

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

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>GALLIARD STABLE RETURN FUND J</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456</u>	2b Employer Identification Number (EIN) <u>94-3371778</u> 2c Plan Sponsor's telephone number <u>610-676-2369</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>HEATHER BILLERA</u>
	Signature of DFE	Date	Enter name of individual signing as 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
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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.	<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 <u>GALLIARD STABLE RETURN FUND J</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>94-3371778</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>72715140</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)
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)

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d Entity code

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d Entity code

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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&P TECHNOLOGY INC 401K PLAN	
b	Name of plan sponsor	A&P TECHNOLOGY INC	c EIN-PN 61-1274219-002
a	Plan name	ADCO CIRCUITS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADCO CIRCUITS, INC.	c EIN-PN 38-2378679-001
a	Plan name	BADGER TAG AND LABEL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	BADGER TAG AND LABEL CORPORATION	c EIN-PN 39-0144550-002
a	Plan name	BENETEAU EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	BENETEAU, INC	c EIN-PN 13-3311703-001
a	Plan name	BERKS KIDS DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	BERKS KIDS DENTISTRY, INC.	c EIN-PN 20-2195442-001
a	Plan name	BIG BEND BANKS 401K PSP	
b	Name of plan sponsor	MARFA NATIONAL BANK	c EIN-PN 74-0764555-004
a	Plan name	BLUE GRASS QUALITY MEATS HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	BLUE GRASS PROVISION COMPANY	c EIN-PN 61-0646109-003
a	Plan name	BLUE GRASS QUALITY MEATS SAVINGS PLAN	
b	Name of plan sponsor	BLUE GRASS PROVISION COMPANY	c EIN-PN 61-0646109-001
a	Plan name	BLUE GRASS QUALITY MEATS UNION 401K SAVINGS PLAN	
b	Name of plan sponsor	BLUE GRASS PROVISION COMPANY	c EIN-PN 61-0646109-004
a	Plan name	BORKE MOLD SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BORKE MOLD SPECIALISTS, INC.	c EIN-PN 31-1300225-001
a	Plan name	BOTTAR LEONE PLLC 401K PSP	
b	Name of plan sponsor	BOTTAR LEONE PLLC	c EIN-PN 13-4204637-001
a	Plan name	BRICK TEC INC 401(K)	
b	Name of plan sponsor	BRICK TEC, INC	c EIN-PN 31-1269734-001

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 BULLET WEIGHTS INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BULLET WEIGHTS INC	c EIN-PN 47-0551622-001
a	Plan name BURKE & THOMAS PLLP PSP 401K	
b	Name of plan sponsor BURKE & THOMAS PLLP	c EIN-PN 41-1850287-001
a	Plan name CALIFORNIA PHARMACISTS ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CALIFORNIA PHARMACISTS ASSOCIATION	c EIN-PN 95-0597003-002
a	Plan name CANNON INDUSTRIES INC 401K PSP	
b	Name of plan sponsor CANNON INDUSTRIES INC	c EIN-PN 16-1152293-001
a	Plan name CARLTON ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARLTON ENTERPRISES, INC.	c EIN-PN 73-1065505-001
a	Plan name CEA ASSOCIATES, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor CEA ASSOCIATES, LLC	c EIN-PN 13-4223948-002
a	Plan name CENTER FOR PLASTIC SURGERY, P.C. PS PLAN	
b	Name of plan sponsor THE CENTER FOR PLASTIC SURGERY, P.C.	c EIN-PN 52-1371055-001
a	Plan name CHAMPION GRAPHICS CORPORATION PSP	
b	Name of plan sponsor CHAMPION GRAPHICS CORPORATION	c EIN-PN 31-0592041-002
a	Plan name CHEMSERVE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MELPORT ENTERPRISES, LLC DBA CHEMSERVE ANALYTICAL	c EIN-PN 85-2490318-001
a	Plan name CLARK, BUTLER, WALSH & HAMANN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK, BUTLER, WALSH & HAMANN, P.C.	c EIN-PN 42-1172003-002
a	Plan name CLEARLIGHT PARTNERS MANAGEMENT, LLC 401(K)	
b	Name of plan sponsor CLEARLIGHT PARTNERS MANAGEMENT, LLC	c EIN-PN 33-0892931-001
a	Plan name COLLOM & CARNEY CLINIC 401K SAVING PLAN	
b	Name of plan sponsor COLLUM & CARNEY CLINIC	c EIN-PN 75-1151440-002

