

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 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) _____
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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/2017
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) ALIGHT SOLUTIONS LLC 320 SOUTH CANAL STREET 50TH FLOOR CHICAGO, IL 60606
2b	Employer Identification Number (EIN) 36-2235791
2c	Plan Sponsor's telephone number 224-737-7000
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2026	JANICE D HAYES MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12553
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) 7924 6a(2) 7317 6b 8 6c 3804 6d 11129 6e 105 6f 11234 6g(1) 12302 6g(2) 10992 6h 194
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:

2E 2F 2G 2J 2K 2R 2S 2T 3H

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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL TRUST CO.
23-6994310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARROWSTREET CAPITAL
45-6500555

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
T. ROWE PRICE ASSOCIATES, INC.
52-0556948

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

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

WESTWOOD MANAGEMENT CORPORATION

13-3160186

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

THE NORTHERN TRUST COMPANY

36-2723087

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

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

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

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

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

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

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

ALIGHT FINANCIAL ADVISORS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	924741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 49 50 51 52 62	NONE	664047	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	359858	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	339505	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	309166	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	278145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GOLDMAN SACHS ASSET MANAGEMET

04-3211048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	205715	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50 51	NONE	62000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERSHING LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 61 71 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	45105	Yes ☐ No ☒

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

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 61 63	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	17638	Yes ☐ No ☒

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

JPMORGAN CHASE BANK, N.A.

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	NONE	12229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	71	33170
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	SECURITIES BROKERAGE COMMISSIONS AND FEES PAID TO CLEARING AGENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	16541
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	61	8394
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	99	2583

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	OTHER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)				B Three-digit plan number (PN) 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC				D Employer Identification Number (EIN) 36-2235791	
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: BLACKROCK EXT D EQTY MKT FD F					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 94-3270116-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217896877	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX US INDEX SUP					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 83-0377925-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345758034	
a Name of MTIA, CCT, PSA, or 103-12 IE: HEWITT SAVINGS ROLL SELECT COMM					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 46-3787075-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4454713	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE DIVERSIFIED COMM PROP FD					
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.					
c EIN-PN 47-2818728-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTFIELD SMALL/MID CAP GROWTH EQUI					
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION					
c EIN-PN 82-6648070-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INSTL TR CO N A INVT FD S					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 87-3119438-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155647730	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE DIVERSIFIED COMMERCIAL P					
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.					
c EIN-PN 47-2818728-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79391929	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2025 v. 250312					

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)**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)**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)**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)**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)

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**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**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**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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC	D Employer Identification Number (EIN) 36-2235791

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	4600	2581
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6028328	5672188
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	655792	874078
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)	505123	505123
(B) Common	1c(4)(B)	171089080	182291976
(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)	22611230	21955902
(9) Value of interest in common/collective trusts	1c(9)	638961456	803149283
(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)	1430065879	1411658240
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	183207350	184423177

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	2453128838	2610532548

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	38171	94115
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	310219	276823
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	348390	370938

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	2452780448	2610161610
--	-----------	------------	------------

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)	24126238	
(B) Participants	2a(1)(B)	57945048	
(C) Others (including rollovers)	2a(1)(C)	11662973	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		93734259
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-36	
(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)	1694993	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1694957
(2) Dividends: (A) Preferred stock	2b(2)(A)	41	
(B) Common stock	2b(2)(B)	3145857	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	699945	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3845843
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	93082760	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	89403187	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3679573
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	17478533	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17478533

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		123032509
(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)		213410427
c Other income	2c		4344639
d Total income. Add all income amounts in column (b) and enter total	2d		461220740

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	300584529	
(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)		300584529
f Corrective distributions (see instructions)	2f		1962
g Certain deemed distributions of participant loans (see instructions)	2g		86582
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	278145	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	62000	
(5) Investment advisory and investment management fees	2i(5)	2155214	
(6) Bank or trust company trustee/custodial fees	2i(6)	664047	
(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)	7099	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3166505
j Total expenses. Add all expense amounts in column (b) and enter total	2j		303839578

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		157381162
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALIGHT SOLUTIONS LLC		D Employer Identification Number (EIN) 36-2235791
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Alight Solutions LLC 401(k) Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors



Shape the future
with confidence

Alight Solutions LLC 401(k) Plan
Audited Financial Statements and Supplemental Schedule
Years Ended December 31, 2025 and 2024

Contents

Report of Independent Auditors.....	1
Audited Financial Statements	
Statements of Net Assets Available for Benefits.....	6
Statements of Changes in Net Assets Available for Benefits.....	7
Notes to the Financial Statements.....	8
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20



Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Report of Independent Auditors

Alight Solutions LLC U.S. Administration and Investment Committee and Participants Alight Solutions LLC 401(k) Plan

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

We have performed audits of the financial statements of Alight Solutions LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



**Shape the future
with confidence**

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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



**Shape the future
with confidence**

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



**Shape the future
with confidence**

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



**Shape the future
with confidence**

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Ernst & Young LLP

June 29th, 2026

Alight Solutions LLC 401(k) Plan

Statements of Net Assets Available for Benefits

<i>(in thousands)</i>	As of December 31,	
	2025	2024
Assets		
Investments at fair value	\$ 2,447,136	\$ 2,289,937
Investments at contract value	134,894	133,896
Receivables:		
Company contributions	5,672	6,028
Pending trade sales	150	24
Accrued interest and dividends	724	632
Notes receivables from participants	21,956	22,611
Total receivables	28,502	29,295
Total assets	2,610,532	2,453,128
..		
Liabilities		
Pending trade purchases	94	38
Accrued expenses	277	310
Total liabilities	371	348
Net assets available for benefits	\$ 2,610,161	\$ 2,452,780

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

(in thousands)

	Years ended December 31,	
	2025	2024
Additions		
Net investment income:		
Net appreciation in fair value of investments	\$ 360,251	\$ 307,376
Interest income and dividends	5,541	3,818
Total net investment income	365,792	311,194
Interest income on notes receivable from participants	1,695	1,705
Contributions:		
Company	24,126	29,335
Participants	57,945	72,101
Rollovers	6,436	7,330
Transfers	5,227	0
Total contributions	93,734	108,766
Total additions, net of investment loss	461,221	421,665
Deductions:		
Benefit payments	300,673	341,606
Management and administrative fees	3,167	2,508
Total deductions	303,840	344,114
Net increase in net assets available for benefits	157,381	77,551
Net assets available for benefits at beginning of period	2,452,780	2,375,229
Net assets available for benefits at end of period	\$ 2,610,161	\$ 2,452,780

See accompanying Notes to the Financial Statements

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements
December 31, 2025

1. Plan Description

General

The Alight Solutions LLC 401(k) Plan (the “Plan”) was established on May 1, 2017, in connection with the acquisition by Tempo Acquisition, LLC of certain entities, including Alight Solutions, LLC (“Alight,” the “Company,” or the “Plan Sponsor”) and assets from Aon plc. On that date and effective that date, the accounts for certain participants in the Aon Savings Plan (a defined contribution plan with a salary deferral feature) were transferred to the Plan.

