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
TCW MULTIPLE INVESTMENT TRUST

1b Three-digit plan number (PN) ▶ 030

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)
26-3015340

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	OMB No. 1210-0110
	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	**2025**
	▶ **File as an attachment to Form 5500.**	**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
TCW MULTIPLE INVESTMENT TRUST

B Three-digit plan number (PN) ▶ 030

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

D Employer Identification Number (EIN)
26-3015340

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:

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	1199SEIU GREATER NEW YORK PENSION FUND		
b Name of plan sponsor	BOARD OF TTESS OF 1199SEIU GREATER NY PENSION	**c** EIN-PN	13-6601940-001
a Plan name	1199SEIU HOME CARE EMPLOYEES PENSION FUND		
b Name of plan sponsor	BOARD OF TTES OF 1199SEIU HOME CARE EMPLOYEES	**c** EIN-PN	13-3943904-001
a Plan name	401(K) SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	EMD MILLIPORE CORPORATION	**c** EIN-PN	04-2170233-001
a Plan name	ABBVIE PUERTO RICO SAVINGS PLAN		
b Name of plan sponsor	ABBVIE LTD. C/O ABBVIE INC.	**c** EIN-PN	98-0429860-002
a Plan name	ABBVIE SAVINGS PLAN		
b Name of plan sponsor	ABBVIE INC.	**c** EIN-PN	32-0375147-001
a Plan name	ACTIVISION BLIZZARD 401(K) PLAN		
b Name of plan sponsor	ACTIVISION PUBLISHING, INC.	**c** EIN-PN	94-2606438-001
a Plan name	AEP RETIREMENT SAVINGS 401(K) PLAN		
b Name of plan sponsor	AMERICAN ELECTRIC POWER SERVICE CORPORATION	**c** EIN-PN	13-4922641-002
a Plan name	ANNUITY FUND IUOE LOCAL 15, 15A, 15C, 15D AFL-CIO		
b Name of plan sponsor	BOARD OF TRUSTEES ANNUITY FUND IUOE LOCAL 15, 15A, 15C, 15D AFL-CIO	**c** EIN-PN	13-2899670-001
a Plan name	ARIZONA BOARD OF REGENTS OPTIONAL RETIREMENT PLAN		
b Name of plan sponsor	ARIZONA BOARD OF REGENTS	**c** EIN-PN	80-0208968-001
a Plan name	BATTELLE EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	BATTELLE MEMORIAL INSTITUTE	**c** EIN-PN	31-4379427-003
a Plan name	BECTON DICKINSON AND COMPANY MASTER RETIREMENT TRUST		
b Name of plan sponsor	BECTON DICKINSON COMPANY	**c** EIN-PN	22-0760120-050
a Plan name	BERKELEY COLLEGE RETIREMENT PLAN		
b Name of plan sponsor	BERKELEY COLLEGE	**c** EIN-PN	22-2810633-001

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	BMO 401(K) SAVINGS PLAN		
b Name of plan sponsor	BMO FINANCIAL CORP.	**c** EIN-PN	51-0275712-001
a Plan name	BNSF RAILWAY COMPANY NON-SALARIED EMPLOYEES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	BNSF RAILWAY COMPANY	**c** EIN-PN	41-6034000-006
a Plan name	BRISTOL-MYERS SQUIBB SAVINGS PLANS MASTER TRUST		
b Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	**c** EIN-PN	04-6767867-112
a Plan name	BROADCOM U.S. 401(K) PLAN		
b Name of plan sponsor	AVAGO TECHNOLOGIES U.S. INC.	**c** EIN-PN	20-3387670-001
a Plan name	BUNZL USA, LLC DEFERRED SAVINGS PLAN		
b Name of plan sponsor	BUNZL USA, LLC	**c** EIN-PN	13-1884179-002
a Plan name	BURLINGTON NORTHERN SANTE FE INVESTMENT AND RETIREMENT PLAN		
b Name of plan sponsor	BURLINGTON NORTHERN SANTE FE, LLC	**c** EIN-PN	27-1754839-002
a Plan name	CALIFORNIA WATER SERVICE COMPANY SAVINGS PLAN		
b Name of plan sponsor	CALIFORNIA WATER SERVICE COMPANY	**c** EIN-PN	94-0362795-004
a Plan name	CALLAN GROWTH EQUITY FUND		
b Name of plan sponsor	CALLAN OPEN ARCHITECTURE TRUST, TRUSTEED BY WILMINGTON TRUST, N.A.	**c** EIN-PN	38-4065321-418
a Plan name	CALPORTLAND COMPANY DEFINED BENEFIT PENSION PLAN		
b Name of plan sponsor	CALPORTLAND COMPANY	**c** EIN-PN	95-0597220-001
a Plan name	CBRE 401(K) PLAN		
b Name of plan sponsor	CBRE SERVICES, INC.	**c** EIN-PN	52-1616016-001
a Plan name	CDW COWORKERS' PROFIT SHARING PLAN		
b Name of plan sponsor	CDW LLC	**c** EIN-PN	36-3310735-001
a Plan name	CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN		
b Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	**c** EIN-PN	95-1644600-002

