

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
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 AMERICAN CENTURY RETIREMENT READINESS IN RETIREMENT TRUST
1b	Three-digit plan number (PN) ▶ 089
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) BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211
2b	Employer Identification Number (EIN) 83-6703513
2c	Plan Sponsor's telephone number 913-319-0380
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.	07/02/2026	PATRICIA MUTISO
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 01/01/2025 and ending 12/31/2025					
A Name of plan AMERICAN CENTURY RETIREMENT READINESS IN RETIREMENT TRUST				B Three-digit plan number (PN) ▶ 089	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY				D Employer Identification Number (EIN) 83-6703513	
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)		
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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 31-W INSULATION		
b	Name of plan sponsor 31-W INSULATION CO., INC. PROFIT- SHARING AND RETIREMENT SAVINGS PLAN	c EIN-PN 62-1037670-001	
a	Plan name 3C TECHNOLOGY SOLUTIONS, LLC		
b	Name of plan sponsor 3C TECHNOLOGY SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 27-2256481-001	
a	Plan name AGENDIA, INC.		
b	Name of plan sponsor AGENDIA, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-2136244-001	
a	Plan name APPALACHIAN LUMBER CO., INC.		
b	Name of plan sponsor APPALACHIAN LUMBER CO., INC. 401(K) PLAN	c EIN-PN 56-1614190-001	
a	Plan name ASEA		
b	Name of plan sponsor ASEA 401(K) PLAN	c EIN-PN 26-0871950-001	
a	Plan name B & K PRESCRIPTION SHOP, INC.		
b	Name of plan sponsor B & K PRESCRIPTION SHOP, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 48-0983311-001	
a	Plan name BENNETT COMPANIES		
b	Name of plan sponsor BENNETT COMPANIES 401(K) PLAN	c EIN-PN 73-1220528-001	
a	Plan name BENTAR		
b	Name of plan sponsor BENTAR 401(K) RETIREMENT PLAN	c EIN-PN 88-0276478-001	
a	Plan name BREGANTE + COMPANY		
b	Name of plan sponsor BREGANTE + COMPANY PROFIT SHARING 401(K) PLAN	c EIN-PN 94-2861940-002	
a	Plan name BROWARD TEACHER'S UNION		
b	Name of plan sponsor BROWARD TEACHER'S UNION 401(K) PLAN	c EIN-PN 23-7105238-334	
a	Plan name CANOGA PARK HEATING & AIR CONDITIONING		
b	Name of plan sponsor CANOGA PARK HEATING & AIR CONDITIONING 401(K) PROFIT SHARING PLAN	c EIN-PN 95-3270386-002	
a	Plan name CARDIOLOGY CARE FOR CHILDREN		
b	Name of plan sponsor CARDIOLOGY CARE FOR CHILDREN 401(K)	c EIN-PN 47-1753410-001	

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	CHANCELLOR, INC.	
b	Name of plan sponsor	CHANCELLOR, INC. 401(K) PLAN	c EIN-PN 64-0468726-001
a	Plan name	CONSERV, INC.	
b	Name of plan sponsor	CONSERV, INC. 401(K) PLAN	c EIN-PN 35-2038220-001
a	Plan name	CONTROL FIRE SYSTEMS COMPANY, INC.	
b	Name of plan sponsor	CONTROL FIRE SYSTEMS COMPANY, INC. RETIREMENT PLAN	c EIN-PN 73-1211777-001
a	Plan name	DAKOTA REGIONAL MEDICAL CENTER	
b	Name of plan sponsor	DAKOTA REGIONAL MEDICAL CENTER	c EIN-PN 45-0227753-001
a	Plan name	DENNIS ENGINEERING COMPANY	
b	Name of plan sponsor	DENNIS ENGINEERING COMPANY 401(K) PLAN	c EIN-PN 47-0847650-001
a	Plan name	DOUGLAS WILSON COMPANIES	
b	Name of plan sponsor	DOUGLAS WILSON COMPANIES 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 33-0498174-001
a	Plan name	EBENEZER CHRISTIAN CHILDREN'S HOME	
b	Name of plan sponsor	EBENEZER CHRISTIAN CHILDREN'S HOME 401(K) PLAN	c EIN-PN 56-1861709-001
a	Plan name	EMPORIUM HARDWARE INC.	
b	Name of plan sponsor	EMPORIUM HARDWARE INC. PROFIT SHARING PLAN	c EIN-PN 11-3586237-001
a	Plan name	FIDELIS	
b	Name of plan sponsor	FIDELIS 401(K) SAVINGS PLAN	c EIN-PN 36-4277468-005
a	Plan name	FORTY FIVE ENTERPRISES DBA LEADFOOT EXPRESS, LLC	
b	Name of plan sponsor	FORTY FIVE ENTERPRISES DBA LEADFOOT EXPRESS, LLC PROFIT SHARING/401(K)	c EIN-PN 46-2919833-001
a	Plan name	GC PARTNERS, INC.	
b	Name of plan sponsor	GC PARTNERS, INC. 401(K) PLAN	c EIN-PN 56-1820539-001
a	Plan name	GENTRY FAMILY FUNERAL SERVICE, INC.	
b	Name of plan sponsor	GENTRY FAMILY FUNERAL SERVICE, INC. 401(K) PLAN	c EIN-PN 56-1878978-002

