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 07/01/2024 and ending 06/30/2025

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
WASATCH MASTER COLLECTIVE INVESTMENT TRUST

1b Three-digit plan number (PN) ▶ 134

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)
84-2412379

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.	03/13/2026	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 07/01/2024 and ending 06/30/2025

A Name of plan WASATCH MASTER COLLECTIVE INVESTMENT TRUST	**B** Three-digit plan number (PN) ▶ 134
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	**D** Employer Identification Number (EIN) 84-2412379

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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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	24 HOUR FITNESS SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	24 HOUR FITNESS USA. LLC	**c** EIN-PN	94-2899899-001
a Plan name	2U, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	2U, INC.	**c** EIN-PN	26-2335939-001
a Plan name	ABC-NABET RETIREMENT TRUST PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES ABC-NABET RETIREMENT TRUST PLAN	**c** EIN-PN	14-1284013-012
a Plan name	AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	**c** EIN-PN	53-0217164-002
a Plan name	AMERICAN SYSTEMS CORPORATION EMPLOYEE SAVINGS AND SECURITY 401(K) PLAN		
b Name of plan sponsor	AMERICAN SYSTEMS CORPORATION	**c** EIN-PN	54-0962497-002
a Plan name	AMSTED INDUSTRIES CAP, RSP UNION, AND JOINT VENTURES MST TRUST		
b Name of plan sponsor	AMSTED INDUSTRIES, INC.	**c** EIN-PN	36-0730380-126
a Plan name	ARDENT HEALTH SERVICES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AHS MANAGEMENT COMPANY, INC.	**c** EIN-PN	62-1743438-001
a Plan name	BAL SEAL ENGINEERING, LLC SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	BAL SEAL ENGINEERING, LLC	**c** EIN-PN	95-2454094-001
a Plan name	BAR-S FOODS CO. 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	BAR-S FOODS CO	**c** EIN-PN	86-0409987-001
a Plan name	BREAD FINANCIAL 401(K) PLAN		
b Name of plan sponsor	BREAD FINANCIAL PAYMENTS, INC.	**c** EIN-PN	13-3163498-001
a Plan name	CALENDLY 401(K) PLAN		
b Name of plan sponsor	CALENDLY, LLC	**c** EIN-PN	27-2763491-001
a Plan name	CALPINE CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CALPINE CORPORATION	**c** EIN-PN	77-0212977-002

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

a Plan name	CALPINE UNION 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CALPINE CORPORATION	**c** EIN-PN	77-0212977-003
a Plan name	CAPITAL LUMBER COMPANY 401(K) PLAN		
b Name of plan sponsor	CAPITAL LUMBER COMPANY	**c** EIN-PN	86-0084551-001
a Plan name	CARIBOU BIOSCIENCES, INC. RETIREMENT TRUST		
b Name of plan sponsor	CARIBOU BIOSCIENCES, INC.	**c** EIN-PN	45-3728228-001
a Plan name	CARPENTER TECHNOLOGY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CARPENTER TECHNOLOGY CORPORATION	**c** EIN-PN	23-0458500-020
a Plan name	CASCADE DRILLING LP AND ITS SUBSIDIARIES 401(K) RETIREMENT PLAN AND TRUST		
b Name of plan sponsor	CASCADE DRILLING LP AND ITS SUBSIDIARIES	**c** EIN-PN	27-0642404-001
a Plan name	CBS 401(K) PLAN		
b Name of plan sponsor	VIACOMCBS INC.	**c** EIN-PN	04-2949533-002
a Plan name	CHAMPIONS GROUP 401(K) PLAN		
b Name of plan sponsor	SERVICE CHAMPIONS	**c** EIN-PN	33-0896958-003
a Plan name	CHAMPIONS GROUP 401(K) SAFE HARBOR PLAN		
b Name of plan sponsor	SERVICE CHAMPIONS	**c** EIN-PN	33-0896958-004
a Plan name	CITIZENS INC 401K RETIREMENT AND PROFIT SHARING PLAN		
b Name of plan sponsor	CITIZENS INC	**c** EIN-PN	84-0755371-001
a Plan name	CITY OF GAITHERSBURG 401(A) PLAN		
b Name of plan sponsor	CITY OF GAITHERSBURG	**c** EIN-PN	52-6000792-999
a Plan name	CITY OF GAITHERSBURG 401(A) SUPPLEMENTAL PLAN		
b Name of plan sponsor	CITY OF GAITHERSBURG	**c** EIN-PN	52-6000792-999
a Plan name	CITY OF GAITHERSBURG 401(K) PLAN		
b Name of plan sponsor	CITY OF GAITHERSBURG	**c** EIN-PN	52-6000792-999