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	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 NORWALK 401(A) MONEY PURCHASE PLAN		
b Name of plan sponsor	CITY OF NORWALK	**c** EIN-PN	06-6011881-999
a Plan name	CITY OF NORWALK 457(B) DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	CITY OF NORWALK	**c** EIN-PN	06-6011881-999
a Plan name	CLAYTON HOMES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CLAYTON HOMES, INC.	**c** EIN-PN	62-1671360-002
a Plan name	CONSTANT CONTACT, INC. 401(K) PLAN		
b Name of plan sponsor	CONSTANT CONTACT, INC.	**c** EIN-PN	04-3285398-001
a Plan name	CONSTRUCTION INDUSTRY & LABORERS JOINT PENSION TRUST		
b Name of plan sponsor	CONSTRUCTION INDUSTRY & LABORERS	**c** EIN-PN	88-0135695-001
a Plan name	CONSUMER HEALTHCARE 401(K) PLAN		
b Name of plan sponsor	GLAXOSMITHKLINE CONSUMER HEALTHCARE HOLDINGS (US) LLC	**c** EIN-PN	47-2931057-001
a Plan name	CSG INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	CSG SYSTEMS, INC.	**c** EIN-PN	47-0772478-001
a Plan name	DELTA COMMUNITY CREDIT UNION 401(K) SAVINGS PLAN		
b Name of plan sponsor	DELTA COMMUNITY CREDIT UNION	**c** EIN-PN	58-0904765-001
a Plan name	DENTONS GLOBAL SERVICES 401K PLAN		
b Name of plan sponsor	DENTONS US GLOBAL SERVICES LLC	**c** EIN-PN	85-3887996-001
a Plan name	DENTONS US LLP PROFIT SHARING PLAN		
b Name of plan sponsor	DENTONS US LLP	**c** EIN-PN	36-1796730-001
a Plan name	EBAY INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	EBAY INC.	**c** EIN-PN	77-0430924-001

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	ECOLAB PENSION PLAN		
b Name of plan sponsor	ECOLAB INC	**c** EIN-PN	41-0231510-001
a Plan name	EMPLOYEES RETIREMENT PLAN OF THE TOWN OF HAMDEN, CONNECTICUT		
b Name of plan sponsor	TOWN OF HAMDEN, CT	**c** EIN-PN	06-1166179-999
a Plan name	EMPLOYEES RETIREMENT SYSTEM OF THE COUNTY OF MILWAUKEE		
b Name of plan sponsor	COUNTY OF MILWAUKEE	**c** EIN-PN	39-6005720-001
a Plan name	FAEGRE BAKER DANIELS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH, LLC	**c** EIN-PN	41-0244008-002
a Plan name	FAEGRE DINKER BIDDLE & REATH LLP CASH BALANCE PENSION PLAN 2		
b Name of plan sponsor	FAEGRE DINKER BIDDLE & REATH LLP	**c** EIN-PN	41-0244008-032
a Plan name	FAEGRE DINKER BIDDLE & REATH LLP CASH BALANCE PENSION PLAN I		
b Name of plan sponsor	FAEGRE DINKER BIDDLE & REATH LLP	**c** EIN-PN	41-0244008-031
a Plan name	FAEGRE DRINKER RETIREMENT SAVINGS PLAN 2		
b Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH, LLC	**c** EIN-PN	41-0244008-033
a Plan name	FARM CREDIT BENEFITS ALLIANCE 401(K) PLAN		
b Name of plan sponsor	AGFIRST FARM CREDIT BANK	**c** EIN-PN	47-3297339-002
a Plan name	GAPSHARE 401(K) PLAN		
b Name of plan sponsor	GAP, INC.	**c** EIN-PN	94-1697231-001
a Plan name	GAPSHARE PUERTO RICO PLAN		
b Name of plan sponsor	GAP, INC.	**c** EIN-PN	94-1697231-002
a Plan name	GEISINGER HEALTH PLAN 401K SAVINGS PLAN		
b Name of plan sponsor	GEISINGER HEALTH PLAN	**c** EIN-PN	23-2311553-001
a Plan name	GEISINGER MEDICAL MANAGEMENT CORPORATION 401K SAFE HARBOR PLAN		
b Name of plan sponsor	ISS SOLUTIONS	**c** EIN-PN	23-2077663-004

