

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 PN60
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): 52-2251407
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> 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 |
|--|--|

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) |
|---|---|

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. |
|---|--|--|

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 PN60</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>52-2251407</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) |
|---------------|--|

| | | |
|---|---|---|
| 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>48533746</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) |
| 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 | A.J.M. PACKAGING CORP. TEAMSTERS EMPLOYEES PENSION TRUST | |
| b | Name of plan sponsor | A.J.M. PACKAGING CORPORATION | c EIN-PN 38-1556263-002 |
| a | Plan name | ADVANCE SCREW PRODUCTS, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ADVANCE SCREW PRODUCTS, INC. | c EIN-PN 39-0755766-001 |
| a | Plan name | ALBAN TIRE CORPORATION PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ALBAN TIRE CORPORATION | c EIN-PN 54-0944491-001 |
| a | Plan name | ALMCO STEEL PRODUCTS CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | ALMCO STEEL PRODUCTS CORPORATION | c EIN-PN 35-0813729-001 |
| a | Plan name | AMSOIL INC. UNION RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | BENZ OIL, LLC | c EIN-PN 39-0535090-004 |
| a | Plan name | APPLEGATE GROUP, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | APPLEGATE GROUP, INC. | c EIN-PN 84-0995976-001 |
| a | Plan name | APPLIED PHOTON TECHNOLOGY INC 401(K) PLAN | |
| b | Name of plan sponsor | APPLIED PHOTON TECHNOLOGY INC | c EIN-PN 57-1203590-001 |
| a | Plan name | BEAR COUNTRY USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BEAR COUNTRY USA, INC. | c EIN-PN 46-0315336-001 |
| a | Plan name | BIG L CORPORATION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | BIG L CORPORATION | c EIN-PN 38-1798532-002 |
| a | Plan name | BLAHNIK CONSTRUCTION COMPANY PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BLAHNIK CONSTRUCTION COMPANY | c EIN-PN 42-1343365-001 |
| a | Plan name | BRAINIER SOLUTIONS, INC. DBA BRAINIER | |
| b | Name of plan sponsor | TOTAL TRAINING NETWORK INC | c EIN-PN 41-1955282-001 |
| a | Plan name | CALIFORNIA EMERGENCY FOODLINK | |
| b | Name of plan sponsor | CALIFORNIA EMERGENCY FOODLINK | c EIN-PN 68-0275330-001 |

| 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 <u>CENTENNIAL MANAGEMENT, INC.</u> | |
| b | Name of plan sponsor <u>CENTENNIAL MANAGEMENT, INC.</u> | c EIN-PN <u>46-0450428-001</u> |
| a | Plan name <u>CENTENNIAL PLASTICS, INC. RETIREMENT PLAN</u> | |
| b | Name of plan sponsor <u>CENTENNIAL PLASTICS, INC</u> | c EIN-PN <u>47-0841062-001</u> |
| a | Plan name <u>CITY ANIMATION COMPANY</u> | |
| b | Name of plan sponsor <u>CITY ANIMATION COMPANY</u> | c EIN-PN <u>20-3840486-001</u> |
| a | Plan name <u>CITY OF LAJUNTA, CO CASH OR DEF RETIREMENT PLAN</u> | |
| b | Name of plan sponsor <u>CITY OF LAJUNTA, CO CASH OR DEF RETIREMENT PLAN</u> | c EIN-PN <u>84-6000601-999</u> |
| a | Plan name <u>COLORADO FIRST CONSTRUCTION CO.</u> | |
| b | Name of plan sponsor <u>COLORADO FIRST CONSTRUCTION CO.</u> | c EIN-PN <u>84-0917970-001</u> |
| a | Plan name <u>CYPRESS TECHNOLOGIES CORPORATION 401(K) PLAN</u> | |
| b | Name of plan sponsor <u>CYPRESS TECHNOLOGIES LP</u> | c EIN-PN <u>02-0697901-001</u> |
| a | Plan name <u>DANTO INVESTMENT COMPANY RETIREMENT SAVINGS PLAN</u> | |
| b | Name of plan sponsor <u>DANTO INVESTMENT COMPANY, INC.</u> | c EIN-PN <u>38-2785854-001</u> |
| a | Plan name <u>DOLE REFRIGERATING COMPANY EMPLOYEES' PROFIT SHARING PLAN</u> | |
| b | Name of plan sponsor <u>DOLE REFRIGERATING CO., INC.</u> | c EIN-PN <u>36-1002460-001</u> |
| a | Plan name <u>DPA CONSULTING ENGINEERS 401(K) PLAN</u> | |
| b | Name of plan sponsor <u>DPA CONSULTING ENGINEERS</u> | c EIN-PN <u>86-1043663-001</u> |
| a | Plan name <u>E.H. RENNER & SONS, INC. 401(K) SAVINGS PLAN</u> | |
| b | Name of plan sponsor <u>E.H. RENNER & SONS, INC.</u> | c EIN-PN <u>41-0798285-002</u> |
| a | Plan name <u>ENVOY MEDICAL CORPORATION 401(K) PLAN</u> | |
| b | Name of plan sponsor <u>ENVOY MEDICAL CORPORATION</u> | c EIN-PN <u>41-1823213-001</u> |
| a | Plan name <u>EQUALIZER INC SAVINGS PLAN</u> | |
| b | Name of plan sponsor <u>EQUALIZER INC</u> | c EIN-PN <u>74-2001352-001</u> |