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 COMMUNITY HEALTH OF CENTRAL WASHINGTON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY HEALTH OF CENTRAL WASHINGTON	c EIN-PN 57-1140982-003
a	Plan name CONCEPT TAPISTRY INC 401K PLAN	
b	Name of plan sponsor CONCEPT TAPISTRY INC	c EIN-PN 14-2012696-001
a	Plan name CONKLIN CORP. PSP	
b	Name of plan sponsor CONKLIN CORPORATION	c EIN-PN 14-1427272-002
a	Plan name DEFOE CORP. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DEFOE CORP	c EIN-PN 13-1703801-006
a	Plan name DOGWATCH INC. 401K PLAN	
b	Name of plan sponsor DOGWATCH INC.	c EIN-PN 04-3073132-001
a	Plan name DUNBROOKE APPAREL CORP. 401K PLAN	
b	Name of plan sponsor DUNBROOKE APPAREL CORPORATION	c EIN-PN 20-0244063-001
a	Plan name EAST WEST PARTNERS MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAST WEST PARTNERS MANAGEMENT CO.	c EIN-PN 54-1391866-001
a	Plan name ECONOMY MUD PRODUCTS CO. 401K PSP	
b	Name of plan sponsor ECONOMY MUD PRODUCTS COMPANY	c EIN-PN 74-1138020-001
a	Plan name EDGEWATER FEDERAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor EDGEWATER TECHNOLOGY ASSOCIATES, INC	c EIN-PN 71-0928230-001
a	Plan name EMBASSY OF SWITZERLAND EMPLOYEES RSP	
b	Name of plan sponsor SWISS CONFEDERATION - EMBASSY OF SWITZERLAND IN THE USA	c EIN-PN 98-0135206-001
a	Plan name EMPLOYEES INCENTIVE SP OF CITIZENS BANK 401K	
b	Name of plan sponsor EES INCENTIVE SP OF CITIZENS BANK	c EIN-PN 55-0143600-002
a	Plan name ENGINEERING SERVICES & PRODUCTS COMPANY 401(K) DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor ENGINEERING SERVICES & PRODUCTS CO.	c EIN-PN 06-1037062-001

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	ESSEX COUNTY OBGYN 401K	
b	Name of plan sponsor	ESSEX COUNTY OBGYN ASSOC.	c EIN-PN 04-3252144-002
a	Plan name	EURECAT U.S. INC. EMPLOYEES 401K PLAN	
b	Name of plan sponsor	EURECAT U.S. INC.	c EIN-PN 23-1624208-001
a	Plan name	FAHS CONSTRUCTION GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAHS CONSTRUCTION GROUP	c EIN-PN 15-0561688-002
a	Plan name	FALLS AGENCY, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	R. FALLS AGENCY, INC.	c EIN-PN 41-1628925-001
a	Plan name	FAMILY MEDICINE ASSOCIATES OF TEXAS, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	FAMILY MEDICINE ASSOCIATES OF TEXAS, P.A.	c EIN-PN 75-2238374-001
a	Plan name	FIRST BAIRD BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST BAIRD BANCSHARES, INC.	c EIN-PN 75-1777399-002
a	Plan name	FIRST NATIONAL BANK ROTAN EMPLOYEE SAVINGS & PSP	
b	Name of plan sponsor	FIRST NATIONAL BANK OF ROLAN	c EIN-PN 75-2687553-002
a	Plan name	FIRST STATE BANK OF ODEM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST STATE BANK OF ODEM	c EIN-PN 74-1023977-002
a	Plan name	FLOWER CITY GLASS CO. OF NEW YORK, LLC EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOWER CITY GLASS CO. OF NEW YORK, LLC	c EIN-PN 26-1085690-002
a	Plan name	FOOTE & MILLER ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	FOOTE & MILLER ENTERPRISES, INC.	c EIN-PN 58-1030123-001
a	Plan name	FORENSIC ECONOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor	FORENSIC ECONOMICS, INC.	c EIN-PN 16-1441992-001
a	Plan name	FORT DAVIS STATE BANK 401K PLAN	
b	Name of plan sponsor	FORT DAVIS STATE BANK	c EIN-PN 74-0629810-001