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	CITY OF GAITHERSBURG 457(B) PLAN		
b Name of plan sponsor	CITY OF GAITHERSBURG	**c** EIN-PN	52-6000792-999
a Plan name	CITY OF NEW ORLEANS EMPLOYEES' RETIREMENT SYSTEM		
b Name of plan sponsor	CITY OF NEW ORLEANS	**c** EIN-PN	72-0173595-999
a Plan name	CITY OF SANFORD 457(B) DEFERRED COMPENSATION PLAN (NATIONWIDE)		
b Name of plan sponsor	CITY OF SANFORD	**c** EIN-PN	59-6000425-999
a Plan name	CITY OF SANFORD 457(B) DEFERRED COMPENSATION PLAN (VALIC)		
b Name of plan sponsor	CITY OF SANFORD	**c** EIN-PN	59-6000425-999
a Plan name	COMPLETE GENOMICS 401(K) PLAN		
b Name of plan sponsor	COMPLETE GENOMICS, INC.	**c** EIN-PN	20-3226545-001
a Plan name	CORNERSTONE ONDEMAND, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CORNERSTONE ONDEMAND, INC.	**c** EIN-PN	13-4068197-001
a Plan name	CUMULUS MEDIA 401(K) PLAN		
b Name of plan sponsor	CUMULUS RADIO CORPORATION	**c** EIN-PN	86-0703641-001
a Plan name	DATABRICKS, INC. 401(K) PLAN & TRUST		
b Name of plan sponsor	DATABRICKS, INC.	**c** EIN-PN	46-2972184-001
a Plan name	DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DECORE-ATIVE SPECIALTIES, INC.	**c** EIN-PN	95-2574629-002
a Plan name	DIAMOND FOUNDRY 401(K) PLAN		
b Name of plan sponsor	DIAMOND FOUNDRY, INC.	**c** EIN-PN	46-0959441-001
a Plan name	DOLLAR SHAVE CLUB 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DOLLAR SHAVE CLUB	**c** EIN-PN	45-4200533-001
a Plan name	DOREL U.S.A ASSOCIATES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DOREL U.S.A INC.	**c** EIN-PN	35-1851471-013

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	DOREL U.S.A SALARIED 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DOREL U.S.A INC.	**c** EIN-PN	35-1851471-011
a Plan name	DROPBOX 401(K) PLAN		
b Name of plan sponsor	DROPBOX, INC.	**c** EIN-PN	26-0138832-001
a Plan name	EARTH FRIENDLY PRODUCTS 401(K) PLAN		
b Name of plan sponsor	VENUS LABORATORIES, INC EARTH FRIENDLY PRODUCTS	**c** EIN-PN	36-2605811-001
a Plan name	EQUIFAX, INC. 401(K) PLAN		
b Name of plan sponsor	EQUIFAX, INC.	**c** EIN-PN	58-0401110-003
a Plan name	FIRE & POLICE EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF BALTIMORE		
b Name of plan sponsor	MAYOR AND CITY COUNCIL OF BALTIMORE	**c** EIN-PN	52-6034920-001
a Plan name	FLEX 401(K) PLAN		
b Name of plan sponsor	FLEXTRONICS INTERNATIONAL USA, INC.	**c** EIN-PN	94-3061570-001
a Plan name	FORENSIC ANALYTICAL RETIREMENT PLAN		
b Name of plan sponsor	FORENSIC ANALYTICAL SPECIALTIES, INC.	**c** EIN-PN	94-3018588-002
a Plan name	GANNETT CO., INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	GANNETT CO., INC.	**c** EIN-PN	47-2390983-100
a Plan name	GCX CORPORATION SAVINGS PLAN		
b Name of plan sponsor	GCX CORPORATION	**c** EIN-PN	94-1738443-003
a Plan name	GENESISCARE USA, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	GENESISCARE USA, INC.	**c** EIN-PN	65-0768951-001
a Plan name	HARFORD COUNTY GOV'T DEFERRED COMPENSATION 457(B) PLAN		
b Name of plan sponsor	HARFORD COUNTY GOVERNMENT	**c** EIN-PN	52-6000959-002
a Plan name	HARFORD COUNTY GOV'T MATCHING CONTRIBUTION PLAN		
b Name of plan sponsor	HARFORD COUNTY GOVERNMENT	**c** EIN-PN	53-6000959-002

