIN-PN	54-2090737-001
a Plan name	HARRIS TEETER SUPERMARKETS, INC. RETIREMENT & SAVINGS PLAN		
b Name of plan sponsor	HARRIS TEETER SUPERMARKETS, INC.	**c** EIN-PN	56-0905940-003
a Plan name	HEATING, PIPING AND REFRIGERATION PENSION FUND		
b Name of plan sponsor	BOARD OF TTEES OF HEATING, PIPING AND REFRIG	**c** EIN-PN	52-1058013-001
a Plan name	HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	HOLLAND & KNIGHT LLC	**c** EIN-PN	59-0663819-001
a Plan name	HOTEL INDUSTRY - ILWU PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE HOTEL INDUSTRY - ILWU PENSION PLAN	**c** EIN-PN	99-6027621-001
a Plan name	HUNTON ANDREWS KURTH LLP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HUNTON ANDREWS KURTH LLP	**c** EIN-PN	54-0572269-003
a Plan name	I.B.E.W. LOCAL 139 PENSION PLAN		
b Name of plan sponsor	IBEW LOCAL 139 PENSION	**c** EIN-PN	51-6029960-001
a Plan name	IBEW LOCAL 351 PENSION FUND		
b Name of plan sponsor	TRUSTEES OF IBEW LOCAL 351 PENSION FUND	**c** EIN-PN	22-3398019-999
a Plan name	IBEW LOCAL NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND		
b Name of plan sponsor	BOARD OF TTEES OF IBEW LOCAL NO. 43	**c** EIN-PN	16-6153389-001
a Plan name	ILWU (HAWAII) EMPLOYERS GENERAL PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES FOR THE ILWU (HAWAII) EMPLOYERS GENERAL PENSION TRUS	**c** EIN-PN	99-6027623-001

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

a Plan name	INDIVIOR INC. PROFIT SHARING AND 401(K) PLAN		
b Name of plan sponsor	INDIVIOR INC.	**c** EIN-PN	52-2069631-001
a Plan name	INFOSYS LIMITED TAX SAVING 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	INFOSYS LIMITED	**c** EIN-PN	58-1760235-001
a Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) SAFE HARBOR PLAN		
b Name of plan sponsor	INFOSYS LIMITED	**c** EIN-PN	58-1760235-002
a Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS JOINT ANNUITY FUND OF EASTERN PENNSYLVANIA AND DELAWARE		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS JO	**c** EIN-PN	23-2352166-002
a Plan name	INTERNATIONAL-MATEX TANK TERMINALS RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	INTERNATIONAL-MATEX TANK TERMINALS LLC	**c** EIN-PN	72-0771251-334
a Plan name	ITRON, INC. INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	ITRON, INC.	**c** EIN-PN	91-1011792-001
a Plan name	KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM		
b Name of plan sponsor	KANSAS CITY PUBLIC SCHOOL DISTRICT	**c** EIN-PN	43-6040029-001
a Plan name	KAYNE ANDERSON CAPITAL ADVISORS 401(K) PLAN		
b Name of plan sponsor	KAYNE ANDERSON CAPITAL ADVISORS, LP	**c** EIN-PN	95-4486379-001
a Plan name	KENT COUNTY RETIREMENT PLAN		
b Name of plan sponsor	BOARD OF COMMISSIONERS OF KENT COUNTY	**c** EIN-PN	38-6047983-001
a Plan name	LANSING EMPLOYEES' RETIREMENT SYSTEM		
b Name of plan sponsor	CITY OF LANSING, MI	**c** EIN-PN	38-6004628-001
a Plan name	LOCAL 888 PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 888 PENSION FUND	**c** EIN-PN	13-6367793-001
a Plan name	MACOMB COUNTY EMPLOYEES RETIREMENT SYSTEM		
b Name of plan sponsor	BOARD OF TTEES OF MACOMB COUNTY EMPLOYEES RETIREME	**c** EIN-PN	38-2461683-001