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 FRANK P CROSSIN AGENCY 401K PS PL	
b	Name of plan sponsor FRANK P CROSSIN AGENCY INC	c EIN-PN 23-2230504-001
a	Plan name FREEBORN-MOWER COOPERATIVE SERVICES 401(K)	
b	Name of plan sponsor FREEBORN-MOWER COOPERATIVE SERVICES	c EIN-PN 41-0266055-001
a	Plan name G.C. HANFORD MFG. COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor G.C. HANFORD MANUFACTURING COMPANY	c EIN-PN 15-0332110-001
a	Plan name GARCIA HAMILTON & ASSOCIATES, L.P. 401(K) PLAN	
b	Name of plan sponsor GARCIA HAMILTON & ASSOCIATES, L.P.	c EIN-PN 76-0589652-001
a	Plan name GASTROENTEROLOGY CENTER PA 401K PSP	
b	Name of plan sponsor GASTROENTEROLOGY CENTER PA	c EIN-PN 72-1344547-001
a	Plan name GB MANUFACTURING CO. 401(K) PLAN	
b	Name of plan sponsor GB MANUFACTURING CO.	c EIN-PN 99-2557155-001
a	Plan name GENCOR INDUSTRIES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GENCOR INDUSTRIES INC	c EIN-PN 59-0933147-002
a	Plan name GENERATIONS BANK 401K PLAN	
b	Name of plan sponsor GENERATIONS BANK	c EIN-PN 15-0443420-004
a	Plan name GLADSTONE PLACE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GLADSTONE PLACE PARTNERS, LLC	c EIN-PN 82-1605627-001
a	Plan name GUTHRIE COUNTY STATE BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GUTHRIE COUNTY STATE BANK	c EIN-PN 42-1062941-001
a	Plan name H.R. OPTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor H.R. OPTIONS, INC.	c EIN-PN 94-3088173-001
a	Plan name HARVARD JOLLY, INC 401K PLAN	
b	Name of plan sponsor HARVARD JOLLY, INC	c EIN-PN 59-1430579-001

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	HELIX INTERNATIONAL 401K	
b	Name of plan sponsor	HELIX INTERNATIONAL INC.	c EIN-PN 36-3131939-001
a	Plan name	HERITAGE GROUP PSP	
b	Name of plan sponsor	HERITAGE ENCON GROUP INC	c EIN-PN 56-1804481-001
a	Plan name	HILLS LEGAL GROUP, LTD. 401K SAVINGS PLAN	
b	Name of plan sponsor	HILLS LEGAL GROUP, LTD.	c EIN-PN 39-1688487-001
a	Plan name	HOME SUPPLY & LUMBER CENTER INC 401K PLAN	
b	Name of plan sponsor	HOME SUPPLY & LUMBER CENTER INC	c EIN-PN 22-2130621-002
a	Plan name	HUMAN CAPITAL CONCEPTS LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	HUMAN CAPITAL CONCEPTS LLC	c EIN-PN 26-0177492-001
a	Plan name	ICM CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL CONTROLS AND MEASUREMENTS CORPORATION	c EIN-PN 16-1237093-001
a	Plan name	III N INVESTMENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	III N INVESTMENTS	c EIN-PN 46-4470568-001
a	Plan name	IMPACT ASSESSMENT INC RET PLAN	
b	Name of plan sponsor	IMPACT ASSESSMENT INC	c EIN-PN 95-3649615-003
a	Plan name	INTERMODAL MARKETING INC AND AFFILIATES 401K SAVINGS PLAN	
b	Name of plan sponsor	INTERMODAL MARKETING INC.	c EIN-PN 48-0953711-003
a	Plan name	INTER-STATE STUDIO & PUBLISHING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTER-STATE STUDIO & PUBLISHING CO.	c EIN-PN 44-0563337-001
a	Plan name	J.H. WILLIAMS OIL COMPANY, INC. 401K PLAN	
b	Name of plan sponsor	J.H. WILLIAMS OIL COMPANY, INC.	c EIN-PN 59-0572743-001
a	Plan name	JACKSON PAPER MANUFACTURING COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JACKSON PAPER MANUFACTURING COMPANY	c EIN-PN 58-2139114-001