| 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 EVENSEN DODGE INTERNATIONAL 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor EVENSEN DODGE INTERNATIONAL | c EIN-PN 80-0017673-001 |
| a | Plan name EWIIAAPAAYP RETIREMENT PLAN | |
| b | Name of plan sponsor EWIIAAPAAYP BANK OF KUMEYAAH INDIANS | c EIN-PN 33-0307702-999 |
| a | Plan name FALLS COMMUNITY HOSPITAL 401(K) PLAN | |
| b | Name of plan sponsor FALLS COMMUNITY HOSPITAL | c EIN-PN 74-1471231-001 |
| a | Plan name FIELDTECH AVIONICS & INSTRUMENTS INC 401(K) PLAN | |
| b | Name of plan sponsor FIELDTECH AVIONICS & INSTRUMENTS INC | c EIN-PN 75-1636912-001 |
| a | Plan name FIFE-PEARCE ELECTRIC CO. PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor FIFE-PEARCE ELECTRIC COMPANY | c EIN-PN 38-0538240-001 |
| a | Plan name FMS CORPORATION HOURLY EMPLOYEES' 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FMS CORPORATION | c EIN-PN 41-0650788-002 |
| a | Plan name FOX POINT-BAYSIDE SCHOOL DISTRICT SUPPLEMENTAL EMPLOYEE BENEFIT PLAN | |
| b | Name of plan sponsor FOX POINT-BAYSIDE SCHOOL DISTRICT | c EIN-PN 39-0873244-001 |
| a | Plan name GLOBAL 401(K) PLAN | |
| b | Name of plan sponsor OWL INTERNATIONAL DBA GLOBAL | c EIN-PN 33-0296831-001 |
| a | Plan name GULLEY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GULLEY ENTERPRISES, INC. | c EIN-PN 83-0222255-001 |
| a | Plan name H&H CRANE SERVICE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor H&H CRANE SERVICE, INC. | c EIN-PN 74-2649422-001 |
| a | Plan name HALLER INTERNATIONAL TECHNOLOGIES, INC. EMPLOYEES RETIREMENT BENEFIT PLAN AND TRUST | |
| b | Name of plan sponsor HALLER INTERNATIONAL TECHNOLOGIES, INC. | c EIN-PN 38-6405183-001 |
| a | Plan name HAMLIN TOOL & MACHINE COMPANY, INC. EMPLOYEES PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor HAMLIN TOOL & MACHINE COMPANY, INC | c EIN-PN 38-1968450-001 |