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

a Plan name	HARFORD COUNTY PUBLIC LIBRARY 457(B) PLAN		
b Name of plan sponsor	HARFORD COUNTY BOARD OF LIBRARY TRUSTEES	**c** EIN-PN	52-6000214-002
a Plan name	HARFORD COUNTY PUBLIC SCHOOLS 457(B) PLAN		
b Name of plan sponsor	BOARD OF EDUCATION OF HARFORD COUNTY	**c** EIN-PN	52-6000955-999
a Plan name	HENDERSEN-WEBB, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HENDERSEN-WEBB, INC.	**c** EIN-PN	52-1008297-001
a Plan name	HOSHIZAKI USA HOLDINGS, INC. RETIREMENT PLAN		
b Name of plan sponsor	HOSHIZAKI USA HOLDINGS, INC.	**c** EIN-PN	84-1700461-001
a Plan name	J.M. HUBER 401(K) SAVINGS PLAN		
b Name of plan sponsor	J.M. HUBER COMPANY	**c** EIN-PN	13-0860350-001
a Plan name	LATROBE COMPANY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CARPENTER TECHNOLOGY	**c** EIN-PN	23-0458500-019
a Plan name	LAUNCHDARKLY 401(K) PLAN		
b Name of plan sponsor	CATAMORPHIC CO.	**c** EIN-PN	46-3651669-001
a Plan name	LINEAGE LOGISTICS 401(K) PLAN		
b Name of plan sponsor	LINEAGE LOGISTICS HOLDINGS, LLC	**c** EIN-PN	30-0707700-002
a Plan name	MAHLE 401(K) PLAN		
b Name of plan sponsor	MAHLE INDUSTRIES INC.	**c** EIN-PN	58-2431334-004
a Plan name	MAXAR 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MAXAR TECHNOLOGIES INC	**c** EIN-PN	98-0544351-001
a Plan name	MYERS, BRIER & KELLY LLP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MYERS BRIER & KELLY LLP	**c** EIN-PN	23-2794249-001
a Plan name	NEXTRACKER 401(K) PLAN		
b Name of plan sponsor	NEXTRACKER, LLC	**c** EIN-PN	46-3955221-001

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	OCTANE LENDING, INC. 401(K) PLAN		
b Name of plan sponsor	OCTANE LENDING, INC.	**c** EIN-PN	46-4844834-001
a Plan name	OHIO NATIONAL LIFE INSURANCE COMAPNY 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	OHIO NATIONAL LIFE INSURANCE CO.	**c** EIN-PN	31-0397080-004
a Plan name	OHIO NATIONAL LIFE INSURANCE COMPANY 401(K) PLAN FOR AGENTS		
b Name of plan sponsor	OHIO NATIONAL LIFE INSURANCE CO.	**c** EIN-PN	31-0397080-005
a Plan name	OKLAHOMA CITY EMPLOYEE RETIREMENT SYSTEM		
b Name of plan sponsor	CITY OF OKLAHOMA CITY	**c** EIN-PN	73-6096475-999
a Plan name	OKLAHOMA LAW ENFORCEMENT RETIREMENT SYSTEM		
b Name of plan sponsor	OKLAHOMA LAW ENFORCEMENT RETIREMENT BOARD	**c** EIN-PN	73-6107411-001
a Plan name	OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM		
b Name of plan sponsor	OKLAHOMA POLICE PENSION AND RETIREMENT BOARD	**c** EIN-PN	73-1039862-001
a Plan name	ONESMILE 401(K) PLAN AND TRUST		
b Name of plan sponsor	ONESMILE, LLC	**c** EIN-PN	47-3808383-001
a Plan name	OPTEX INCORPORATED 401(K) PLAN		
b Name of plan sponsor	OPTEX INCORPORATED	**c** EIN-PN	33-0865011-001
a Plan name	ORTHOTENNESSEE 401(K) PLAN		
b Name of plan sponsor	ORTHOTENNESSEE	**c** EIN-PN	62-1700130-002
a Plan name	OSIAC, INC. PROFIT SHARING & 401(K) PLAN		
b Name of plan sponsor	OSIAC, INC	**c** EIN-PN	86-0623854-001
a Plan name	OVH US LLC 401(K) PLAN		
b Name of plan sponsor	OVH US LLC	**c** EIN-PN	81-4334493-001
a Plan name	PARSONS CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PARSONS CORPORATION	**c** EIN-PN	95-3232481-115