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	JAMES C. SMITH EMPLOYEES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CHAMPLAIN TRUCK CENTER INC	c EIN-PN 14-1727126-001
a	Plan name	JARDINE LOGAN & OBRIEN PLLP 401K	
b	Name of plan sponsor	JARDINE LOGAN & O'BRIEN PLLP	c EIN-PN 41-0780420-003
a	Plan name	JNBA 401(K) PLAN	
b	Name of plan sponsor	JNBA FINANCIAL ADVISORS, LLC	c EIN-PN 86-1279106-002
a	Plan name	JOHN E. HUGHES & CO., PC 401K SAVINGS PLAN	
b	Name of plan sponsor	JOHN E. HUGHES & CO., P.C.	c EIN-PN 36-3077454-001
a	Plan name	KEELER CONSTRUCTION CO. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	KEELER CONSTRUCTION CO., INC.	c EIN-PN 16-0844121-001
a	Plan name	KEEN PARTS INC 401K	
b	Name of plan sponsor	KEEN PARTS INC	c EIN-PN 31-1304271-001
a	Plan name	KEK ASSOCIATES, INC 401K PLAN	
b	Name of plan sponsor	KEK ASSOCIATES, INC	c EIN-PN 16-1127028-002
a	Plan name	KENNETH S. NUGENT, PC 401K PLAN	
b	Name of plan sponsor	KENNETH S. NUGENT PC	c EIN-PN 58-1880562-001
a	Plan name	KLUDT BROTHERS INC. PSP	
b	Name of plan sponsor	KLUDT BROTHERS INC.	c EIN-PN 16-0983018-001
a	Plan name	LANG DISTRIBUTING, INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LANG DISTRIBUTING, INC.	c EIN-PN 36-2424611-333
a	Plan name	LAURIN PUBLISHING CO. 401(K)	
b	Name of plan sponsor	LAURIN PUBLISHING CO., INC.	c EIN-PN 04-2309574-001
a	Plan name	LOUNSBURY & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	LOUNSBURY & ASSOCIATES INC	c EIN-PN 92-0088982-001

