

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: GALLIARD STABLE RETURN FUND PNTR, 1b Three-digit plan number (PN): 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan): SEI TRUST COMPANY, 2b Employer Identification Number (EIN): 92-3985077, 2c Plan Sponsor's telephone number: 610-676-2369, 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GALLIARD STABLE RETURN FUND PNTR</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>92-3985077</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GALLIARD STABLE RETURN FUND CORE</u>	
b Name of sponsor of entity listed in (a):	<u>SEI TRUST COMPANY</u>	
c EIN-PN <u>46-6208187-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>547682</u>
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)
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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

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d Entity code

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c EIN-PN

d Entity code

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTICO, INC.	
b	Name of plan sponsor TIGHTICO, INC.	c EIN-PN 57-0934530-001
a	Plan name ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADAMS GROUP	c EIN-PN 94-2200898-003
a	Plan name ADVANCED DEFENSE CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED DEFENSE CONCEPTS, INC.	c EIN-PN 54-1969151-002
a	Plan name ALLAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLAN INDUSTRIES, INC.	c EIN-PN 22-2647098-001
a	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
b	Name of plan sponsor ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-004
a	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE	
b	Name of plan sponsor ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-003
a	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	
b	Name of plan sponsor ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-002
a	Plan name ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLERGY PARTNERS PLLC	c EIN-PN 56-1249571-001
a	Plan name AMERICAN OPTICAL/M&R INDUSTRIES THRIFT PLAN	
b	Name of plan sponsor VISTA CAPITAL LLC	c EIN-PN 51-0529512-002
a	Plan name AMERICAN TRUETZSCHLER, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TRUETZSCHLER, INC.	c EIN-PN 56-0932757-001
a	Plan name AMPACET CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor AMPACET CORP.	c EIN-PN 13-2546877-002
a	Plan name APEX COLOR 401(K) PLAN	
b	Name of plan sponsor APEX COLOR	c EIN-PN 59-1346610-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAYLEY CONSTRUCTION PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor BAYLEY CONSTRUCTION	c EIN-PN 91-1764930-001
a	Plan name BENECARD 401(K) PLAN	
b	Name of plan sponsor BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001
a	Plan name BOLLMAN HAT COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor BOLLMAN HAT COMPANY	c EIN-PN 23-1922616-002
a	Plan name BROOKS EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor BROOKS EQUIPMENT COMPANY, INC.	c EIN-PN 88-0161234-002
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-020
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-030
a	Plan name C.D. MOODY CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C.D. MOODY CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1778748-001
a	Plan name CALIFORNIA DENTAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA DENTAL ASSOCIATION	c EIN-PN 95-2822367-002
a	Plan name CAROLINA ICE PALACE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAROLINA ICE PALACE, LLC	c EIN-PN 58-2317013-001
a	Plan name CASE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor CASE FOODS, INC.	c EIN-PN 52-1702529-001
a	Plan name CENTENNIAL PLASTICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CENTENNIAL PLASTICS, INC	c EIN-PN 47-0841062-001
a	Plan name CENTURY DIRECT, LLC RETIREMENT PLAN	
b	Name of plan sponsor CENTURY DIRECT, LLC	c EIN-PN 11-3583330-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CHARLOTTE PIPE & FOUNDRY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHARLOTTE PIPE & FOUNDRY CO.	c EIN-PN 56-0174030-002
a	Plan name CHARLOTTE REGIONAL BUSINESS ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor CHARLOTTE REGIONAL BUSINESS ALLIANCE	c EIN-PN 56-0173610-002
a	Plan name CRESCENT ELECTRIC SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor CRESCENT ELECTRIC SUPPLY COMPANY	c EIN-PN 42-0201220-002
a	Plan name DANIELS CADILLAC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANIELS BMW	c EIN-PN 23-1601170-001
a	Plan name DELTA LIFE INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor DELTA LIFE INSURANCE COMPANY	c EIN-PN 58-0838961-001
a	Plan name DEWBERRY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DEWBERRY	c EIN-PN 13-0746510-001
a	Plan name DIAGNOSTIC PHYSICIANS GROUP PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIAGNOSTIC PHYSICIANS GROUP PC	c EIN-PN 47-2261224-001
a	Plan name DNA GROUP, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DNA GROUP, INC.	c EIN-PN 22-2834616-001
a	Plan name EMERALD PACKAGING, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMERALD PACKAGING, INC.	c EIN-PN 94-1557703-002
a	Plan name EMPLOYEES' 401(K) PLAN OF RGC RESOURCES, INC.	
b	Name of plan sponsor RGC RESOURCES, INC.	c EIN-PN 54-1909697-001
a	Plan name ENGINE POWER SOURCE, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor ENGINE POWER SOURCE, INC.	c EIN-PN 56-1527828-001
a	Plan name ERICKSON COMMUNITY 401(K) PLAN	
b	Name of plan sponsor ERICKSON COMMUNITY	c EIN-PN 52-1874053-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FLORIDA PLYWOODS INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FLORIDA PLYWOODS, INC.	c EIN-PN 59-0762651-001
a	Plan name FYFFES NORTH AMERICA INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor FYFFES NORTH AMERICA INC	c EIN-PN 59-1304116-001
a	Plan name GER INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GER INDUSTRIES, INC.	c EIN-PN 13-2793835-001
a	Plan name GROUP USA, INC. 401(K) PLAN	
b	Name of plan sponsor GROUP USA, INC.	c EIN-PN 22-2702612-001
a	Plan name HALLSTAR SERVICES CORP INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-004
a	Plan name HAZEN RESEARCH, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAZEN RESEARCH, INC.	c EIN-PN 84-0511412-002
a	Plan name HERCULES INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HERCULES INDUSTRIES, INC.	c EIN-PN 84-0516481-002
a	Plan name HILLSIDE WAREHOUSE & TRUCKING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HILLSIDE WAREHOUSE & TRUCKING CO INC	c EIN-PN 22-2063735-001
a	Plan name HOME HEALTH RESOURCES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HOME HEALTH RESOURCES, INC.	c EIN-PN 76-0494537-001
a	Plan name IPR HEALTHCARE SYSTEM, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor IPR HEALTHCARE SYSTEM, INC	c EIN-PN 76-0492632-001
a	Plan name JOHANNA BEVERAGE CO., LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor JOHANNA FOODS, INC.	c EIN-PN 20-8256706-001
a	Plan name JOHANNA FOODS, INC. LACTO DIVISION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor JOHANNA FOODS, INC.	c EIN-PN 22-2973062-006