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	GEISINGER SYSTEM SERVICES 401K SAVINGS PLAN		
b Name of plan sponsor	GEISINGER SYSTEM SERVICES	**c** EIN-PN	23-2164794-002
a Plan name	GIVAUDAN'S 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GIVAUDAN FRAGRANCES CORPORATION	**c** EIN-PN	31-1707845-003
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	GSK 401(K) PLAN		
b Name of plan sponsor	GLAXOSMITHKLINE LLC	**c** EIN-PN	23-1099050-002
a Plan name	H & R BLOCK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	H&R BLOCK MANAGEMENT, LLC	**c** EIN-PN	43-1632589-002
a Plan name	HEARST CORPORATION MASTER TRUST FOR DEFINED CONTRIBUTION PLANS		
b Name of plan sponsor	THE HEARST CORPORATION	**c** EIN-PN	81-3842098-001
a Plan name	HOTEL UNION AND HOTEL INDUSTRY OF HAWAII PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES OF THE HOTEL UNION & HOTEL INDUSTRY OF HAWAII PENSIO	**c** EIN-PN	99-6024339-001
a Plan name	HOUGHTON MIFFLIN 401K SAVINGS PLAN		
b Name of plan sponsor	HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	**c** EIN-PN	04-1456030-003
a Plan name	IBEW LOCAL 684 PENSION TRUST		
b Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL 684 PENSION TRUST	**c** EIN-PN	94-6442909-001
a Plan name	IBEW LOCAL NO 100 PENSION PLAN		
b Name of plan sponsor	BOARD OF TRUSTEES, IBEW LOCAL NO. 100 PENSION PLAN	**c** EIN-PN	94-6216336-001
a Plan name	INFINEON TECHNOLOGIES SAVINGS PLAN		
b Name of plan sponsor	INFINEON TECHNOLOGIES AMERICAS CORP.	**c** EIN-PN	95-1528961-002
a Plan name	INSPERITY 401(K) PLAN		
b Name of plan sponsor	INSPERITY HOLDINGS INC, LLC	**c** EIN-PN	76-0178498-001

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	INSPERITY CORPORATE 401(K) PLAN		
b Name of plan sponsor	INSPERITY HOLDINGS, INC	**c** EIN-PN	76-0178498-004
a Plan name	JONES LANG LASALLE SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	JONES LANG LASALLE AMERICAS, INC.	**c** EIN-PN	36-4160760-001
a Plan name	M&T BANK CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MANUFACTURERS AND TRADERS TRUST COMPANY	**c** EIN-PN	16-0538020-004
a Plan name	MARY KAY INC. PROFIT SHARING & 401(K) PLAN		
b Name of plan sponsor	MARY KAY INC.	**c** EIN-PN	75-1151701-001
a Plan name	MEIJER 401(K) RETIREMENT PLAN MASTER TRUST		
b Name of plan sponsor	MEIJER, INC.	**c** EIN-PN	38-1274536-203
a Plan name	MILLIMAN, INC. PROFIT SHARING AND RETIREMENT PLAN		
b Name of plan sponsor	MILLIMAN, INC.	**c** EIN-PN	91-0675641-001
a Plan name	MISSION SUPPORT AND TEST SERVICES LLC (MSTS) EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES LLC (MSTS)	**c** EIN-PN	81-0705502-001
a Plan name	MUFG BANK, LTD. 401(K) PLAN		
b Name of plan sponsor	MUFG BANK, LTD.	**c** EIN-PN	58-1861313-015
a Plan name	NETAPP, INC. EMPLOYEES' 401(K) SAVINGS PLAN		
b Name of plan sponsor	NETAPP, INC.	**c** EIN-PN	77-0307520-001
a Plan name	NEUBERGER BERMAN GROUP 401(K) PLAN		
b Name of plan sponsor	NEUBERGER BERMAN GROUP LLC	**c** EIN-PN	61-1591182-001
a Plan name	NNSS IGAN PENSION PLAN		
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	**c** EIN-PN	88-6023904-001
a Plan name	NNSS STAFF PENSION PLAN		
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	**c** EIN-PN	90-1507796-001