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 MADDOX THOMSON&ASSOC 401K	
b	Name of plan sponsor MADDOX THOMSON&ASSOCIATES PC	c EIN-PN 76-0146530-001
a	Plan name MAGELLAN AEROSPACE, MIDDLETOWN LOCAL 2535 EMPLOYEES SAVINGS PLAN AND TRUST	
b	Name of plan sponsor AERONCA INC.	c EIN-PN 31-0196650-005
a	Plan name MASTER LEE ENERGY SRV 401K	
b	Name of plan sponsor MASTER LEE ENERGY SERVICES CORP.	c EIN-PN 25-1539551-001
a	Plan name MEDICAL CARE SOLUTIONS EE 401K	
b	Name of plan sponsor HEALTH CARE ASSOCIATED EMERGENCY PHYSICIANS LLC	c EIN-PN 20-1652231-001
a	Plan name MERCHANTS AUTOMOTIVE GROUP 401K	
b	Name of plan sponsor MERCHANTS AUTOMOTIVE GROUP	c EIN-PN 02-0270756-002
a	Plan name METALS SERVICE CENTER INSTITUTE 401K PLAN	
b	Name of plan sponsor METALS SERVICE CENTER INSTITUTE	c EIN-PN 34-0066490-002
a	Plan name METSA BOARD AMERICAS CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor METSA BOARD AMERICAS CORPORATION	c EIN-PN 13-2938479-012
a	Plan name MIDWEST CAPITAL SERVICES, LLC 401K	
b	Name of plan sponsor MIDWEST CAPITAL SERVICES, LLC	c EIN-PN 42-1552706-001
a	Plan name MIDWEST STEEL SUPPLY COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWEST STEEL SUPPLY COMPANY, INC.	c EIN-PN 41-0838868-001
a	Plan name MILLENNIUM RELIEF & DEVELOPMENT SERVICES 401K	
b	Name of plan sponsor MILLENIUM RELIEF AND DEVELOPMENT SERVICES INC.	c EIN-PN 76-0574590-001
a	Plan name MILLER ENVIRONMENTAL INC 401K PSP	
b	Name of plan sponsor MILLER ENVIROMENTAL INC	c EIN-PN 23-2762159-001
a	Plan name NASA 401K PLAN	
b	Name of plan sponsor NORTH ATLANTA SURGICAL ASSOCIATES, PC	c EIN-PN 20-3420899-001

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 NETZEL GRIGSBY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NETZEL GRIGSBY ASSOCIATES, INC.	c EIN-PN 95-3979428-001
a	Plan name NIKSUN INC 401K PLAN	
b	Name of plan sponsor NIKSUN INC.	c EIN-PN 52-2198843-001
a	Plan name NORTH DAKOTA DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor STATE OF NORTH DAKOTA	c EIN-PN 45-0282090-999
a	Plan name NORTHERN LAKES DENTAL OF GRAND RAPIDS 401(K) PLAN	
b	Name of plan sponsor CARGILL & STEFFENSON DENTAL, PLLC	c EIN-PN 88-4279871-001
a	Plan name NORTHPOINT DEVELOPMENT, LLC 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NORTHPOINT DEVELOPMENT, LLC	c EIN-PN 45-4405321-001
a	Plan name OCCUCARE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OCCUCARE CORPORATION	c EIN-PN 73-1588088-001
a	Plan name ODAY MANAGEMENT INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ODAY MANAGEMENT INC.	c EIN-PN 45-0218364-002
a	Plan name OYO CORPORATION USA 401K	
b	Name of plan sponsor OYO CORPORATION USA	c EIN-PN 76-0055223-001
a	Plan name PAVION CORP. 401(K) PLAN	
b	Name of plan sponsor PAVION CORP.	c EIN-PN 54-2054948-001
a	Plan name PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PBK ARCHITECTS, INC.	c EIN-PN 74-1975450-001
a	Plan name PEERLESS SUPPLY INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor PEERLESS SUPPLY	c EIN-PN 42-0891061-001
a	Plan name PIEDMONT UROLOGY PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIEDMONT UROLOGY, PLLC	c EIN-PN 33-1063400-001