| 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 HANNA AND MORTON LLP EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HANNA AND MORTON LLP | c EIN-PN 95-2374061-002 |
| a | Plan name HAPPY GUESTS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN & TRUST | |
| b | Name of plan sponsor HAPPY GUESTS, INTERNATIONAL | c EIN-PN 91-0926529-001 |
| a | Plan name HARRIS DATA SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HARRIS DATA SERVICES, INC. | c EIN-PN 39-1373131-001 |
| 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 HOLMES CORPORATION 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor HOLMES CORPORATION | c EIN-PN 41-1447467-002 |
| a | Plan name SHEARER'S FOODS, LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor ICE SERVICES, LLC | c EIN-PN 46-5495070-001 |
| a | Plan name INNO FLEX COLLECTIVE BARGAINING UNIT 401(K) PLAN | |
| b | Name of plan sponsor INOF ASSET ACQUISITION LLC | c EIN-PN 30-0943323-001 |
| a | Plan name JENSEN BUILDERS, LTD EMPLOYEES SAVINGS TRUST | |
| b | Name of plan sponsor JENSEN BUILDERS, LTD. | c EIN-PN 42-1204299-001 |
| a | Plan name JUGS SPORTS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor JUGS, INC. | c EIN-PN 93-0603130-002 |
| a | Plan name KAYENTA TOWNSHIP 401(K) PLAN | |
| b | Name of plan sponsor KAYENTA TOWNSHIP | c EIN-PN 86-0877006-001 |
| a | Plan name KIN DAH LICHIL OLTA 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor KIN DAH LICHIL OLTA | c EIN-PN 86-0952079-999 |
| a | Plan name KIRKMAN GROUP INC. 401(K) PLAN | |
| b | Name of plan sponsor KIRKMAN GROUP, INC. | c EIN-PN 93-1307039-001 |

| 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 | KLEIN FOODS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | RODNEY STRONG AKA KLEIN FOODS INC | c EIN-PN 68-0171812-001 |
| a | Plan name | LAKEWOOD CEMETERY ASSOCIATION 401(K) PLAN | |
| b | Name of plan sponsor | LAKEWOOD CEMETERY ASSOCIATION | c EIN-PN 41-0364020-002 |
| a | Plan name | LAREDO TRANSIT MANAGEMENT, INC. DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor | LAREDO TRANSIT MANAGEMENT, INC. | c EIN-PN 02-0668666-002 |
| a | Plan name | LRL CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LRL CONSTRUCTION CO., INC. | c EIN-PN 91-1719555-001 |
| a | Plan name | LUKACHUKAI COMMUNITY SCHOOL 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LUKACHUKAI COMMUNITY SCHOOL | c EIN-PN 86-0913514-999 |
| a | Plan name | MACHINERY SALES CO INC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MACHINERY SALES CO INC | c EIN-PN 93-0576830-001 |
| a | Plan name | MAY ADVERTISING & DESIGN, INC. EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | MAY ADVERTISING & DESIGN, INC. | c EIN-PN 41-1964863-001 |
| a | Plan name | METRO BUILDING & PAINTING COMPANIES 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | METRO BUILDING & PAINTING COMPANIES | c EIN-PN 41-1353454-001 |
| a | Plan name | MIDLAND IMPLEMENT COMPANY SAVINGS AND INCENTIVE PLAN | |
| b | Name of plan sponsor | MIDLAND IMPLEMENT COMPANY | c EIN-PN 81-0166270-002 |
| a | Plan name | MILES 33 INTERNATIONAL LLC 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MILES 33 INTERNATIONAL LLC | c EIN-PN 80-0481467-001 |
| a | Plan name | MILLER FELPAX CORPORATION BARGAINING UNIT 401(K) PLAN | |
| b | Name of plan sponsor | MILLER FELPAX CORPORATION | c EIN-PN 41-0663614-002 |
| a | Plan name | MW/MB 401(K) PLAN | |
| b | Name of plan sponsor | MW/MB LLC | c EIN-PN 43-1839053-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | NAVAJO FINE JEWELRY & COLLECTIBLES 401(K) PLAN | |
| b | Name of plan sponsor | NAVAJO ARTS & CRAFTS ENTERPRISE | c EIN-PN 86-0271861-001 |
| a | Plan name | NAVAJO NATION OIL & GAS COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | NAVAJO NATION OIL & GAS COMPANY | c EIN-PN 86-0782397-999 |
| a | Plan name | NAVAJO TIMES 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | NAVAJO TIMES PUBLISHING COMPANY INC | c EIN-PN 56-2374796-001 |
| a | Plan name | NELA TERNES REGISTER GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NELA TERNES REGISTER GROUP | c EIN-PN 41-1976402-001 |
| a | Plan name | NORTH CENTRAL SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NORTH CENTRAL SUPPLY, INC. | c EIN-PN 46-0257155-001 |
| a | Plan name | OLD REPUBLIC NATIONAL TITLE HOLDING CO. /TROON MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | OLD REPUBLIC NATIONAL TITLE HOLDING COMPANY | c EIN-PN 41-1421620-003 |
| a | Plan name | OLSEN COMPANIES EMPLOYEE SAVINGS PLAN & TRUST | |
| b | Name of plan sponsor | OLSEN COMPANIES | c EIN-PN 41-0965191-001 |
| a | Plan name | O'RIELLY MOTOR COMPANY & AFFILIATES EMPLOYEE INVESTMENT/SAVINGS PLAN | |
| b | Name of plan sponsor | O'RIELLY MOTOR COMPANY & AFFILIATES | c EIN-PN 86-0077638-002 |
| a | Plan name | ORSETTI SEED COMPANY, INC. PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor | ORSETTI SEED COMPANY, INC. | c EIN-PN 77-0113770-001 |
| a | Plan name | OWL COMPANIES 401(K) PLAN | |
| b | Name of plan sponsor | OWL COMPANIES | c EIN-PN 95-1073804-001 |
| a | Plan name | PACER TECHNOLOGY 401(K) PLAN | |
| b | Name of plan sponsor | PACER TECHNOLOGY | c EIN-PN 77-0080305-001 |
| a | Plan name | PAN-AMERICAN RETIREMENT PLAN | |
| b | Name of plan sponsor | PAN-AMERICAN ELEMENTARY CHARTER SCHOOL | c EIN-PN 86-1030627-001 |