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 GRACE HEALTHCARE SERVICES, LLC		
b	Name of plan sponsor GRACE HEALTHCARE SERVICES, LLC 401(K) PLAN	c	EIN-PN 20-3513374-001
a	Plan name GRANITE FALLS COMPOSITES, INC.		
b	Name of plan sponsor GRANITE FALLS COMPOSITES, INC. 401(K) PLAN	c	EIN-PN 82-0913803-001
a	Plan name GRIGGS COUNTY CARE CENTER		
b	Name of plan sponsor GRIGGS COUNTY CARE CENTER 401(K)	c	EIN-PN 90-0741090-001
a	Plan name HEARTLAND TOWER SERVICES, LLC		
b	Name of plan sponsor HEARTLAND TOWER SERVICES, LLC 401(K) PLAN	c	EIN-PN 87-0714804-001
a	Plan name HELLER MANUS, INC.		
b	Name of plan sponsor HELLER MANUS, INC. 401(K) PLAN	c	EIN-PN 94-2943423-001
a	Plan name HICKORY SAW & TOOL OF CATAWBA COUNTY, LLC		
b	Name of plan sponsor HICKORY SAW & TOOL OF CATAWBA COUNTY, LLC 401(K) PLAN	c	EIN-PN 92-0263115-001
a	Plan name HOUSTON PEDIATRIC DENTAL PARTNERS, PLLC		
b	Name of plan sponsor HOUSTON PEDIATRIC DENTAL PARTNERS, PLLC 401(K) SAFE HARBOR PLAN	c	EIN-PN 82-3032197-001
a	Plan name INNIS ARDEN GOLF CLUB		
b	Name of plan sponsor INNIS ARDEN GOLF CLUB 401(K) PLAN	c	EIN-PN 06-0400660-001
a	Plan name INTERACTIVE LEARNING SYSTEMS, INC.		
b	Name of plan sponsor INTERACTIVE LEARNING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN 58-1706229-001
a	Plan name INTERTEST, INC.		
b	Name of plan sponsor INTERTEST, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN 22-2357588-001
a	Plan name INTEX SOLUTIONS, INC.		
b	Name of plan sponsor INTEX SOLUTIONS, INC. 401(K) PLAN	c	EIN-PN 95-4125616-001
a	Plan name J.L. ROBERTS MECHANICAL CONTRACTING		
b	Name of plan sponsor J.L. ROBERTS MECHANICAL 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN 41-2086936-002