The Plan was authorized by the Board of Directors of the Company. The Plan is a defined contribution plan with a salary deferral feature. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Northern Trust Company (“Northern Trust”) serves as the Plan’s trustee to administer the Plan’s assets. Alight serves as the Plan’s record-keeper.

On July 12, 2024, the Company announced the sale (the “Transaction”) of Alight’s Professional Services segment and Alight’s Payroll & HCM Outsourcing business within the Employer Solutions segment (collectively, the “Divested Business”) to Axiom Buyer, LLC, a newly-formed entity and an affiliate of H.I.G. Capital, L.L.C. (“Buyer”), pursuant to the terms of the Stock and Asset Purchase Agreement (the “Purchase Agreement”), dated as of March 20, 2024. As a result of this agreement, the employees of the Company’s Payroll and Professional Services were effectively terminated from the Plan on the date of the Transaction with no forced withdrawal required and on this same date 1,694 employees were terminated from the Plan and the assets related to these employees was approximately \$374,862,903, which represents approximately 14% of total Plan assets as of the date of the termination. As a result of the sale of Alight’s Divested Business to Axiom Buyer, LLC, 342 terminated employees elected to participate in a bulk rollover distribution out of the Plan. On April 25, 2025, \$65,474,025 was rolled out of the Plan related to these individuals.

The following description of the Plan provides only general information. Participants of the Plan should refer to the summary plan description for a more complete description of the Plan.

Eligibility and Participation

Full-time and part-time employees scheduled to work 20 or more hours per week are eligible to participate in their first day of work. Part-time employees are scheduled to work fewer than 20 hours per week and all temporary employees are eligible to participate the first of the month following six months of service.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Contributions

Participant

Participant contributions are made by means of regular payroll deductions. All eligible employees may elect to contribute up to 50% of their compensation, as defined by the Plan, on a combined before-tax, Roth 401(k), and/or regular after-tax basis. Additional catch-up contributions are available to individuals age 50 or older during the year. Before-tax and Roth 401(k) combined contributions are limited to the maximum amount allowed by the Internal Revenue Service. For 2025 and 2024, the maximum contribution was \$23,500 and \$23,000, respectively.

During 2025 and 2024, catch-up contributions for individuals aged 50 or older were permitted up to \$7,500, for a total maximum annual participant contribution of \$31,000 and \$30,500, respectively. Effective January 1, 2025, catch-up contributions for individuals aged 60 to 63 were permitted up to \$11,250 for a total maximum annual participant contribution of \$34,750.

Automatic enrollment starts shortly after eligibility at a rate of 3% on a before-tax basis unless an individual elects otherwise. Participants can change their contribution elections at any time. If automatically enrolled, a participant's contribution will increase by 1% on April 1 following six months of service, and then annually thereafter in 1% increments, up to a maximum default contribution rate of 9%.

Company

Eligibility for company matching contributions starts on the first of the month following six months of service. The Company matches 100% of the first 1% of eligible before-tax and/or Roth 401(k) participant contributions and 50% of the next 6% of eligible before-tax and/or Roth 401(k) participant contributions each pay period up to a total annual matching contribution of 4% of eligible compensation.

In addition, participants eligible for company matching contributions also receive a separate non-elective Retirement Account Contribution ("RAC") of 2.5% of compensation if they are actively employed on the last day of the year, regardless of participant contributions. However, participants may also be eligible for the RAC if they terminated employment during the applicable year due to death, voluntary termination at or after age 55 with five years of vesting service, or under circumstances that qualified for severance under the Alight Solutions, LLC Severance Plan.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Participants are not required to make any contributions to the Plan to receive the RAC. The amount of the contribution is a fixed 2.5% of annual eligible compensation and is deposited to participant accounts after the close of the year. For the plan years ending December 31, 2025 and 2024, the RAC was based on the full year of eligible pay for employees at the Associate level only.

Investment Options

Both participant and company contributions to the Plan will be invested in any of the various investment alternatives offered by the Plan in any whole percentage as directed by the participant. Additionally, a self-directed brokerage account is offered, whereby participants can invest up to 50% of their accounts in various stock, mutual funds, and other investments. Participants who are automatically enrolled have their contributions invested in the applicable target fund based on their age until they change their election. Participants may change their investment elections for existing balances or future contributions at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) plan earnings (losses) and (c) applicable plan fees. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Plan fees allocated to participants include Trustee fees, professional management member fees, certain legal fees, and other expenses that are part of normal Plan operations. Allocations of these expenses are as defined below and can also be found in the Plan's Annual Fee Disclosure Notice.

Administrative Fees, if any, are allocated to all separated participants, regardless of balance, and any active participants with account balances greater than \$100. Trustee Fees are charged to all participants on a pro rata basis, meaning based on the respective size of participant account balances. Investment advice access fees were charged quarterly to all participants regardless of usage through March 31, 2024. Effective April 1, 2024, these fees were waived. The Professional management member fees are charged based on the size of account under management.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

Vesting

Participants are always 100% vested in their own contributions and related investment earnings. Individuals hired on or after January 1, 2016, vest in company matching and RAC upon completing two years of service.

Forfeitures

Participants terminated prior to becoming fully vested forfeit all company contributions and related investment earnings. Forfeitures shall be charged to the applicable account of the participant upon the earlier of the participant's receipt of a lump sum distribution of their entire vested interest in their accounts or the date on which the participant incurs five consecutive one-year breaks in participation. Forfeitures are used to provide partial funding for company contributions and to pay other expenses of the Plan. Unallocated forfeited balances as of December 31, 2025 and 2024 were approximately \$57,351 and \$92,548, respectively, and \$1,141,486 and \$825,876 were used to reduce company contributions during 2025 and 2024, respectively.

In-service Withdrawals and Loans (Notes Receivables From Participants)

A participant may withdraw regular after-tax savings and rollover contributions. Other withdrawals are allowed, upon approval, in the event of financial hardship. Withdrawal options are also available once a participant reaches age 59½ and in the event of an approved disability. A participant may borrow up to 50% of their vested balance up to a maximum loan amount of \$50,000, reduced by the highest outstanding loan balance in the prior 12 months. Interest rates will be equal to 1% plus the prime rate as reported in the money rate section of the *Wall Street Journal* for the 15th day of the month preceding the month in which the loan is requested.

Interest rates on participant loans ranged from 3.24% to 9.64% for loans outstanding on December 31, 2025 and December 31, 2024. A loan is repaid through payroll deductions for up to 5 years (or up to 15 years if for the purchase of a primary residence).