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 PIONEER AUTOMOTIVE INDUSTRIES LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PIONEER AUTOMOTIVE INDUSTRIES LLC	c EIN-PN 27-2820681-001
a	Plan name PLAINS TOWNSHIP FIREMENS MPP	
b	Name of plan sponsor TOWNSHIP OF PLAINS	c EIN-PN 24-6001523-999
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 400 AND MECHANICAL CONTRACTORS ASSOCIATION OF NORTH CENTRAL WISCONSIN PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 39-1511099-001
a	Plan name PRECISION ENGINEERING INC 401K PENSION PLAN	
b	Name of plan sponsor PRECISION ENGINEERING, INC	c EIN-PN 91-0550472-004
a	Plan name PRYSM SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor PRYSM SYSTEMS, INC.	c EIN-PN 85-2763559-001
a	Plan name QPM AEROSPACE INC 401K PLAN AND TRUST	
b	Name of plan sponsor QPM AEROSPACE INC	c EIN-PN 91-1661474-001
a	Plan name R.S. KNAPP & CO 401K PSP	
b	Name of plan sponsor R.S. KNAPP & CO INC.	c EIN-PN 22-1545714-001
a	Plan name R.W. MERCER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R.W. MERCER COMPANY	c EIN-PN 38-2120488-001
a	Plan name R.W. MINER CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor R.W. MINER CORPORATION	c EIN-PN 94-2398734-001
a	Plan name REECE SUPPLY CO 401K PSP	
b	Name of plan sponsor REECE SUPPLY CO	c EIN-PN 75-0783034-001
a	Plan name REGIONAL EYE CENTER, PC 401K PSP	
b	Name of plan sponsor REGIONAL EYE CENTER, PC	c EIN-PN 43-1571170-001
a	Plan name REPCO INC. PROFIT SHARING TRUST	
b	Name of plan sponsor REPCO INC.	c EIN-PN 41-0952614-001

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	RINGER, HENRY, BUCKLEY & SEACORD, P.A. 401(K) SAVINGS PLAN	
b Name of plan sponsor	RINGER HENRY BUCKLEY & SEACORD	c EIN-PN 59-3521285-001
a Plan name	RJ KECK PIPE AND SUPPLY CO. PSP	
b Name of plan sponsor	RJ KECK PIPE AND SUPPLY CO.	c EIN-PN 36-3720025-001
a Plan name	ROYAL PLYWOOD CO 401K PROFIT SHARING PLAN	
b Name of plan sponsor	ROYAL PLYWOOD CO LLC	c EIN-PN 33-0836835-001
a Plan name	RUSSELL MECHANICAL INC. 401K PSP	
b Name of plan sponsor	RUSSELL MECHANICAL, INC.	c EIN-PN 68-0020552-001
a Plan name	SAE PRODUCTIONS, INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	SAE PRODUCTIONS	c EIN-PN 13-3798158-001
a Plan name	SCHULER CONSTRUCTORS 401K PLAN	
b Name of plan sponsor	SCHULER CONSTRUCTORS CORPORATION	c EIN-PN 46-5038746-002
a Plan name	SEIDEL AUTOMOTIVE 401K PLAN	
b Name of plan sponsor	SAVAGE HYUNDAI INC	c EIN-PN 23-2486763-001
a Plan name	SEITZ AGENCY INC 401K	
b Name of plan sponsor	SEITZ AGENCY INC	c EIN-PN 35-1381683-002
a Plan name	SEIU LOCAL 521 401K PLAN	
b Name of plan sponsor	SEIU LOCAL 521	c EIN-PN 20-8192637-001
a Plan name	SHOE SHOW RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SHOE SHOW, INC.	c EIN-PN 56-0848427-001
a Plan name	SJ ASSOCIATES NEW YORK INC 401K PLAN	
b Name of plan sponsor	SJ ASSOCIATES NEW YORK INC.	c EIN-PN 11-3200849-001
a Plan name	SKYLINE MOVERS INC. PROFIT SHARING PLAN	
b Name of plan sponsor	SKYLINE MOVERS, INC	c EIN-PN 36-2765401-001