| 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 | PAPER BOX & SPECIALTY COMPANY, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | PAPER BOX & SPECIALTY COMPANY, INC. | c EIN-PN 39-0525010-001 |
| a | Plan name | PCF MANAGEMENT SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PCF MANAGEMENT SERVICES INC. | c EIN-PN 91-1625734-001 |
| a | Plan name | PONDSCO FACILITY SERVICES, LLC | |
| b | Name of plan sponsor | PONDSCO FACILITY SERVICES, LLC | c EIN-PN 75-2740372-001 |
| a | Plan name | PRO MAR AGENCY SAFE HARBOR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PRO MAR AGENCY | c EIN-PN 76-0663862-001 |
| a | Plan name | QUAD COUNTY READY MIX 401(K) PLAN | |
| b | Name of plan sponsor | QUAD-COUNTY READY MIX CORP. | c EIN-PN 37-0694034-001 |
| a | Plan name | RAYMON PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | RAYMON ENTERPRISES INC | c EIN-PN 42-1018798-001 |
| a | Plan name | RAZ IMPORTS 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | RAZ IMPORTS, INC. | c EIN-PN 75-1638587-002 |
| a | Plan name | RIVETT GROUP 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | RIVETT GROUP LLC | c EIN-PN 46-0425899-001 |
| a | Plan name | ROCHESTER SOFTWARE ASSOC., INC 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | ROCHESTER SOFTWARE ASSOC., INC | c EIN-PN 16-1407841-003 |
| a | Plan name | ROCK POINT COMMUNITY SCHOOL GOVERNMENT 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | ROCK POINT COMMUNITY SCHOOL INC | c EIN-PN 86-0256690-999 |
| a | Plan name | SHAVER FOODS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SHAVER FOODS, LLC | c EIN-PN 71-0841761-001 |
| a | Plan name | SHEBOYGAN PAPER BOX CO. EMPLOYEES PROFIT SHARING AND RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | SHEBOYGAN PAPER BOX COMPANY | c EIN-PN 39-0740279-001 |