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 JOHN C. ERNST & CO., INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor JOHN C. ERNST & CO., INC.	c EIN-PN 22-1867091-001
a	Plan name KLINGSPOR ABRASIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KLINGSPOR ABRASIVES, INC.	c EIN-PN 56-1252941-001
a	Plan name KOLACHE FACTORY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor KOLACHE FACTORY, INC.	c EIN-PN 76-0206525-001
a	Plan name KWIK KAFE VENDING COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KWIK KAFE VENDING COMPANY, INC.	c EIN-PN 54-0755362-002
a	Plan name LINDQUIST MACHINE CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor LINDQUIST MACHINE CORPORATION	c EIN-PN 39-1288747-001
a	Plan name MAC PAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAC PAPERS, INC.	c EIN-PN 59-1059698-001
a	Plan name MACKAY COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-002
a	Plan name MAINTAINCO/STARLIFT PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAINTAINCO, INC.	c EIN-PN 22-1628030-001
a	Plan name MANUFACTURERS RESERVE SUPPLY 401(K) PLAN	
b	Name of plan sponsor MANUFACTURERS RESERVE SUPPLY, INC.	c EIN-PN 22-1090400-002
a	Plan name MARTIN'S FAMOUS PASTRY SHOPPE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARTINS FAMOUS PASTRY SHOPPE, INC.	c EIN-PN 25-1291977-001
a	Plan name MEGEN CONSTRUCTION COMPANY, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor MEGEN CONSTRUCTION COMPANY, INC.	c EIN-PN 31-1397782-001
a	Plan name MISSION NEIGHBORHOOD HEALTH CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MISSION NEIGHBORHOOD HEALTH CENTER	c EIN-PN 94-2284365-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MORRISON-MAIERLE, INC. 401(K) PLAN	
b	Name of plan sponsor MORRISON-MAIERLE, INC.	c EIN-PN 81-0217149-002
a	Plan name MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP.	c EIN-PN 14-1623557-005
a	Plan name MURATA MACHINERY USA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURATA MACHINERY USA	c EIN-PN 23-2575678-001
a	Plan name NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS	c EIN-PN 53-0188893-002
a	Plan name PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor PARTRIDGE WELL DRILLING COMPANY, INC.	c EIN-PN 59-1564237-001
a	Plan name PBI PERFORMANCE PRODUCTS, INC. HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PBI PERFORMANCE PRODUCTS, INC.	c EIN-PN 20-1977207-002
a	Plan name PBI PERFORMANCE PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PBI PERFORMANCE PRODUCTS, INC.	c EIN-PN 20-1977207-001
a	Plan name PEACHTREE PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor PEACHTREE PACKAGING, INC.	c EIN-PN 74-2033278-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF OUR LADY OF PERPETUAL HELP HOME	
b	Name of plan sponsor OUR LADY OF PERPETUAL HELP HOME	c EIN-PN 58-0566234-999
a	Plan name PEOPLES BANK OF GRACEVILLE PROFIT SHARING PLAN	
b	Name of plan sponsor PEOPLES BANK OF GRACEVILLE	c EIN-PN 59-1510993-001
a	Plan name PHOENIX TUBE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX TUBE COMPANY, INC.	c EIN-PN 22-2330200-001
a	Plan name PIMA MEDICAL INSTITUTE 401(K) PLAN	
b	Name of plan sponsor PIMA MEDICAL INSTITUTE	c EIN-PN 86-0260863-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name POARCH BAND OF CREEK INDIANS 401-K GOVERNMENT PLAN	