Benefit Payments

Upon retirement or termination of service, a participant is entitled to a lump-sum payment equal to the participant's vested balance. The participant may elect to receive this payment directly or to have it rolled into another qualified plan or individual retirement account ("IRA"). Benefit payments cannot be paid directly from the self-directed brokerage account. Assets must first be liquidated and transferred to the core plan before distributions are processed.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

1. Plan Description (continued)

The Plan has force out provision for balances less than \$7,000 for which there are two options for distribution. Balances up to \$1,000 are distributed as a direct payment and balances of \$1,000 to \$7,000 are rolled into another qualified plan or IRA. Otherwise, a participant may leave their balances in the Plan. There is other distribution options based on various age, service, and account balance parameters.

Effective April 1, 2024, the plan adopted an Auto Portability Program that provides for the transfer of certain terminated participant assets to a Safe Harbor Individual Retirement Account (SHIRA) established by Retirement Clearing House (RCH). This is in connection with the Portability Services Network (PSN) Auto Portability Program. The Plan also concurrently increased the force out threshold balance to \$7,000 from \$5,000.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments held by the Plan, except for the synthetic investment contracts ("SICs"), are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

The Plan Sponsor maintains proper oversight of the Plan through the U.S. Administration and Investment Committee ("USAIC"). The USAIC is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

In conformity with Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, assets and liabilities measured at fair value are categorized into the fair value hierarchy. See Note 4 for further description and disclosures related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Reporting of Investment Contracts

The Plan invests in SICs with Voya Financial Inc., Metropolitan Life Insurance Company (“MetLife”), and Prudential Insurance Company of America. SICs are wrap contracts paired with an underlying investment or investments, usually a portfolio, owned by the Plan, of high-quality, intermediate-term fixed income securities. The Plan purchases a wrapper contract from a financial services institution. SICs credit a stated interest rate for a specified period of time. Investment gains and losses are amortized over the expected duration through the calculation of the interest rate applicable to the Plan on a prospective basis. SICs provide for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield to maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate is most impacted by the change in the annual effective yield to maturity of the underlying securities, but it is also affected by the difference between the contract value and the market value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly, but in no event is the crediting rate less than zero.

These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The SICs do not permit Voya Financial Inc., MetLife, or Prudential Insurance Company of America to terminate the agreement prior to the scheduled maturity date. However, the SICs generally impose conditions on both the Plan and the issuer. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Plan to be in default: (1) a breach of material obligation under the contract, (2) a material misrepresentation, or (3) a material amendment to the plan agreement. The issuer may be in default if it breaches a material obligation under the investment contract, makes a material misrepresentation, has a decline in its long-term credit rating below a threshold set forth in the contract, or is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Plan were unable to obtain a replacement investment contract, the Plan may experience losses if the value of the Plan's assets no longer covered by the contract value is below contract value.

The Plan may seek to add additional issuers over time to diversify the Plan's exposure to such risk, but there is no assurance that the Plan may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro rata based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

If the SICs terminate due to a decline in the ratings of the issuer, the issuer may be required to pay to the Plan the cost of acquiring a replacement contract within the meaning of the contract. If the contract terminates when the market value equals zero, the issuer will pay the excess of contract value over market value to the Plan to the extent necessary for the plan to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

Certain separate account contracts permit the fund or the issuer to elect to terminate the contract, with the fund having the right to elect to receive either market value, convert the contract to a governance and investment committee or make an amortization election. In addition, if the fund defaults in its obligations under the separate account contract, the issuer may terminate, and the fund will receive market value.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Participants (and beneficiaries) are entitled to vested benefits upon retirement, termination, attainment of age 59.5, long-term disability, and upon death. Benefits are recorded when paid.

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded. Notes receivable also includes the December year end employee contributions due from the Plan Sponsor which have been reflected in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

2. Significant Accounting Policies (continued)

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. The Plan's recordkeeping fees are paid by Company. Other administrative expenses incurred as part of normal Plan operations such as trustee, legal and auditing fees are paid by the Plan. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Certain other administrative expenses of the Plan are paid by the Company, at its discretion or as required based on applicable regulations. Expenses that are paid by the Company are excluded from these financial statements.

Use of Estimates

The preparation of the accompanying financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years ended December 31, 2025 and 2024, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Northern Trust, the trustee of the Plan.

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The accounting standards related to fair value measurements include a hierarchy for information and valuations used in measuring fair value that is broken down into three levels based on reliability, as follows:

- Level 1 – observable inputs such as quoted prices in active markets for identical assets and liabilities

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

- Level 2 – inputs other than quoted prices for identical assets in active markets that are observable either directly or indirectly
- Level 3 – unobservable inputs in which there is little or no market data which requires the use of valuation techniques and the development of assumptions

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of asset measured at fair value by the Plan:

Common stock and mutual funds: consist of domestic and international equity securities and mutual funds. Common stock and mutual funds agree to the closing stock prices on a national securities exchange.

Preferred stock/other equities: valued at representative quoted market prices.

Short-term investment funds: consist of cash, institutional short-term investment funds, and money market funds. The Company reviews the short-term investment funds to obtain reasonable assurance that the fund net asset value is \$1 per share.

Self-directed brokerage account: participant elected investments, typically liquid mutual funds and common stock valued at quoted closing prices or real-time quotes on a national security exchange.

Common collective trusts: valued at the net asset value (“NAV”) provided by the administrator of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. These funds are primarily invested in publicly traded common stocks and bonds. Participant-directed and plan redemptions have no restrictions.

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

4. Fair Value Measurements (continued)

The Plan's investments measured at fair value on a recurring basis are as follows:

<i>(in thousands)</i>	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 182,292	\$ —	\$ —	\$ 182,292
Mutual funds	1,411,658	—	—	1,411,658
Preferred stock	—	505	—	505
Non-interest bearing cash	3	—	—	3
Self-directed brokerage account	49,529	—	—	49,529
Common collective trusts	803,149	—	—	803,149
	<u>\$ 2,446,631</u>	<u>\$ 505</u>	<u>\$ —</u>	<u>\$ 2,447,136</u>

<i>(in thousands)</i>	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Common stock	\$ 171,089	\$ —	\$ —	\$ 171,089
Mutual funds	1,430,066	—	—	1,430,066
Preferred stock	—	505	—	505
Non-interest bearing cash	5	—	—	5
Self-directed brokerage account	49,311	—	—	49,311
Common collective trusts	638,961	—	—	638,961
	<u>\$ 2,289,432</u>	<u>\$ 505</u>	<u>\$ —</u>	<u>\$ 2,289,937</u>

5. Income Taxes

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated August 29, 2019, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

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

Alight Solutions LLC 401(k) Plan
Notes to the Financial Statements (continued)

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

7. Related-Party Transactions and Parties in Interest

The Plan uses Alight as the record-keeper and the preparer of Form 5500, and Alight Financial Advisors, LLC for investment advisory services to participants. In addition, the Plan holds units of mutual funds and/or common/collective trust funds managed by Northern Trust, the trustee of the Plan; as well as offering a Self-directed brokerage account separately administered by Alight Financial Solutions. These transactions qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA.