| 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 SOUPLANTATION / SWEET TOMATOES 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor GARDEN FRESH RESTAURANTS LLC | c EIN-PN 37-1846594-001 |
| a | Plan name STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor STANDARD FORWARDING LLC | c EIN-PN 27-1883111-002 |
| a | Plan name STRINGER & ROHLEDER LTD PROFIT SHARING PLAN | |
| b | Name of plan sponsor STRINGER & ROHLEDER, LTD. | c EIN-PN 41-0986104-001 |
| a | Plan name SUTLIFF'S HARDWARE, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor SUTLIFF'S HARDWARE, INC. | c EIN-PN 92-0100119-002 |
| 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 TECHNOLOGY UNLIMITED INC 401(K) PLAN | |
| b | Name of plan sponsor TECHNOLOGY UNLIMITED INC | c EIN-PN 91-1232945-002 |
| a | Plan name THE DEARBORN AGENCY, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor THE DEARBORN AGENCY, INC. | c EIN-PN 38-1800304-001 |
| a | Plan name TP FREIGHT LINES, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor TP FREIGHT LINES, INC. | c EIN-PN 93-0343927-001 |
| a | Plan name TURNERBROOKS INC PROFIT SHARING PLAN | |
| b | Name of plan sponsor TURNERBROOKS INC | c EIN-PN 38-1113736-002 |
| a | Plan name UNITED WELDING & MANUFACTURING COMPANY 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor UNITED WELDING & MANUFACTURING COMPANY | c EIN-PN 39-0774006-002 |
| a | Plan name UTE TRIBAL ENTERPRISES 401(K) PLAN | |
| b | Name of plan sponsor UTE TRIBAL ENTERPRISES LLC | c EIN-PN 87-0619758-999 |
| a | Plan name VAIL PLACE 401(K) PLAN | |
| b | Name of plan sponsor VAIL PLACE | c EIN-PN 41-1394766-001 |

| 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 | VALLEY LUMBER COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VALLEY ACQUISITION COMPANY LLC | c EIN-PN 84-1322972-001 |
| a | Plan name | VAUGHN MOTORS PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | VAUGHN CHEVROLET INC | c EIN-PN 42-0637383-001 |
| a | Plan name | VEM 401(K) PLAN | |
| b | Name of plan sponsor | VACUUM ENGINEERING AND MATERIALS INC | c EIN-PN 94-3069524-001 |
| a | Plan name | VIGILANT 401K EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | VIGILANT COUNSEL FOR EMPLOYERS | c EIN-PN 93-0496390-002 |
| a | Plan name | VINTAGE COMPANIES EMPLOYEES SAVINGS TRUST | |
| b | Name of plan sponsor | VINTAGE COMMUNITIES INC | c EIN-PN 84-0647461-001 |
| a | Plan name | W.S. DARLEY & COMPANY, CHIPPEWA FALLS SHOP EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | W.S. DARLEY & COMPANY | c EIN-PN 36-0976610-004 |
| a | Plan name | WALZCRAFT INDUSTRIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WALZCRAFT INDUSTRIES, INC. | c EIN-PN 39-1416593-001 |
| a | Plan name | WEISS CONSTRUCTION CO., LLC EMPLOYEES' PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor | WEISS CONSTRUCTION CO. | c EIN-PN 38-3439816-001 |
| a | Plan name | WESTERN QUALITY FOODS 401(K) PLAN | |
| b | Name of plan sponsor | WESTERN QUALITY FOODS LC | c EIN-PN 87-0509318-001 |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <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 |
|--|--|--|

| | |
|--|--|
| 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 PN60 | 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) 52-2251407 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| 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) | 62265791 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 48533746 |
| (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) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (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 | 62265791 | 48533746 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 107464 | 422336 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 107464 | 422336 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 62158327 | 48111410 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|-------------------|------------------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (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) | | 2508626 |
| (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 | | 2508626 |

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) | 140558 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 383341 | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 523899 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 523899 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1984727 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 28857529 |
| (2) From this plan | 2l(2) | | 44889173 |

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 _____.