b	Name of plan sponsor POARCH BAND OF CREEK INDIANS	c EIN-PN 63-0705119-999
a	Plan name PORKY PRODUCTS, INC. EMPLOYEES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PORKY PRODUCTS	c EIN-PN 13-1956931-001
a	Plan name PROFIT SHARING PLAN FOR EMMET, MARVIN & MARTIN LLP	
b	Name of plan sponsor EMMET, MARVIN & MARTIN LLP	c EIN-PN 13-5054210-002
a	Plan name QUALIFIED RETIREMENT PLAN FOR J.J. ASSOCIATES, INC.	
b	Name of plan sponsor J.J. ASSOCIATES, INC.	c EIN-PN 91-1257897-001
a	Plan name REEVE ELECTRIC COMPANY INC. EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor REEVE ELECTRIC COMPANY INC.	c EIN-PN 63-0462902-001
a	Plan name RELIABLE CREDIT ASSOCIATION, INC. PROFIT SHARING AND TRUST	
b	Name of plan sponsor RELIABLE CREDIT ASSOCIATION, INC.	c EIN-PN 93-0472382-001
a	Plan name RETIREMENT SAVINGS PLAN OF WINSTON-SALEM TRANSIT AUTHORITY	
b	Name of plan sponsor TRANSDEV SERVICES, INC.	c EIN-PN 52-1493194-005
a	Plan name SAVOR STREET FOODS, INC. RETIREMENT SAVINGS	
b	Name of plan sponsor SAVOR STREET FOODS, INC.	c EIN-PN 23-2048971-003
a	Plan name SCOTTMADDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTTMADDEN, INC.	c EIN-PN 56-1445505-001
a	Plan name STANISLAUS FARM SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STANISLAUS FARM SUPPLY	c EIN-PN 94-1147776-001
a	Plan name STEUBEN FOODS SAVINGS PLAN	
b	Name of plan sponsor STEUBEN FOODS INCORPORATED	c EIN-PN 22-2407431-002
a	Plan name STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor STRUCTURAL GROUP	c EIN-PN 52-1071818-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SUBARU DISTRIBUTORS CORP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	SUBARU DISTRIBUTORS CORP.	c EIN-PN 13-2801921-002
a	Plan name	T. D. BROWN OIL CO. OF GADSDEN INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	T.D. BROWN OIL CO. OF GADSDEN INC.	c EIN-PN 63-0819006-001
a	Plan name	TATA CHEMICALS (SODA ASH) PARTNERS HOURLY EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	TATA CHEMICALS (SODA ASH) PARTNERS	c EIN-PN 22-2802279-004
a	Plan name	TCP PETCOKE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	TCP PETCOKE CORPORATION	c EIN-PN 13-3649267-002
a	Plan name	TCS 401(K) PLAN	
b	Name of plan sponsor	TATA AMERICA INTERNATIONAL CORPORATION	c EIN-PN 13-2805758-001
a	Plan name	THE CHRISTIAN BARTON PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN & BARTON, LLP	c EIN-PN 54-0515971-002
a	Plan name	THE INSTINET SAVINGS PLAN	
b	Name of plan sponsor	INSTINET	c EIN-PN 20-3880413-001
a	Plan name	THE INTERTECH GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE INTERTECH GROUP, INC.	c EIN-PN 57-0834597-004
a	Plan name	THE MANCINI PACKING COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MANCINI PACKING COMPANY	c EIN-PN 06-0438946-001
a	Plan name	THE MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORNING STAR COMPANY	c EIN-PN 94-2421552-003
a	Plan name	THERMWELL PRODUCTS CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THERMWELL PRODUCTS CO., INC.	c EIN-PN 22-2177331-001
a	Plan name	TLINGIT & HAIDA INDIAN TRIBES RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	CENTRAL COUNCIL TLINGIT AND HAIDA INDIAN TRIBES	c EIN-PN 92-0036505-999