8. Subsequent Events

Management evaluated subsequent events for the Plan through June 29, 2026, the date the accompanying financial statements were available to be issued. The plan was amended to add an in-plan Roth conversion feature for certain non-Roth sources effective January 1, 2026

Supplemental Schedule

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 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) _____
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 ALIGHT SOLUTIONS LLC 401(K) PLAN (FKA HEWITT ASSOCIATES LLC 401K PLAN)	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/2017
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) ALIGHT SOLUTIONS LLC 320 SOUTH CANAL STREET 50TH FLOOR CHICAGO IL 60606	2b Employer Identification Number (EIN) 36-2235791
	2c Plan Sponsor's telephone number 224-737-7000
	2d Business code (see instructions) 541990

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	<i>Janice D Hayes-Moore</i>	7/13/2026	JANICE D HAYES MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12,553
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) 7,924
a(2) Total number of active participants at the end of the plan year	6a(2) 7,317
b Retired or separated participants receiving benefits	6b 8
c Other retired or separated participants entitled to future benefits	6c 3,804
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 11,129
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 105
f Total. Add lines 6d and 6e	6f 11,234
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) 12,302
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) 10,992
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 194
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: 2E 2F 2G 2J 2K 2R 2S 2T 3H	

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) ☒ **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 of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
CAD - Canadian dollar	2,581.160	2,581.16	2,581.16
JPY - Japanese yen	0.040	0.04	0.04
USD - United States dollar	0.010	0.01	0.01
Total - all currencies		2,581.21	2,581.21
Total Non-Interest Bearing Cash - USD		2,581.21	2,581.21
<i>Receivables - Other - USD</i>			
Pending foreign exchange purchases: United States dollar	0.000	58,391.26	58,391.26
Pending trade sales: Japanese yen	0.000	91,843.35	91,515.95
Total - all currencies		150,234.61	149,907.21
Total Receivables - Other - USD		150,234.61	149,907.21
<i>Corporate Stock - Preferred</i>			
United States - USD			
PVTPL &&& GM CRUISE HLDG CL G CVT PFD T-ROWE ONLY CUSIP: 361998941	3,111.000	81,974.85	81,974.85
PVTPL &&& NURO SERIES C CVT PFD STOCK T-ROWE ONLY CUSIP: 670999796	5,296.000	69,137.17	69,137.17
PVTPL &&& RAPPI INC SER E CVT PFD PP T-ROWE ONLY CUSIP: 753991447	1,598.000	95,474.17	95,474.17
PVTPL &&& SILA NANO SER F CVT PFD T-ROWE ONLY CUSIP: 826993206	1,543.000	63,683.94	63,682.70
PVTPL &&& WAYMO LLC SER A-2 CONV T PREF STOCK T-ROWE PRICE ONLY CUSIP: 990799WL8	824.000	70,754.58	70,754.57
PVTPL GM CRUISE HOLDINGS LLC CLASS F PREFERRED SHARES CUSIP: 361997471	6,800.000	124,100.00	124,100.00
Total United States - USD		505,124.71	505,123.46
Total Corporate Stock - Preferred		505,124.71	505,123.46

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Australia - AUD			
CAPRICORN METALS L NPV SEDOL: BDD98W2	22,927.000	214,108.83	219,853.95
PRO MEDICUS NPV SEDOL: 6292782	1,246.000	50,378.52	183,519.80
QBE INS GROUP NPV SEDOL: 6715740	18,384.000	254,443.15	243,838.88
STEADFAST GROUP NPV SEDOL: BCT5FD7	50,658.000	191,110.79	178,365.20
Total Australia - AUD		710,041.29	825,577.83
Austria - EUR			
BAWAG GROUP AG COMMON STOCK SEDOL: BZ1GZ06	2,770.000	363,059.89	419,666.26
ERSTE GROUP BANK AG NPV SEDOL: 5289837	6,077.000	461,679.52	734,411.02
Total Austria - EUR		824,739.41	1,154,077.28
Belgium - EUR			
DIETEREN GROUP SEDOL: 4247494	898.000	177,227.26	162,311.59
UCB NPV SEDOL: 5596991	2,355.000	517,085.53	659,927.05
Total Belgium - EUR		694,312.79	822,238.64
Belgium - USD			
ADR ANHEUSER BUSCH INBEV SA/NV SPONSOREDADR CUSIP: 03524A108	26,900.000	1,524,612.02	1,722,676.00
Total Belgium - USD		1,524,612.02	1,722,676.00
Canada - CAD			
BOYD GROUP SERVICE COM NPV SEDOL: BKPNC96	651.000	104,549.12	103,832.30
INTACT FINL CORP COM NPV SEDOL: B04YJV1	4,239.000	715,815.75	883,610.78

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Canada - CAD			
K92 MNG INC COM NPV SEDOL: BYZ2CB3	13,557.000	222,351.28	224,408.78
LUNDIN GOLD INC COM SEDOL: BTKSSY6	7,774.000	584,525.97	646,647.08
MDA SPACE LTD COM NPV SEDOL: BMZ0WL3	4,904.000	130,964.48	95,307.36
TOROMONT INDUSTRIE COM STK NPV SEDOL: 2897103	4,320.000	325,026.51	523,316.43
WSP GLOBAL INC COM NPV SEDOL: BHR3R21	3,193.000	563,673.81	578,897.95
Total Canada - CAD		2,646,906.92	3,056,020.68
Canada - USD			
BROOKFIELD CORP VTG SHS CL A CUSIP: 11271J107	21,500.000	966,610.35	986,635.00
Total Canada - USD		966,610.35	986,635.00
Denmark - DKK			
DSV A S DKK1 SEDOL: B1WT5G2	3,169.000	420,359.72	804,757.37
NOVONESIS (NOVOZYMES) B SEDOL: B798FW0	5,525.000	412,830.26	354,282.50
Total Denmark - DKK		833,189.98	1,159,039.87
Finland - EUR			
METSO OYJ SEDOL: B1FN8X9	22,688.000	245,658.54	399,155.95
VALMET OYJ NPV SEDOL: BH6XZT5	3,705.000	102,856.27	123,273.40
Total Finland - EUR		348,514.81	522,429.35
France - EUR			
AIRBUS SE EUR1 SEDOL: 4012250	2,761.000	332,176.73	643,343.11