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

a Plan name	MAINEGENERAL HEALTH PENSION PLAN		
b Name of plan sponsor	MAINGENERAL HEALTH	**c** EIN-PN	04-3369649-004
a Plan name	MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND	**c** EIN-PN	74-1721447-002
a Plan name	MASTERCARD SAVINGS PLAN		
b Name of plan sponsor	MASTERCARD INTERNATIONAL INCORPORATED	**c** EIN-PN	95-2536378-002
a Plan name	MASTERS MATES & PILOTS ADJUSTABLE PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE MASTERS MATES & PILOTS ADJUSTABLE PENSION PLA	**c** EIN-PN	37-1719247-001
a Plan name	MASTERS MATES & PILOTS PENSION PLAN		
b Name of plan sponsor	INTERNATIONAL ORG OF MASTERS MATES & PILOTS	**c** EIN-PN	13-6372630-001
a Plan name	MATSON RETIREMENT & PENSION TRUST		
b Name of plan sponsor	ALEXANDER & BALDWIN, INC.	**c** EIN-PN	99-0268171-001
a Plan name	MCDONALD'S CORPORATION 401(K) PLAN		
b Name of plan sponsor	MCDONALD'S CORPORATION AND SUBSIDIARIES	**c** EIN-PN	36-2361282-001
a Plan name	MCGUIREWOODS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MCGUIREWOODS LLP	**c** EIN-PN	54-0505857-003
a Plan name	MERIDEN RETIREMENT SYSTEM CITY EMPLOYEES RETIREMENT FUND		
b Name of plan sponsor	CITY OF MERIDEN	**c** EIN-PN	06-6001893-407
a Plan name	MERIDEN RETIREMENT SYSTEM POLICE/FIRE PENSION FUNDS		
b Name of plan sponsor	CITY OF MERIDEN	**c** EIN-PN	06-6001893-407
a Plan name	MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES	**c** EIN-PN	38-6233977-001
a Plan name	MILLWRIGHTS' LOCAL 1102 SUPPLEMENTAL PENSION FUND		
b Name of plan sponsor	BOARD OF TTEES OF MILLWRIGHTS' LOCAL 1102 SUPPLEME	**c** EIN-PN	38-6216941-001

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

a Plan name	MINNESOTA AND NORTH DAKOTA BRICKLAYERS & ALLIED CRAFTWORKERS PENSION FUND		
b Name of plan sponsor	BOARD OF TTTES OF MN AND ND BRICKLAYERS	**c** EIN-PN	51-6029930-001
a Plan name	MONEYGRAM INTERNATIONAL, INC. 401(K) PLAN		
b Name of plan sponsor	MONEYGRAM INTERNATIONAL, INC.	**c** EIN-PN	16-1690064-002
a Plan name	MULTI-MANAGER COLLECTIVE INVESTMENT TRUST - EARNEST PARTNERS SMID CAP VALUE FUND II		
b Name of plan sponsor	SEI TRUST COMPANY	**c** EIN-PN	84-2090868-131
a Plan name	NATIONAL ASBESTOS WORKERS PENSION FUND		
b Name of plan sponsor	BOARD OF TTTEES OF NATIONAL ASBESTOS WORKERS PEN F	**c** EIN-PN	52-6038497-001
a Plan name	NATIONAL FIRE PROTECTION ASSOCIATION EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	NATIONAL FIRE PROTECTION AGENCY	**c** EIN-PN	04-1653090-001
a Plan name	NCR VOYIX SAVINGS PLAN		
b Name of plan sponsor	NCR VOYIX CORPORATION	**c** EIN-PN	31-0387920-052
a Plan name	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES OF NYCDCC	**c** EIN-PN	51-0174276-001
a Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NEXTERA ENERGY, INC.	**c** EIN-PN	59-2449419-002
a Plan name	NISOURCE INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NISOURCE INC.	**c** EIN-PN	35-2108964-005
a Plan name	NOGE HOURLY EMPLOYEES SAVINGS PLAN		
b Name of plan sponsor	BWXT NUCLEAR OPERATIONS GROUP, INC.	**c** EIN-PN	26-1523776-001
a Plan name	NORTH BROWARD HOSPITAL CASH BALANCE PENSION PLAN		
b Name of plan sponsor	PENSION AND INVESTMENT COMMITTEE OF NORTH BROWARD HOSPITAL DISTRICT	**c** EIN-PN	59-6012065-999
a Plan name	NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	NUCLEAR FUEL SERVICES, INC. C/O COMPENSATION & BENEFITS DEPT.	**c** EIN-PN	52-0788632-005