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	PRIMERICA SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	PRIMERICA, INC	**c** EIN-PN	27-1204330-001
a Plan name	PRIMIENT GRAIN RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PRIMARY PRODUCTS GRAIN, LLC	**c** EIN-PN	37-1010427-004
a Plan name	PRIMIENT HOURLY COMPREHENSIVE RETIREMENT PLAN		
b Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	**c** EIN-PN	37-1168475-003
a Plan name	PRIMIENT HOURLY SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	**c** EIN-PN	37-1168475-002
a Plan name	PRIMIENT SALARIED COMPREHENSIVE RETIREMENT PLAN		
b Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	**c** EIN-PN	37-1168475-001
a Plan name	PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 457(B) PLAN		
b Name of plan sponsor	PRINCE WILLIAM COUNTY PUBLIC SCHOOLS	**c** EIN-PN	54-6001533-999
a Plan name	PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO		
b Name of plan sponsor	PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO	**c** EIN-PN	82-6000952-002
a Plan name	QUALITY RESTAURANT GROUP 401(K) PLAN		
b Name of plan sponsor	QUALITY RESTAURANT GROUP	**c** EIN-PN	82-2429645-001
a Plan name	RAYMOND JAMES FINANCIAL, INC. & AFFILIATES PROFIT SHARING PLAN		
b Name of plan sponsor	RAYMOND JAMES FINANCIAL, INC.	**c** EIN-PN	59-1517485-001
a Plan name	RAYMOND JAMES FINANCIAL, INC. 401(K) PLAN		
b Name of plan sponsor	RAYMOND JAMES FINANCIAL, INC.	**c** EIN-PN	59-1517485-010
a Plan name	RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE		
b Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	**c** EIN-PN	56-0686338-333
a Plan name	REVANCE THERAPEUTICS, INC. 401(K) P/S PLAN		
b Name of plan sponsor	REVANCE THERAPEUTICS, INC.	**c** EIN-PN	77-0551645-001

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	RUBY TUESDAY SALARY DEFERRAL PLAN		
b Name of plan sponsor	RUBY TUESDAY OPERATIONS LLC	**c** EIN-PN	86-1996189-001
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	S4 CAPITAL 401(K) PLAN		
b Name of plan sponsor	MIGHTYHIVE INC.	**c** EIN-PN	45-4612713-001
a Plan name	SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION		
b Name of plan sponsor	SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION	**c** EIN-PN	95-6193238-001
a Plan name	SAVAGE COMPANIES RETIREMENT & EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	SAVAGE COMPANIES	**c** EIN-PN	87-0387049-001
a Plan name	SCIONHEALTH 401(K) PLAN		
b Name of plan sponsor	KNIGHT HEALTH HOLDINGS LLC D/B/A SCIONHEALTH	**c** EIN-PN	87-1658585-001
a Plan name	SELECTIVE INSURANCE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SELECTIVE INSURANCE COMPANY OF AMERICA	**c** EIN-PN	22-1272390-002
a Plan name	SERA ARCHITECTS, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	SERA ARCHITECTS, INC.	**c** EIN-PN	93-0723380-002
a Plan name	SERCO INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	SERCO INC.	**c** EIN-PN	22-2902286-003
a Plan name	SERCO INC. 401(K) RETIREMENT PLAN FOR UNION EMPLOYEES		
b Name of plan sponsor	SERCO, INC	**c** EIN-PN	22-2902286-008
a Plan name	SIGLER PROFIT SHARING AND 401(K) PLAN		
b Name of plan sponsor	RUSSEL SIGLER INC.	**c** EIN-PN	86-0223222-002
a Plan name	SMITH SCHAFER AND ASSOCIATES, LTD. 401(K) PLAN AND TRUST		
b Name of plan sponsor	SMITH SCHAFER AND ASSOCIATES, LTD.	**c** EIN-PN	41-1489071-001