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	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF HAWAII MEDICAL SERVICE ASSOCIATION		
b Name of plan sponsor	HAWAII MEDICAL SERVICE ASSOCIATION	**c** EIN-PN	99-0040115-001
a Plan name	NORWALK CITY EMPLOYEES' PENSION PLAN		
b Name of plan sponsor	CITY OF NORWALK	**c** EIN-PN	06-6011881-999
a Plan name	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM		
b Name of plan sponsor	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD	**c** EIN-PN	31-1224569-999
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	OLIN CONTRIBUTING EMPLOYEES OWNERSHIP PLAN		
b Name of plan sponsor	OLIN CORPORATION	**c** EIN-PN	13-1872319-032
a Plan name	PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	PACIFIC LIFE INSURANCE COMPANY	**c** EIN-PN	95-1079000-007
a Plan name	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LLC 401K RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LLC	**c** EIN-PN	99-2777326-001
a Plan name	PANASONIC RETIREMENT SAVINGS AND INVESTMENTS PLAN		
b Name of plan sponsor	PANASONIC CORPORATION OF NORTH AMERICA	**c** EIN-PN	36-2786846-003
a Plan name	PAYPAL 401(K) SAVINGS PLAN		
b Name of plan sponsor	PAYPAL HOLDINGS, INC.	**c** EIN-PN	47-2989869-001
a Plan name	PENN STATE HEALTH 401(K) SAVINGS PLAN		
b Name of plan sponsor	PENN STATE HEALTH	**c** EIN-PN	47-3769205-001
a Plan name	PINNACLE WEST CAPITAL CORPORATION SAVINGS PLAN		
b Name of plan sponsor	PINNACLE WEST CAPITAL CORPORATION	**c** EIN-PN	86-0512431-002
a Plan name	PIPE TRADES DISTRICT COUNCIL NO. 36 PENSION TRUST		
b Name of plan sponsor	BOARD OF TRUSTEES PIPE TRADES DISTRICT COUNCIL NO.	**c** EIN-PN	94-6082956-001

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	PRESBYTERIAN CHURCH IN AMERICA 403(B)(9) RETIREMENT PLAN		
b Name of plan sponsor	PCA RETIREMENT & BENEFITS, INC.	**c** EIN-PN	58-6237059-999
a Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	**c** EIN-PN	33-0943449-001
a Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS & RETIREMENT PLAN		
b Name of plan sponsor	QUALCOMM INCORPORATED	**c** EIN-PN	95-3685934-001
a Plan name	RBC USA RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	RBC USA HOLDCO CORPORATION	**c** EIN-PN	20-0563684-003
a Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT SHARING PLAN		
b Name of plan sponsor	RECREATIONAL EQUIPMENT, INC.	**c** EIN-PN	91-0656890-001
a Plan name	REGIONAL TRANSPORTATION AUTHORITY 401(K) PLAN AND TRUST		
b Name of plan sponsor	PACE, THE SUBURBAN BUS DIVISION OF THE RTA	**c** EIN-PN	30-0046722-001
a Plan name	SAN DIEGO COUNTY CONSTRUCTION LABORERS' PENSION TRUST FUND		
b Name of plan sponsor	BOARD OF TRUSTEES, SAN DIEGO COUNTY CONSTRUCTION LABORERS' PENSION TRU	**c** EIN-PN	95-6090541-001
a Plan name	SANOFI-AVENTIS US PENSION TRUST		
b Name of plan sponsor	SANOFI-AVENTIS US LLC	**c** EIN-PN	04-3462010-001
a Plan name	SCHLAGE LOCK COMPANY LLC ESP & ESPB MASTER TRUST		
b Name of plan sponsor	SCHLAGE LOCK COMPANY LLC	**c** EIN-PN	54-2139412-004
a Plan name	SEMPRA ENERGY SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	SEMPRA ENERGY	**c** EIN-PN	33-0732627-006
a Plan name	SENIOR ADMINISTRATIVE OFFICER RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA		
b Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	**c** EIN-PN	56-6172047-002
a Plan name	SENIOR ATHLETIC EMPLOYEES RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA		
b Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	**c** EIN-PN	56-6172047-005