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

a Plan name	OPERATIVE PLASTERERS' AND CEMENT MASONS' OFFICER AND EMPLOYEES PENSION PLAN		
b Name of plan sponsor	OPERATIVE PLASTERERS' AND CEMENT MASONS' OFFICER AND EMPLOYEES PENSION	**c** EIN-PN	52-6135348-002
a Plan name	PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT		
b Name of plan sponsor	PEABODY INVESTMENTS CORP.	**c** EIN-PN	20-0480084-003
a Plan name	PEABODY SOUTHEAST MINING - UMWA 401(K) PLAN		
b Name of plan sponsor	PEABODY SOUTHEAST MINING, LLC	**c** EIN-PN	61-1901165-001
a Plan name	PEABODY WESTERN - UMWA 401(K) PLAN		
b Name of plan sponsor	PEABODY WESTERN COAL COMPANY	**c** EIN-PN	86-0766626-001
a Plan name	PENSION FUND OF LOCAL 293		
b Name of plan sponsor	BOARD OF TTEES OF PENSION FUND OF LOCAL 293	**c** EIN-PN	34-6581762-001
a Plan name	PENSION FUND OF LOCAL NO. ONE, IATSE		
b Name of plan sponsor	MULTIEMPLOYER PLAN	**c** EIN-PN	13-6414973-001
a Plan name	PENSION PLAN OF THE SHEET METAL WORKERS LU NO. 32 PENSION TRUST FUND		
b Name of plan sponsor	TRUSTEES OF SHEET METAL WORKERS LU NO. 32 PENSION TRUST FUND	**c** EIN-PN	59-6152610-001
a Plan name	PETER KIEWIT SONS', INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PETER KIEWIT SONS', INC.	**c** EIN-PN	91-1842817-333
a Plan name	PIPEFITTERS AND PLUMBERS LOCAL NO. 524 PENSION AND ANNUITY PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES, PIPEFITTERS AND PLUMBERS LOCAL NO. 524 PENSION AND	**c** EIN-PN	23-1992413-001
a Plan name	PLUMBERS & PIPEFITTERS LU 421 PENSION FUND TRUST		
b Name of plan sponsor	TRUSTEES OF PLUMBERS & PIPEFITTERS LU 421 PENSION FUND TRUST	**c** EIN-PN	57-0524232-001
a Plan name	PLUMBERS AND PIPEFITTERS OF THE CAROLINAS DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	THE BOARD OF TRUSTEES OF PLUMBERS AND PIPEFITTERS OF THE CAROLINAS DEF	**c** EIN-PN	56-1442440-001
a Plan name	PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND		
b Name of plan sponsor	TRUSTEES OF THE PLUMBERS LOCAL 60 PENSION PLAN	**c** EIN-PN	72-6025640-001

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

a Plan name	PUBLISHERS CLEARING HOUSE 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PUBLISHERS CLEARING HOUSE LLC	**c** EIN-PN	11-1730276-002
a Plan name	RADIO, TELEVISION & RECORDING ARTS PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE RADIO, TELEVISION & RECOR	**c** EIN-PN	13-6159229-001
a Plan name	S.C. JOHNSON & SON, INC. EMPLOYEES DEFERRED PROFIT SHARING AND SAVINGS PLAN		
b Name of plan sponsor	S.C. JOHNSON & SON, INC.	**c** EIN-PN	39-0379990-001
a Plan name	SABIC U.S. EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SABIC INNOVATIVE PLASTICS US LLC	**c** EIN-PN	33-1169273-005
a Plan name	SAN MANUEL BAND OF MISSION INDIANS 401(K) PLAN		
b Name of plan sponsor	SAN MANUEL BAND OF MISSION INDIANS	**c** EIN-PN	33-0526268-001
a Plan name	SAN MANUEL BAND OF MISSION INDIANS 457(B) DEFERRED COMPENSATION PLAN FOR FIRE SAFETY EMPLOYEES		
b Name of plan sponsor	SAN MANUEL BAND OF MISSION INDIANS	**c** EIN-PN	33-0526268-003
a Plan name	SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES - SCREEN ACTORS GUILD PRODUCERS PENSION PLAN	**c** EIN-PN	95-2110997-001
a Plan name	SHEET METAL WORKERS ANNUITY FUND LOCAL UNION NO. 19		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE SHEET METAL WORKERS ANNUITY FUND OF LOCAL UNI	**c** EIN-PN	23-2245696-001
a Plan name	SHPP US EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SHPP US LLC	**c** EIN-PN	83-4241533-001
a Plan name	SHREVEPORT ELECTRICAL INDUSTRY PROFIT SHARING PLAN		
b Name of plan sponsor	SHREVEPORT ELECTRICAL INDUSTRY PROFIT SHARING PLAN BOARD OF TRUSTEES	**c** EIN-PN	72-1114759-001
a Plan name	SOUTHEASTERN IRON WORKERS ANNUITY PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE IRONWORKERS LOCAL NO. 92	**c** EIN-PN	58-6319526-001
a Plan name	SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES - SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN	**c** EIN-PN	95-6392774-001