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
France - EUR			
CIE DE ST-GOBAIN EUR4 SEDOL: 7380482	5,248.000	566,744.25	535,979.20
EURONEXT EUR1.60 SEDOL: BNBNSG0	2,464.000	275,981.82	370,412.17
HERMES INTL NPV SEDOL: 5253973	265.000	401,895.48	660,428.54
LEGRAND SA EUR4 SEDOL: B11ZRK9	3,938.000	599,622.35	588,529.29
SAFRAN SA EUR0.20 SEDOL: B058TZ6	2,715.000	352,388.91	948,299.18
SARTORIUS STEDIM B EUR0.20 SEDOL: BYZ2QP5	2,142.000	524,175.81	528,291.15
SCHNEIDER ELECTRIC EUR4.00 SEDOL: 4834108	2,620.000	612,149.82	722,801.23
VUSION EUR2 SEDOL: B0XMRC3	822.000	98,717.45	197,134.27
Total France - EUR		3,763,852.62	5,195,218.14
France - USD			
SANOFI SPONSORED ADR CUSIP: 80105N105	45,400.000	2,180,758.86	2,200,084.00
Total France - USD		2,180,758.86	2,200,084.00
Germany - EUR			
ALLIANZ SE NPV(REGD)(VINKULIERT) SEDOL: 5231485	1,533.000	681,272.52	703,068.71
CTS EVENTIM AG & C NPV SEDOL: 5881857	4,702.000	342,724.23	433,497.76
FLATEXDEGIRO SE NPV (REG) SEDOL: BYVQYG8	4,926.000	116,384.74	212,553.44
HEIDELBERG MATERIALS AG SEDOL: 5120679	2,570.000	478,875.18	673,089.11
MTU AERO ENGINES A NPV (REGD) SEDOL: B09DHL9	1,764.000	340,700.08	736,085.67
RENK GROUP AG NPV SEDOL: BMD6RR4	2,749.000	211,799.79	173,115.57

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Germany - EUR			
RHEINMETALL AG NPV SEDOL: 5334588	229.000	316,181.86	419,829.51
SAP SE SEDOL: 4846288	3,199.000	637,810.72	782,784.69
SIEMENS ENERGY AG NPV SEDOL: BMTVQK9	3,682.000	418,318.23	520,648.77
Total Germany - EUR		3,544,067.35	4,654,673.23
Hong Kong - HKD			
AIA GROUP LTD NPV SEDOL: B4TX8S1	63,000.000	584,500.29	646,714.20
HONG KONG EXCHANGES & CLEAR SEDOL: 6267359	12,400.000	533,751.16	649,353.12
Total Hong Kong - HKD		1,118,251.45	1,296,067.32
Ireland - EUR			
AIB GROUP PLC ORD EUR0.625 SEDOL: BF0L353	61,127.000	448,414.62	660,473.63
KINGSPAN GROUP ORD EUR0.13 SEDOL: 4491235	5,318.000	377,295.65	463,120.56
Total Ireland - EUR		825,710.27	1,123,594.19
Italy - EUR			
AZIMUT HLDG S.P.A NPV SEDOL: B019M65	6,588.000	171,089.28	276,530.29
BRUNELLO CUCINELLI EUR100 SEDOL: B7K6D18	2,678.000	114,346.95	309,548.36
ENEL SPA EUR1 SEDOL: 7144569	43,764.000	358,682.93	456,265.69
INTESA SANPAOLO NPV SEDOL: 4076836	117,538.000	621,435.94	817,349.75
ITALGAS SPA NPV SEDOL: BD2Z8S7	38,353.000	337,493.62	428,590.67
LOTTOMATICA GROUP NPV SEDOL: BMXPBZ7	7,683.000	173,940.36	202,121.93

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Italy - EUR			
SAIPEM SPA NPV (POST SPLIT) SEDOL: BMY36H7	77,596.000	209,859.22	220,996.63
UNICREDIT SPA NPV SEDOL: BYMXPS7	14,040.000	781,188.62	1,169,419.71
Total Italy - EUR		2,768,036.92	3,880,823.03
Japan - JPY			
ASAHI INTECC CO LTD NPV SEDOL: B019MQ5	11,200.000	214,180.56	209,895.05
ASICS CORP NPV SEDOL: 6057378	17,900.000	343,932.63	428,814.32
BAYCURRENT INC NPV SEDOL: BYP20B9	4,000.000	134,449.35	165,874.51
BRIDGESTONE CORP NPV SEDOL: 6132101	14,600.000	334,999.66	327,311.24
DAIFUKU CO LTD NPV SEDOL: 6250025	16,200.000	419,119.89	509,321.51
DISCO CORPORATION NPV SEDOL: 6270948	1,900.000	543,358.31	583,897.41
HOYA CORP NPV SEDOL: 6441506	5,700.000	650,883.34	861,300.20
IBIDEN CO LTD NPV SEDOL: 6456102	11,200.000	456,874.64	480,954.42
IHI CORPORATION NPV SEDOL: 6466985	49,000.000	930,211.03	861,083.29
INTERNET COMM STK SEDOL: B05H328	7,200.000	139,506.14	127,031.80
JAPAN ELEVATOR SER NPV SEDOL: BF0QWT5	13,500.000	94,600.75	149,732.05
KEYENCE CORP NPV SEDOL: 6490995	1,500.000	572,662.90	542,409.65
KURITA WATER INDS NPV SEDOL: 6497963	3,500.000	147,365.24	141,746.15
MATSUKIYOCOCOKARA & CO SEDOL: B249GC0	11,600.000	221,252.84	200,703.05
MONOTARO CO.LTD NPV SEDOL: B1GHR88	20,900.000	320,244.44	333,410.64

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Japan - JPY			
NEC CORP NPV SEDOL: 6640400	12,900.000	430,091.34	437,009.15
NOMURA RESEARCH INSTITUTE NPV SEDOL: 6390921	6,200.000	182,848.92	238,158.79
ORGANO CORP NPV SEDOL: 6470522	2,100.000	172,137.50	173,565.34
PAN PACIFIC INTERNATIONAL HOLDINGS CORP SEDOL: 6269861	43,800.000	197,107.38	260,517.02
RAKUTEN BANK LTD JPY SEDOL: BRPTWP9	5,100.000	111,735.13	224,895.21
SANWA HOLDINGS NPV SEDOL: 6776781	9,000.000	274,360.01	234,208.43
SUMITOMO ELECTRIC NPV SEDOL: 6858708	17,200.000	538,933.73	694,057.23
SUMITOMO MITSUI FINANCIAL GROUP NPV SEDOL: 6563024	33,800.000	843,878.85	1,087,025.42
TOKIO MARINE HLDG NPV SEDOL: 6513126	29,300.000	978,133.61	1,087,359.09
Total Japan - JPY		9,252,868.19	10,360,280.97
Netherlands - EUR			
ALLFUNDS GP PLC EUR0.0025 SEDOL: BNTJ354	23,949.000	195,020.95	226,280.96
ASM INTL NV EUR0.04 SEDOL: 5165294	1,106.000	641,306.87	672,332.29
ASML HOLDING NV EUR0.09 SEDOL: B929F46	1,832.000	1,534,031.82	1,982,477.44
BE SEMICONDUCTOR INDUSTRIES NV EUR0.01 SEDOL: BG0SCK9	3,041.000	397,643.56	477,688.50
Total Netherlands - EUR		2,768,003.20	3,358,779.19
Netherlands - USD			
ADR ARGENX SE SPONSORED ADS SEDOL: BDVLM39	836.000	727,314.82	703,034.20
COCA-COLA EUROPACIFIC PARTNERS SEDOL: BYQQ3P5	4,442.000	407,767.66	402,889.40