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	SPREETAIL 401(K) PLAN		
b Name of plan sponsor	SPREETAIL, LLC	**c** EIN-PN	20-2898162-001
a Plan name	SRUSA 401K RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEE AND SRUSA EMPLOYEES SAVINGS PLAN FOR BARG UNIT EMPLOYEES MASTER TRUST		
b Name of plan sponsor	SUMITOMO RUBBER USA, LLC	**c** EIN-PN	36-7392856-008
a Plan name	STARS 401(A) RETIREMENT PLAN		
b Name of plan sponsor	CALIFORNIA PUBLIC AGENCIES SELF DIRECTED TAX-ADVANTAGED RETIREMENT SYS	**c** EIN-PN	61-1256314-001
a Plan name	STARS 457(B) RETIREMENT PLAN & TRUST		
b Name of plan sponsor	CALIFORNIA PUBLIC AGENCIES SELF-DIRECTED TAX-ADVANTAGED RETIREMENT SYS	**c** EIN-PN	61-1256314-999
a Plan name	STATE BANKERS ASSOCIATION DEFINED BENEFIT MASTER TRUST		
b Name of plan sponsor	VIRGINIA BANKERS ASSOCIATION BENEFITS CORPORATION	**c** EIN-PN	54-1741662-001
a Plan name	STATE BANKERS ASSOCIATION DEFINED CONTRIBUTION MASTER TRUST		
b Name of plan sponsor	VIRGINIA BANKERS ASSOCIATION BENEFITS CORPORATION	**c** EIN-PN	54-0417722-002
a Plan name	STERICYCLE, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	STERICYCLE, INC.	**c** EIN-PN	36-3640402-003
a Plan name	STERICYCLE, INC. P.R. SAVINGS PLAN		
b Name of plan sponsor	STERICYCLE, INC.	**c** EIN-PN	36-3640402-004
a Plan name	SUNKIST MATCH + SAVINGS PLAN		
b Name of plan sponsor	SUNKIST GROWERS, INC.	**c** EIN-PN	95-0595000-336
a Plan name	SUPPLEMENTAL INCOME 401(K) PLAN		
b Name of plan sponsor	THE BOARD OF TRUSTEES OF THE SUPPLEMENTAL INCOME TRUST FUND	**c** EIN-PN	94-2554388-002
a Plan name	THE HARFORD MUTUAL INSURANCE COMPANY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE HARFORD MUTUAL INSURANCE COMPANY	**c** EIN-PN	52-0424840-002
a Plan name	THE HILB GROUP OPERATING COMPANY, LLC 401(K) PLAN		
b Name of plan sponsor	THE HILB GROUP OPERATING COMPANY, LLC	**c** EIN-PN	47-1098088-001

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

a Plan name	THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	**c** EIN-PN	95-4119509-003
a Plan name	THE NP-USA GROUP RETIREMENT PLAN		
b Name of plan sponsor	NIPPON PAINT (USA), INC.	**c** EIN-PN	51-0324807-001
a Plan name	THE PACIFIC-UNION CLUB 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THE PACIFIC-UNION CLUB	**c** EIN-PN	94-0747020-001
a Plan name	THE UNITED STATES PHARMACOPEIAL CONVENTION 401(K) SAVINGS PLAN		
b Name of plan sponsor	THE UNITED STATES PHARMACOPEIAL CONVENTION	**c** EIN-PN	13-1656692-002
a Plan name	TOPGOLF CALLAWAY BRANDS CORP. 401(K) PLAN		
b Name of plan sponsor	TOPGOLF CALLAWAY BRANDS CORP	**c** EIN-PN	95-3797580-001
a Plan name	TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TRACTOR SUPPLY COMPANY	**c** EIN-PN	13-3139732-001
a Plan name	TRANSFORM MIDCO LLC SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	TRANSFORM MIDCO LLC	**c** EIN-PN	83-6773875-004
a Plan name	TRI-STATE 401(K) PLAN AND TRUST		
b Name of plan sponsor	TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC.	**c** EIN-PN	84-0464189-003
a Plan name	VOITH EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	VOITH HOLDING INC	**c** EIN-PN	39-2042166-002
a Plan name	VOITH RETIREMENT SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES		
b Name of plan sponsor	VOITH US INC.	**c** EIN-PN	39-2042166-012
a Plan name	WASATCH ADVISOR, INC. DEFERRED PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	WASATCH ADVISORS, INC.	**c** EIN-PN	87-0319391-002
a Plan name	WORD & BROWN 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WORD & BROWN INSURANCE ADMINISTRATORS, INC.	**c** EIN-PN	95-3161239-001

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	XYZ GRAPHICS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	XYZ GRAPHICS, INC.	**c** EIN-PN	94-3397174-001
a Plan name	YMUS AND AFFILIATES 401(K) PLAN		
b Name of plan sponsor	YAMAHA MOTOR CORPORATION, USA	**c** EIN-PN	95-3069495-002
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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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 07/01/2024 and ending 06/30/2025

A Name of plan
WASATCH MASTER COLLECTIVE INVESTMENT TRUST

B Three-digit plan number (PN) ▶ 134

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

D Employer Identification Number (EIN)
84-2412379

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)	1863000	5967000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21949000	21100000
(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)	1431647000	1650369000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	3203000

		(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	1455459000	1680639000
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	9679000	17763000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	9679000	17763000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1445780000	1662876000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	12946000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12946000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	666455000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	603782000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		62673000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	49481000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		49481000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-9944000
d Total income. Add all **income** amounts in column (b) and enter total	2d		115156000
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)	9186000	
(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)		9186000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9186000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		105970000
l Transfers of assets:			
(1) To this plan	2l(1)		244283000
(2) From this plan	2l(2)		133157000

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 _____.