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

a Plan name	SOUTHERN IRONWORKERS PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES OF SOUTHERN IRONWORKERS PENSION	**c** EIN-PN	59-6227091-001
a Plan name	ST. LOUIS COUNTY EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	ST. LOUIS COUNTY	**c** EIN-PN	43-6003242-001
a Plan name	STATE UNIVERSITIES RETIREMENT SYSTEM DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	STATE UNIVERSITIES RETIREMENT SYSTEM	**c** EIN-PN	37-6006008-003
a Plan name	STATE UNIVERSITIES RETIREMENT SYSTEM RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STATE UNIVERSITIES RETIREMENT SYSTEM	**c** EIN-PN	37-6006008-002
a Plan name	STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INCORPORATED - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION SEVERANCE AND ANNUITY PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC	**c** EIN-PN	52-2035147-001
a Plan name	STONE & MARBLE MASONS OF METROPOLITAN WASHINGTON DC PENSION FUND		
b Name of plan sponsor	TTTES OF STONE & MARBLE MASONS OF METR	**c** EIN-PN	52-6117940-001
a Plan name	STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C. PENSION FUND		
b Name of plan sponsor	BOARD OF TRUSTEES, STONE & MARBLE MASONS OF METROPOLITAN WASHINGTON D.	**c** EIN-PN	52-6117940-001
a Plan name	SUPREME COURT OF PA - IAB COMBINED FUND		
b Name of plan sponsor	SUPREME COURT OF PA - IAB COMBINED FUNDS	**c** EIN-PN	23-6004858-999
a Plan name	TEAMHEALTH 401(K) PLAN		
b Name of plan sponsor	AMERITEAM SERVICES, LLC	**c** EIN-PN	47-2129748-001
a Plan name	TEAMSTERS JOINT COUNCIL NO. 83 OF VA PENSION FUND		
b Name of plan sponsor	TEAMSTERS JOINT COUNCIL NO. 83 OF VA PENSION FUND	**c** EIN-PN	54-6097996-001
a Plan name	TECHNIPFMC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FMC TECHNOLOGIES, INC.	**c** EIN-PN	36-4412642-002
a Plan name	THE BANK OF AMERICA 401(K) PLAN		
b Name of plan sponsor	BANK OF AMERICA CORP	**c** EIN-PN	56-0906609-003