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
Netherlands - USD			
Total Netherlands - USD		1,135,082.48	1,105,923.60
Norway - NOK			
GJENSIDIGE FORSIKR NOK2 SEDOL: B4PH0C5	4,981.000	115,105.23	149,131.00
TELENOR ASA ORD NOK6 SEDOL: 4732495	16,020.000	251,712.22	232,989.88
Total Norway - NOK		366,817.45	382,120.88
Singapore - SGD			
DBS GROUP HLDGS NPV SEDOL: 6175203	6,630.000	161,109.88	290,565.16
Total Singapore - SGD		161,109.88	290,565.16
Spain - EUR			
BANCO BILBAO VIZCA EUR0.49 SEDOL: 5501906	47,544.000	693,795.95	1,119,553.03
BANKINTER SA EUR0.30(REGD) SEDOL: 5474008	23,220.000	269,620.14	386,017.21
IBERDROLA SA EUR0.75 SEDOL: B288C92	46,752.000	846,626.71	1,013,874.23
Total Spain - EUR		1,810,042.80	2,519,444.47
Sweden - SEK			
ATLAS COPCO AB SER'A'NPV SEDOL: BLDBN41	35,578.000	464,637.28	640,834.70
BEIJER REF AB SER'B'NPV SEDOL: BP2NJ48	27,140.000	355,899.95	438,948.02
INDUTRADE AB NPV SEDOL: B0LDBX7	5,962.000	91,726.94	155,471.95
SWECO AB SER'B'NPV SEDOL: BLN9XH8	6,178.000	110,727.49	101,125.98
Total Sweden - SEK		1,022,991.66	1,336,380.65

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Sweden - USD			
SPOTIFY TECHNOLOGY S A COM EUR0.025 SEDOL: BFZ1K46	958.000	459,350.76	556,320.18
Total Sweden - USD		459,350.76	556,320.18
Switzerland - CHF			
GALDERMA GROUP AG CHF0.01 SEDOL: BRC2T72	3,243.000	567,641.91	663,540.93
GALENICA AG CHF0.1 SEDOL: BYQCQ32	2,240.000	169,923.49	276,236.04
LONZA GROUP AG CHF1 (REGD) SEDOL: 7333378	1,668.000	1,011,515.54	1,132,281.98
SANDOZ GROUP AG CHF0.05 SEDOL: BLPLD38	11,862.000	467,537.29	866,012.09
VAT GROUP AG CHF0.10 (REGD) SEDOL: BYZWMR9	645.000	265,248.77	314,175.45
Total Switzerland - CHF		2,481,867.00	3,252,246.49
Switzerland - USD			
ADR NOVARTIS AG CUSIP: 66987V109	8,000.000	587,349.66	1,102,960.00
ADR ROCHE HLDG LTD SPONSORED ADR ISIN #US771195104 CUSIP: 771195104	18,400.000	720,004.49	948,888.00
SPORTRADAR GROUP AG SEDOL: BMGSDH9	5,572.000	116,481.01	132,446.44
Total Switzerland - USD		1,423,835.16	2,184,294.44
United Kingdom - EUR			
CVC CAP PARTNERS ORD NPV SEDOL: BRX9808	21,253.000	426,546.19	356,936.41
Total United Kingdom - EUR		426,546.19	356,936.41
United Kingdom - GBP			
ASTRAZENECA PLC DI SEDOL: 0989529	8,627.000	1,499,068.79	1,600,156.81

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United Kingdom - GBP			
BAE SYSTEMS ORD GBP0.025 SEDOL: 0263494	35,809.000	546,097.76	825,546.40
BARCLAYS PLC ORD GBP0.25 SEDOL: 3134865	124,164.000	588,958.35	794,868.90
BEAZLEY PLC (UK) ORD GBP0.05 SEDOL: BYQ0JC6	31,537.000	238,636.92	352,924.80
BT GROUP ORD GBP0.05 SEDOL: 3091357	150,826.000	417,437.46	373,379.53
COMPASS GROUP ORD GBP0.1105 SEDOL: BD6K457	19,756.000	434,443.13	628,181.25
DIPLOMA ORD GBP0.05 SEDOL: 0182663	8,920.000	406,406.32	635,286.02
HALMA ORD GBP0.10 SEDOL: 0405207	17,404.000	422,994.88	828,219.37
HILL & SMITH PLC ORD GBP0.25 SEDOL: 0427030	3,905.000	112,049.74	112,401.81
LONDON STOCK EXCHANGE GROUP ORD GBP0.06918604 SEDOL: B0SWJX3	8,298.000	824,185.18	999,152.97
ROTORK ORD GBP0.005 SEDOL: BVFNZH2	48,243.000	206,495.34	211,149.63
SOFTCAT PLC ORD GBP0.0005 SEDOL: BYZDVK8	6,809.000	100,547.20	129,775.19
SPIRAX GROUP PLC ORD GBP0.269230769 SEDOL: BWFGQN1	1,973.000	208,793.31	180,988.07
UNILEVER PLC ORD GBP0.035 SEDOL: BVZK7T9	7,758.000	507,586.34	507,083.92
WEIR GROUP ORD GBP0.125 SEDOL: 0946580	7,364.000	174,294.87	281,894.86
3I GROUP ORD GBP0.738636 SEDOL: B1YW440	15,648.000	330,824.44	686,774.86
Total United Kingdom - GBP		7,018,820.03	9,147,784.39
United Kingdom - USD			
ADR GSK PLC CUSIP: 37733W204	55,200.000	2,044,016.94	2,707,008.00
Total United Kingdom - USD		2,044,016.94	2,707,008.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
&&MAGIC LEAP INC CLASS A COM STK TROWE PRICE ONLY CUSIP: 552994808	155.000	76,059.00	0.00
ADOBE INC COM CUSIP: 00724F101	1,700.000	603,052.43	594,983.00
AEGON LTD AMER REGD CERT CUSIP: 0076CA104	73,400.000	371,858.40	565,914.00
AIR PROD & CHEM INC COM CUSIP: 009158106	6,550.000	1,726,974.87	1,617,981.00
ALNYLAM PHARMACEUTICALS INC COM CUSIP: 02043Q107	1,400.000	93,889.01	556,710.00
ALPHABET INC CAP STK USD0.001 CL C CUSIP: 02079K107	6,400.000	482,188.61	2,008,320.00
ALPHABET INC CAPITAL STOCK USD0.001 CL A CUSIP: 02079K305	11,700.000	1,197,252.95	3,662,100.00
AMAZON COM INC COM CUSIP: 023135106	12,950.000	1,695,593.77	2,989,119.00
AMER ELEC PWR CO INC COM CUSIP: 025537101	6,100.000	512,894.26	703,391.00
AON PLC CUSIP: G0403H108	3,900.000	1,389,836.93	1,376,232.00
ARCH CAPITAL GROUP COM STK SEDOL: 2740542	5,758.000	592,460.85	552,307.36
ARCHER-DANIELS-MIDLAND CO COM CUSIP: 039483102	12,000.000	666,266.25	689,880.00
AVANTOR INC COM CUSIP: 05352A100	72,900.000	1,452,359.08	835,434.00
BAKER HUGHES CO CUSIP: 05722G100	33,500.000	1,004,219.26	1,525,590.00
BANK NEW YORK MELLON CORP COM STK CUSIP: 064058100	20,900.000	927,454.83	2,426,281.00
BAXTER INTL INC COM CUSIP: 071813109	42,300.000	1,432,610.73	808,353.00
BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010 CUSIP: 09061G101	11,000.000	823,244.18	653,730.00
BOOKING HLDGS INC COM CUSIP: 09857L108	385.000	833,937.17	2,061,802.05