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	SONY USA 401(K) PLAN		
b Name of plan sponsor	SONY CORPORATION OF AMERICA	**c** EIN-PN	13-1914734-002
a Plan name	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN		
b Name of plan sponsor	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.	**c** EIN-PN	13-5611741-001
a Plan name	THE CLOROX COMPANY 401(K) PLAN		
b Name of plan sponsor	THE CLOROX COMPANY	**c** EIN-PN	31-0595760-001
a Plan name	THE CLOROX COMPANY EMPLOYEE RETIREMENT INVESTMENT PLAN FOR PUERTO RICO		
b Name of plan sponsor	THE CLOROX COMPANY	**c** EIN-PN	31-0595760-007
a Plan name	THE OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA		
b Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	**c** EIN-PN	56-6172047-001
a Plan name	THE UNIVERSITY OF NORTH CAROLINA CODE SECTION 457(B)		
b Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	**c** EIN-PN	56-6172047-004
a Plan name	THRYV SAVINGS PLAN		
b Name of plan sponsor	THRYV HOLDINGS INC.	**c** EIN-PN	13-2740040-009
a Plan name	TRANSUNION 401(K) AND SAVINGS PLAN		
b Name of plan sponsor	TRANSUNION CORP	**c** EIN-PN	74-3135689-001
a Plan name	TRINITY HEALTH 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TRINITY HEALTH CORPORATION	**c** EIN-PN	35-1443425-012
a Plan name	TRINITY HEALTH 403(B) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TRINITY HEALTH CORPORATION	**c** EIN-PN	35-1443425-999
a Plan name	U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN		
b Name of plan sponsor	U.S. ANESTHESIA PARTNERS, INC.	**c** EIN-PN	46-0872971-001
a Plan name	UNIVERSAL HEALTH SERVICES, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	UNIVERSAL HEALTH SERVICES, INC.	**c** EIN-PN	23-2077891-001

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	VERADIGM LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	VERADIGM LLC	**c** EIN-PN	56-1306083-004
a Plan name	VOYA 401(K) PLAN FOR VRIAC AGENTS		
b Name of plan sponsor	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	**c** EIN-PN	71-0294708-005
a Plan name	VOYA 401(K) SAVINGS PLAN		
b Name of plan sponsor	VOYA SERVICES COMPANY	**c** EIN-PN	52-1317217-002
a Plan name	WESTERN METAL INDUSTRY PENSION FUND		
b Name of plan sponsor	WESTERN METAL INDUSTRY PENSION FUND	**c** EIN-PN	91-6033499-001
a Plan name	WHITE CAP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WHITE CAP SUPPLY HOLDINGS, LLC	**c** EIN-PN	84-4321017-001
a Plan name	WHOLE FOODS MARKET GROWING YOUR FUTURE 401(K) PLAN		
b Name of plan sponsor	WHOLE FOODS MARKET INC.	**c** EIN-PN	74-1989366-002
a Plan name	WILLIAMS-SONOMA, INC. 401(K) PLAN		
b Name of plan sponsor	WILLIAMS-SONOMA, INC.	**c** EIN-PN	94-2203880-001
a Plan name	WISCONSIN RETIREMENT SYSTEM		
b Name of plan sponsor	STATE OF WISCONSIN AND ITS AGENCIES AND INSTRUMENTALITIES (SWIB)	**c** EIN-PN	39-1103756-001
a Plan name	WORLD ACCEPTANCE CORPORATION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WORLD ACCEPTANCE CORPORATION	**c** EIN-PN	57-0425114-001
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			
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
TCW MULTIPLE INVESTMENT TRUST

B Three-digit plan number (PN) ▶ 030

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

D Employer Identification Number (EIN)
26-3015340

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)	229537000	148436000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	574320000	311138000
(2) U.S. Government securities	1c(2)	3308108000	1980861000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1909977000	913604000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	121182000	125003000
(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)	55453000	42730000
(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)	847706000	659087000

		(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	7046283000	4180859000
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1417075000	638391000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1417075000	638391000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5629208000	3542468000

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)	20328000	
(B) U.S. Government securities	2b(1)(B)	129421000	
(C) Corporate debt instruments	2b(1)(C)	59691000	
(D) Loans (other than to participants)	2b(1)(D)	2792000	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		212232000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1436000	
(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)		1436000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	20784705000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20826408000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-41703000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	163940000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		163940000

		(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		22693000
d Total income. Add all **income** amounts in column (b) and enter total	2d		358598000
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)	14044000	
(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)		14044000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14044000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		344554000
l Transfers of assets:			
(1) To this plan	2l(1)		1472716000
(2) From this plan	2l(2)		3904010000

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 _____.