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

a Plan name	THE BANK OF AMERICA PENSION PLAN		
b Name of plan sponsor	BANK OF AMERICA CORP	**c** EIN-PN	56-0906609-001
a Plan name	THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN		
b Name of plan sponsor	BANK OF AMERICA CORP	**c** EIN-PN	56-0906609-007
a Plan name	THE DTE ENERGY COMPANY MASTER PLAN TRUST		
b Name of plan sponsor	DTE ENERGY COMPANY	**c** EIN-PN	04-6767525-022
a Plan name	THE J.M. SMUCKER COMPANY EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	THE J.M. SMUCKER COMPANY	**c** EIN-PN	34-0538550-011
a Plan name	THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	**c** EIN-PN	32-0255508-334
a Plan name	TITAN AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TITAN AMERICA LLC	**c** EIN-PN	98-0124782-001
a Plan name	TOWN OF GLASTONBURY RETIREMENT INCOME FUND		
b Name of plan sponsor	TOWN OF GLASTONBURY, CONNECTICUT	**c** EIN-PN	06-6002003-001
a Plan name	TOWN OF WESTPORT PENSION PLAN		
b Name of plan sponsor	BOARD OF TTEES OF THE TOWN OF WESTPORT PEN PLAN	**c** EIN-PN	06-6002128-001
a Plan name	TRUCK DRIVERS & HELPERS LOCAL 355 RETIREMENT PENSION FUND		
b Name of plan sponsor	THE BOARD OF TRUSTEES FOR TRUCK DRIVERS & HELPERS	**c** EIN-PN	52-0951433-001
a Plan name	TYSON FOODS, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TYSON FOODS, INC.	**c** EIN-PN	71-0662969-004
a Plan name	UNION MUTUAL FUND PENSION PLAN		
b Name of plan sponsor	UNION MUTUAL FUND	**c** EIN-PN	22-6073058-001
a Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	**c** EIN-PN	94-6001323-015

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

a Plan name	UNION PACIFIC CORPORATION THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC CORPORATION	**c** EIN-PN	13-2626465-004
a Plan name	UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN		
b Name of plan sponsor	UNION PACIFIC FRUIT EXPRESS COMPANY	**c** EIN-PN	47-0600268-001
a Plan name	UNITED LAUNCH ALLIANCE 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	UNITED LAUNCH ALLIANCE LLC	**c** EIN-PN	81-0673845-001
a Plan name	UNUM GROUP 401K RETIREMENT PLAN		
b Name of plan sponsor	UNUM GROUP	**c** EIN-PN	62-1598430-002
a Plan name	UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION FUND		
b Name of plan sponsor	TRUSTEES OF THE UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION F	**c** EIN-PN	15-0612437-001
a Plan name	VAIL RESORTS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THE VAIL CORPORATION DBA VAIL ASSOCIATES, INC. A COLORADO CORPORATION	**c** EIN-PN	84-0601461-002
a Plan name	W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN		
b Name of plan sponsor	W.R. GRACE & CO.	**c** EIN-PN	65-0773649-124
a Plan name	W.R. GRACE & CO. SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	W.R. GRACE & CO.	**c** EIN-PN	65-0773649-123
a Plan name	WALGREENS RETIREMENT SAVINGS MASTER TRUST		
b Name of plan sponsor	WALGREEN CO.	**c** EIN-PN	36-1924025-003
a Plan name	WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY DEFERRED COMPENSATION PLAN AND TRUST		
b Name of plan sponsor	THE ADMINISTRATIVE COMMITTEE OF THE WASHINGTON METROPOLITAN AREA TRANS	**c** EIN-PN	52-0847040-999
a Plan name	WESTINGHOUSE ELECTRIC COMPANY SAVINGS PLAN		
b Name of plan sponsor	WESTINGHOUSE ELECTRIC COMPANY	**c** EIN-PN	52-2140933-001
a Plan name	WOODSIDE ENERGY USA SERVICES INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WOODSIDE ENERGY USA SERVICES INC.	**c** EIN-PN	94-3144067-333

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	YOUTH VILLAGES RETIREMENT PLAN		
b Name of plan sponsor	YOUTH VILLAGES INC.	**c** EIN-PN	58-1716970-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
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b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan
EARNEST PARTNERS MULTIPLE INVESTMENT TRUST

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500
SEI TRUST COMPANY

D Employer Identification Number (EIN)
26-4377500

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19914000	34225000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149356000	129554000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5444106000	5975013000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	96644000	128862000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	819000	1187000

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5710839000	6268841000
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	8948000	7435000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	8948000	7435000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5701891000	6261406000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4801000	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4801000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	99804000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2152000	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		101956000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1124750000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1022724000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		102026000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-327095000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-327095000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15770000
c Other income	2c		-193000
d Total income. Add all **income** amounts in column (b) and enter total	2d		-102735000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	36690000	
(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)		36690000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36690000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-139425000
l Transfers of assets:			
(1) To this plan	2l(1)		1849820000
(2) From this plan	2l(2)		1150880000

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **(2)** EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☒ This form is filed for a CCT, PSA, DCG or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.