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
BRISTOL MYERS SQUIBB CO COM CUSIP: 110122108	5,900.000	329,609.70	318,246.00
CAPITAL ONE FINL CORP COM CUSIP: 14040H105	7,450.000	612,680.71	1,805,582.00
CARRIER GLOBAL CORPORATION COM USD0.01 WI CUSIP: 14448C104	12,500.000	357,614.46	660,500.00
CELANESE CORP DEL COM STK CUSIP: 150870103	10,600.000	900,979.12	448,168.00
CHARTER COMMUNICATIONS INC NEW CL A CL A CUSIP: 16119P108	10,300.000	3,470,785.94	2,150,125.00
COGNIZANT TECH SOLUTIONS CORP CL A CUSIP: 192446102	12,400.000	781,005.19	1,029,200.00
COMCAST CORP NEW-CL A CUSIP: 20030N101	79,600.000	3,017,426.35	2,379,244.00
CONOCOPHILLIPS COM CUSIP: 20825C104	8,400.000	509,138.28	786,324.00
CVS HEALTH CORP COM CUSIP: 126650100	45,000.000	2,993,989.30	3,571,200.00
DOMINION ENERGY INC COM STK NPV CUSIP: 25746U109	16,300.000	862,457.90	955,017.00
ELANCO ANIMAL HEALTH INC COM CUSIP: 28414H103	54,100.000	1,238,702.94	1,224,283.00
FEDEX CORP COM CUSIP: 31428X106	12,350.000	2,575,180.37	3,567,421.00
FIDELITY NATL INFORMATION SVCS INC COM STK CUSIP: 31620M106	34,600.000	2,433,719.17	2,299,516.00
FIRST CTZNS BANCSHARES INC CL A CL A CUSIP: 31946M103	100.000	188,770.81	214,618.00
FISERV INC COM CUSIP: 337738108	34,000.000	3,656,596.92	2,283,780.00
FORTIVE CORP COM MON STOCK CUSIP: 34959J108	38,200.000	2,033,739.86	2,109,022.00
FOX CORP CL A CL A CUSIP: 35137L105	9,600.000	288,722.64	701,472.00
FOX CORP CL B CL B CUSIP: 35137L204	9,500.000	293,658.77	616,835.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
GALLAGHER ARTHUR J & CO COM CUSIP: 363576109	500.000	129,070.53	129,395.00
GARRETT MOTION INC COM SEDOL: BGLRLT7	16,327.000	212,066.63	284,579.61
GE AEROSPACE CUSIP: 369604301	3,925.000	197,636.11	1,209,017.75
GE HEALTHCARE TECHNOLOGIES INC COM CUSIP: 36266G107	21,900.000	1,413,084.81	1,796,238.00
GILEAD SCIENCES INC CUSIP: 375558103	21,000.000	1,479,206.44	2,577,540.00
GOLDMAN SACHS GROUP INC COM CUSIP: 38141G104	1,350.000	320,519.90	1,186,650.00
HALEON PLC ADR CUSIP: 405552100	116,047.000	836,754.20	1,173,235.17
HP INC COM CUSIP: 40434L105	29,000.000	594,090.59	646,120.00
HUMANA INC COM CUSIP: 444859102	7,900.000	2,355,715.10	2,023,427.00
IDEX CORP COM CUSIP: 45167R104	1,500.000	244,395.53	266,910.00
INCYTE CORP COM CUSIP: 45337C102	9,600.000	721,006.22	948,192.00
INTL FLAVORS & FRAGRANCES INC COM CUSIP: 459506101	18,700.000	1,392,948.49	1,260,193.00
JOHNSON CTLS INTL PLC COM USD0.01 CUSIP: G51502105	36,600.000	1,677,708.09	4,382,850.00
LINDE PLC SEDOL: BNZH881	1,310.000	463,961.92	558,570.90
LPL FINL HLDGS INC COM CUSIP: 50212V100	3,000.000	934,754.09	1,071,510.00
LYONDELLBASELL IND N V COM USD0.01 CL 'A' CUSIP: N53745100	11,800.000	898,879.07	510,940.00
MEDTRONIC PLC COMMON STOCK STOCK CUSIP: G5960L103	6,000.000	526,805.54	576,360.00
META PLATFORMS INC COM USD0.000006 CL 'A' CUSIP: 30303M102	3,650.000	1,345,354.28	2,409,328.50

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
METLIFE INC COM STK USD0.01 CUSIP: 59156R108	40,900.000	2,001,686.65	3,228,646.00
MICROCHIP TECHNOLOGY INC COM CUSIP: 595017104	4,300.000	169,166.89	273,996.00
MICROSOFT CORP COM CUSIP: 594918104	6,350.000	931,733.63	3,070,987.00
MOLSON COORS BEVERAGE COMPANY COM USD0.01 CLASS B CUSIP: 60871R209	14,400.000	757,207.66	672,192.00
NEUROCRINE BIOSCIENCES INC COM CUSIP: 64125C109	4,150.000	518,965.57	588,594.50
NEWS CORP COM CL A CUSIP: 65249B109	10,900.000	184,596.22	284,708.00
NORFOLK SOUTHN CORP COM CUSIP: 655844108	8,800.000	1,890,971.11	2,540,736.00
OCCIDENTAL PETROLEUM CORP CUSIP: 674599105	58,300.000	2,477,561.41	2,397,296.00
PVTPL EPIC GAMES INC PP COM CUSIP: 123999RF3	224.000	128,800.00	128,800.00
RALLIANT CORP COM USD0.01 WI CUSIP: 750940108	9,766.000	516,800.19	497,187.06
REGENERON PHARMACEUTICALS INC COM CUSIP: 75886F107	3,325.000	1,933,155.70	2,566,467.75
RTX CORPORATION COMSTK CUSIP: 75513E101	30,500.000	2,239,314.27	5,593,700.00
SCHWAB CHARLES CORP COM NEW CUSIP: 808513105	56,600.000	2,587,175.48	5,654,906.00
STATE STR CORP COM CUSIP: 857477103	4,400.000	307,878.65	567,644.00
T-MOBILE US INC COM CUSIP: 872590104	5,000.000	747,588.37	1,015,200.00
TE CONNECTIVITY PLC COM USD0.01 CUSIP: G87052109	8,900.000	818,081.33	2,024,839.00
TELEDYNE TECHNOLOGIES INC COM CUSIP: 879360105	1,400.000	697,055.59	715,022.00
THE CIGNA GROUP CUSIP: 125523100	7,975.000	1,720,053.08	2,194,959.25