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 KDS HOLDING, LLC		
b	Name of plan sponsor KDS HOLDING, LLC 401(K) PLAN	c EIN-PN 94-3414771-001	
a	Plan name KINGSUM, INC.		
b	Name of plan sponsor KINGSUM, INC. 401(K) PLAN	c EIN-PN 68-0132822-001	
a	Plan name LABORATORIO DE PATOLOGIA DR. NOY		
b	Name of plan sponsor LABORATORIO DE PATOLOGIA DR. NOY RETIREMENT PLAN	c EIN-PN 66-0492237-001	
a	Plan name LINDY EYECARE OPTOMETRY PLLC		
b	Name of plan sponsor LINDY EYECARE OPTOMETRY PLLC 401(K) PROFIT SHARING PLAN TRUST	c EIN-PN 45-5034501-001	
a	Plan name MANAGED CAREER SOLUTIONS, INC.		
b	Name of plan sponsor MANAGED CAREER SOLUTIONS, INC. PROFIT SHARING PLAN AND TRUST	c EIN-PN 95-4626137-002	
a	Plan name MASONOMICS, INC.		
b	Name of plan sponsor MASONOMICS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 61-1010488-001	
a	Plan name MATKOFF, SHENGOLD, BERMAN, GOODNOW & ASSOCIATES PC		
b	Name of plan sponsor MATKOFF, SHENGOLD, BERMAN, GOODNOW & ASSOCIATES PC 401(K) SAVINGS PLAN	c EIN-PN 23-1704008-001	
a	Plan name MAXIMUS AUTO GROUP, INC.		
b	Name of plan sponsor MAXIMUS AUTO GROUP, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 73-1674608-001	
a	Plan name MEYER MATERIAL HANDLING		
b	Name of plan sponsor MEYER MATERIAL HANDLING 401(K) & PROFIT SHARING PLAN	c EIN-PN 35-1453971-002	
a	Plan name MHS, LTD./AW&F, INC./AFM, INC.		
b	Name of plan sponsor MHS, LTD./AW&F, INC./AFM, INC. 401(K) PLAN	c EIN-PN 36-2681428-001	
a	Plan name MID-CITY LUMBER CO., LTD.		
b	Name of plan sponsor MID-CITY LUMBER CO., LTD. 401(K) PROFIT SHARING PLAN	c EIN-PN 43-1197434-001	
a	Plan name MILOW ADVANCED MEDIA, LLC		
b	Name of plan sponsor MILOW ADVANCED MEDIA, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 92-3606560-001	

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	NAVAJO TECHNICAL UNIVERSITY	
b	Name of plan sponsor	NAVAJO TECHNICAL UNIVERSITY 401(K) PROFIT SHARING PLAN	c EIN-PN 85-0303705-001
a	Plan name	NICOLAS R. BISIG, DMD, PLLC	
b	Name of plan sponsor	NICOLAS R. BISIG, DMD, PLLC 401(K)	c EIN-PN 92-2682634-001
a	Plan name	PALLET EXPRESS, INC.	
b	Name of plan sponsor	PALLET EXPRESS, INC. 401(K) PLAN	c EIN-PN 23-2566164-001
a	Plan name	PETRARCA, GLEASON, BOYLE & IZZO, LLC	
b	Name of plan sponsor	PETRARCA, GLEASON, BOYLE & IZZO, LLC 401(K) PLAN	c EIN-PN 20-3044989-001
a	Plan name	RALPH SELLERS MOTOR CO CORPORATION	
b	Name of plan sponsor	RALPH SELLERS MOTOR CO CORPORATION RETIREMENT PLAN	c EIN-PN 72-1007847-001
a	Plan name	ROBLON US, INC.	
b	Name of plan sponsor	ROBLON US, INC. 401(K) PLAN	c EIN-PN 82-0913803-001
a	Plan name	SAFE & SOUND	
b	Name of plan sponsor	SAFE & SOUND 401(K) PLAN	c EIN-PN 94-2455072-001
a	Plan name	SIMMONS JANNACE, LLP	
b	Name of plan sponsor	SIMMONS JANNACE, LLP 401(K) PLAN AND TRUST	c EIN-PN 27-0582934-001
a	Plan name	SMART MOTORS, INC.	
b	Name of plan sponsor	SMART MOTORS, INC. 401(K) SAVINGS PLAN	c EIN-PN 39-0977617-002
a	Plan name	SOUTHBAY ROOFING, LLC	
b	Name of plan sponsor	SOUTHBAY ROOFING, LLC 401(K) PLAN	c EIN-PN 27-4096929-001
a	Plan name	SOUTHWEST MONTANA COMMUNITY FEDERAL CREDIT UNION	
b	Name of plan sponsor	SOUTHWEST MONTANA COMMUNITY FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	c EIN-PN 81-0231128-001
a	Plan name	SPAN TECH, LLC	
b	Name of plan sponsor	SPAN TECH, LLC SAVINGS PLAN	c EIN-PN 61-0936809-001