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

a Plan name	TOLTZ, KING, DUVALL, ANDERSON & ASSOCIATES, INC. 401(K) FLEXIBLE SAVINGS PLAN	
b Name of plan sponsor	TOLTZ KING DUVALL ANDERSON & ASSOC	c EIN-PN 41-0579540-001
a Plan name	TOWN PUMP, ET AL 401(K) PLAN	
b Name of plan sponsor	TOWN PUMP, ET AL	c EIN-PN 81-0270360-001
a Plan name	TWD & ASSOCIATES, INC. 401(K) PLAN	
b Name of plan sponsor	TWD & ASSOCIATES	c EIN-PN 54-1637078-001
a Plan name	VION CORPORATION PROFIT SHARING PLAN	
b Name of plan sponsor	VION CORP.	c EIN-PN 52-1167763-001
a Plan name	WALKER INDUSTRIAL PRODUCTS 401(K) PLAN	
b Name of plan sponsor	WALKER INDUSTRIAL PRODUCTS, INC.	c EIN-PN 11-2421409-001
a Plan name	WILDWOOD ELECTRONICS INC. PROFIT SHARING PLAN	
b Name of plan sponsor	WILDWOOD ELECTRONICS INC.	c EIN-PN 63-0847110-001
a Plan name	WINTHROP & WEINSTINE, P.A. CASH BALANCE PLAN	
b Name of plan sponsor	WINTHROP & WEINSTINE, P.A.	c EIN-PN 41-1722524-003
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
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b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GALLIARD STABLE RETURN FUND PNTR	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 92-3985077

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0 3165
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	1166824 547682
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	1166824 550847
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	-847 101
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	-847 101
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1167671 550746

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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		61549
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		61549

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1842	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3360	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5202
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		56347
l Transfers of assets:			
(1) To this plan	2l(1)		386108
(2) From this plan	2l(2)		1059380

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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?			
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 _____.