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
TRANSUNION COM CUSIP: 89400J107	6,900.000	547,098.16	591,675.00
UNITEDHEALTH GROUP INC COM CUSIP: 91324P102	6,650.000	1,955,557.85	2,195,231.50
V F CORP COM CUSIP: 918204108	28,000.000	471,845.71	506,240.00
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	26,000.000	1,093,483.68	2,423,200.00
WILLIS TOWERS WATSON PLC COM USD0.000115 CUSIP: G96629103	3,500.000	1,094,580.93	1,150,100.00
ZIMMER BIOMET HLDGS INC COM CUSIP: 98956P102	16,600.000	1,866,385.04	1,492,672.00
Total United States - USD		85,827,631.72	116,134,736.40
Total Corporate Stock - Common		138,948,588.50	182,291,975.79
<i>Participant Loans</i>			
United States - USD			
&&&HEWITT PARTICIPANT LOAN ASSET CUSIP: 000887851	21,955,902.260	21,955,902.26	21,955,902.26
Total United States - USD		21,955,902.26	21,955,902.26
Total Participant Loans		21,955,902.26	21,955,902.26
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
MFO BLACKROCK EXTD EQTY MKT FD F CUSIP: 06739Q461	1,605,059.041	132,729,086.80	217,896,876.68
MFO BLACKROCK INSTL TR CO N A INVT FD S US DEBT INDEX FD L CUSIP: 09261F838	14,044,080.010	154,542,720.93	155,647,729.93
MFO BLACKROCK MSCI ACWI EX US INDEX SUPERFUND F CUSIP: 06739T788	7,406,762.310	219,187,872.51	345,758,034.10
MFO HEWITT SAVINGS ROLL SELECT COMMODITYU/A CUSIP: 09259A460	273,168.010	2,924,175.59	4,454,713.27

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
MFO JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY FUND CF-3 CLASS CUSIP: 20261T702	3,597,278.150	78,393,839.65	79,391,928.77
Total United States - USD		587,777,695.48	803,149,282.75
Total Value of Interest in Common/Collective Trusts		587,777,695.48	803,149,282.75
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO BLAIR WILLIAM FDS EMERGING MKTS GROWTH FD CL R6 SEDOL: B0N0G19	1,733,651.620	23,795,578.46	28,050,483.21
Total International Region - USD		23,795,578.46	28,050,483.21
United States - USD			
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL SEDOL: BYZBLN5	7,755,368.960	7,755,368.96	7,755,368.96
MFO FTSE EPRA NAREIT US REAL ESTATE SECS INDEX FD F CUSIP: 09259D134	690,662.280	8,375,603.26	8,484,786.11
MFO ARROWSTREET COLLECTIVE INVT TR INTL EQUITY ACWI EX US CIT CL B CUSIP: 04281W853	338,394.310	47,179,749.51	88,608,583.91
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E BLACKROCK TOTAL RETURN BD FD L CUSIP: 09261F341	11,658,225.990	121,518,983.38	133,167,252.19
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E U S TREAS INFLATION PROTECTED SECS CUSIP: 09257F552	2,663,241.270	32,451,903.17	34,289,468.38
MFO EQUITY INDEX FUND F CUSIP: 06739T663	5,643,233.700	436,455,485.54	824,978,341.49
MFO GREAT GRAY COLLECTIVE INVT TR WESTFIELD SMALL/MIDCAP GROWTH EQ CIT FEE CL D CUSIP: 97184R500	3,594,574.820	46,251,394.27	46,031,406.23
MFO PGIM FIXED INCOME PRUDENTIAL STRATEGIC CREDIT FUND CUSIP: 74443R415	329,683.910	41,003,727.47	46,501,381.42
MFO WESTWOOD MULTIPLE INVT TR SMIDCAP VALUE COLL TR CL C CUSIP: 961788502	3,370,549.490	43,428,723.80	51,501,996.21

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO WILLIAM BLAIR COLLECTIVE INVNT TR LARGE CAP GROWTH INVNT FD CL A CUSIP: 96929B796	5,940,472.700	105,578,230.79	142,289,172.35
Total United States - USD		889,999,170.15	1,383,607,757.25
Total Value of Interest in Registered Investment Com		913,794,748.61	1,411,658,240.46
<i>Other</i>			
United States - USD			
&&&HEWITT SDA ASSET CUSIP: 000887836	1.000	0.00	46,000,316.12
GAMING & LEISURE PPTYS INC COM CUSIP: 36467J108	11,100.000	529,563.61	496,059.00
SBA COMMUNICATIONS CORP COM USD0.01 CL A CUSIP: 78410G104	8,150.000	1,702,716.13	1,576,454.50
SUN COMMUNITIES INC COM CUSIP: 866674104	11,750.000	1,487,373.16	1,455,942.50
SYNTHETIC GIC METROPOLITAN TOWER LIFE INS CO CONTRACT #38137 CUSIP: 999502LP0	44,611,704.330	44,611,704.33	44,611,704.33
SYNTHETIC GIC PRUDENTIAL CONTRACT #GA-64002 CUSIP: 999502CI6	46,415,859.620	46,415,859.62	46,415,859.62
SYNTHETIC GIC VOYA CONTRACT #MCA-60478 CUSIP: 999502CH8	43,866,840.600	43,866,840.60	43,866,840.60
Total United States - USD		138,614,057.45	184,423,176.67
CAD - Canadian dollar	0.000	0.00	0.00
CHF - Swiss franc	0.000	0.00	0.00
DKK - Danish krone	0.000	0.00	0.00
EUR - Euro	0.000	0.00	0.00
GBP - British pound sterling	0.000	0.00	0.00
JPY - Japanese yen	0.000	0.00	0.00

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
SEK - Swedish krona	0.000	0.00	0.00
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		138,614,057.45	184,423,176.67
<i>Other Liabilities</i>			
Pending foreign exchange sales: Canadian dollar	0.000	-2,575.06	-2,581.16
Pending foreign exchange sales: Japanese yen	0.000	-55,816.20	-55,629.52
Pending trade purchases: Japanese yen	0.000	-36,023.46	-35,904.00
Total - all currencies		-94,414.72	-94,114.68
Total Other Liabilities		-94,414.72	-94,114.68
<i>Payable Other</i>			
United States - USD			
INVESTMENT MANAGEMENT EXPENSE ACCRUAL CUSIP: 994996916	0.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Payable Other		0.00	0.00
Total		1,801,654,518.11	2,604,042,075.13

** All or a portion of this security participates in Securities Lending.