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 SPECTOR EYE CARE	
b	Name of plan sponsor SPECTOR EYE CARE 401(K) PLAN	c EIN-PN 06-1261244-003
a	Plan name ST. PHILOMENA SCHOOL OF THE SACRED HEART	
b	Name of plan sponsor ST. PHILOMENA SCHOOL OF THE SACRED HEART SUPPLEMENTAL RETIREMENT PLAN	c EIN-PN 05-0301473-002
a	Plan name STAR SERVICE OF BATON ROUGE	
b	Name of plan sponsor STAR SERVICE OF BATON ROUGE 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 72-0966925-004
a	Plan name STRAWBERRYFROG, LLC	
b	Name of plan sponsor STRAWBERRYFROG, LLC 401(K) RETIREMENT PLAN	c EIN-PN 45-4376590-001
a	Plan name STRUCTURAL STEEL SERVICES, INC.	
b	Name of plan sponsor STRUCTURAL STEEL SERVICES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 64-0568108-001
a	Plan name SUN MOUNTAIN LUMBER COMPANY	
b	Name of plan sponsor SUN MOUNTAIN LUMBER COMPANY 401(K) PLAN AND TRUST	c EIN-PN 20-0080113-001
a	Plan name TASTE OF NATURE, INC.	
b	Name of plan sponsor TASTE OF NATURE, INC. PROFIT SHARING PLAN	c EIN-PN 95-4381004-001
a	Plan name SEALY MATTRESS CO. OF NEW JERSEY, INC.	
b	Name of plan sponsor THE 401(K) PLAN OF SEALY MATTRESS CO. OF NEW JERSEY, INC.	c EIN-PN 22-1084490-003
a	Plan name THE TERRACE AT WOODLAND LLC	
b	Name of plan sponsor THE TERRACE AT WOODLAND LLC 401(K)	c EIN-PN 85-3977258-001
a	Plan name TIMBER RIDGE FRAMING, INC.	
b	Name of plan sponsor TIMBER RIDGE FRAMING, INC. 401(K) PLAN	c EIN-PN 33-0579690-001
a	Plan name TORTORELLA SWIMMING POOLS LLC	
b	Name of plan sponsor TORTORELLA SWIMMING POOLS LLC RETIREMENT PLAN	c EIN-PN 87-3748207-001
a	Plan name TOWN OF MADISON	
b	Name of plan sponsor TOWN OF MADISON 401(A) PLAN	c EIN-PN 06-6002028-001

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	TOWN OF MADISON
b	Name of plan sponsor	TOWN OF MADISON 457 PLAN
c	EIN-PN	06-6002028-001
a	Plan name	UPA
b	Name of plan sponsor	UPA 401(K) SAVINGS PLAN
c	EIN-PN	62-1610351-001
a	Plan name	VALLEY ZOOLOGICAL SOCIETY
b	Name of plan sponsor	VALLEY ZOOLOGICAL SOCIETY EMPLOYEE SAVINGS PLAN AND TRUST
c	EIN-PN	74-1604409-001
a	Plan name	WARD INTERNATIONAL TRUCKS, INC.
b	Name of plan sponsor	WARD INTERNATIONAL TRUCKS, INC. 401(K) PROFIT SHARING PLAN
c	EIN-PN	63-0896891-001
a	Plan name	WESTERN KANSAS IRRIGATION INC.
b	Name of plan sponsor	WESTERN KANSAS IRRIGATION INC. 401(K) PROFIT SHARING PLAN
c	EIN-PN	85-3671198-001
a	Plan name	WESTFIELD STEEL, INC.
b	Name of plan sponsor	WESTFIELD STEEL RETIREMENT PLAN
c	EIN-PN	35-1401168-001
a	Plan name	WILSON MOTORS
b	Name of plan sponsor	WILSON MOTORS 401(K) PLAN
c	EIN-PN	93-0605336-002
a	Plan name	XDP/DPS
b	Name of plan sponsor	XDP/DPS 401(K) PROFIT SHARING PLAN
c	EIN-PN	30-0141825-001
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	
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 01/01/2025 and ending 12/31/2025

A Name of plan AMERICAN CENTURY RETIREMENT READINESS IN RETIREMENT TRUST	B Three-digit plan number (PN) 089
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6703513

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)	18333	149354
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	13707558	31382964
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1533200	3502774
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	15259091	35035092

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	23988	161153
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	23988	161153

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	15235103	34873939
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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)	73026	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73026
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2568235	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2568235
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		718935
c Other income	2c		4849
d Total income. Add all income amounts in column (b) and enter total	2d		3365045

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)	2500	
(5) Investment advisory and investment management fees	2i(5)	52698	
(6) Bank or trust company trustee/custodial fees	2i(6)	12818	
(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)		68016
j Total expenses. Add all expense amounts in column (b) and enter total	2j		68016

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3297029
l Transfers of assets:			
(1) To this plan	2l(1)		31959600
(2) From this plan	2l(2)		15617793

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:

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.)

	Yes	No	Amount
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			
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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			
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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			
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e Was this plan covered by a fidelity bond?

4e			
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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			
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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			
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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			
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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			
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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			
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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			
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l Has the plan failed to provide any benefit when due under the plan?

4l			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m			
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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			
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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 _____.