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 SOLOW REALTY & DEVELOPMENT COMPANY LLC 401K PLAN	
b	Name of plan sponsor SOLOW REALTY & DEVELOPMENT COMPANY LLC	c EIN-PN 13-3887137-001
a	Plan name SORENSON ENGINEERING, INC. PROFIT SHARING AND 401(K) PLAN FOR SECONDARY AND CHEMICAL PROCESSING & PLATING EMPLOYEES	
b	Name of plan sponsor SORENSON ENGINEERING INC.	c EIN-PN 95-2104584-001
a	Plan name SPARTAN PROMOTIONAL GROUP, INC 401K RETIR. PLAN	
b	Name of plan sponsor SPARTAN PROMOTIONAL GROUP, INC.	c EIN-PN 41-1000809-001
a	Plan name SPRING CAPITAL II MANAGEMENT CO RP	
b	Name of plan sponsor SPRING CAPITAL II MANAGEMENT COMPANY	c EIN-PN 34-2062150-001
a	Plan name STAY HOME HEALTH 401K PLAN	
b	Name of plan sponsor STAY WELL HOME HEALTH LLC	c EIN-PN 80-0562292-001
a	Plan name STILLWATER ECOSYSTEM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STILLWATER ECOSYSTEM WATERSHED & RIVERINE SCIENCE	c EIN-PN 94-3241861-001
a	Plan name STONE ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STONE ENVIRONMENTAL INC.	c EIN-PN 03-0335427-001
a	Plan name STONECROFT MINISTRIES EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor STONECROFT MINISTRIES	c EIN-PN 43-6041686-002
a	Plan name STROHM BALLWEG, LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STROHM BALLWEG, LLP	c EIN-PN 04-2507163-001
a	Plan name SUMMIT STEEL & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor SUMMIT STEEL & MANUFACTURING INC.	c EIN-PN 23-2752287-001
a	Plan name TDK - LAMBDA AMERICAS INC. 401(K) PLAN	
b	Name of plan sponsor LAMBDA AMERICA	c EIN-PN 22-1898025-001
a	Plan name THE BETHANY TRUST CO (BTC) 401K PSP	
b	Name of plan sponsor THE BETHANY TRUST CO	c EIN-PN 44-0170910-002

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	THE MANKATO SURGERY CENTER, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	MANKATO SURGERY CENTER, LLC	c EIN-PN 41-1924647-001
a	Plan name	THE MECHANICAL SUPPLIES CO 401(K)	
b	Name of plan sponsor	THE MECHANICAL SUPPLIER COMPANY	c EIN-PN 31-0371950-001
a	Plan name	THE MIDWEST GRIP & LIGHTING 401(K) PLAN	
b	Name of plan sponsor	THE MIDWEST GRIP & LIGHTING CO.	c EIN-PN 31-1713173-001
a	Plan name	THE NOBILITY HOMES INC 401K PLAN	
b	Name of plan sponsor	NOBILITY HOMES, INC.	c EIN-PN 59-1166102-001
a	Plan name	THE NORTH DAKOTA SECTION 457(B) DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor	STATE OF NORTH DAKOTA	c EIN-PN 45-0282090-999
a	Plan name	THE ODELL GROUP, LLC 401(K)	
b	Name of plan sponsor	THE O'DELL GROUP, LLC	c EIN-PN 31-1631718-001
a	Plan name	THE POLLOCK CORPORATION RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	THE POLLOCK CORPORATION	c EIN-PN 23-1867084-003
a	Plan name	THE PORTER COMPANY 401K PLAN & TRUST	
b	Name of plan sponsor	THE PORTER COMPANY	c EIN-PN 74-2194094-001
a	Plan name	THE REALLY COOL FOOD COMPANY, LLC 401K	
b	Name of plan sponsor	THE REALLY COOL FOODS COMPANY LLC	c EIN-PN 37-1482854-001
a	Plan name	THE RESCUE MISSION OF UTICA RETIREMENT PLAN	
b	Name of plan sponsor	THE RESCUE MISSION OF UTICA	c EIN-PN 15-0569359-001
a	Plan name	THE WOMEN'S GROUP OF NORTHWESTERN, SC PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor	THE WOMEN'S GROUP OF NORTHWESTERN, SC	c EIN-PN 36-3672811-002
a	Plan name	TOP LEVEL PRINTING INK 401K PLAN	
b	Name of plan sponsor	TOP LEVEL PRINTING INK INC	c EIN-PN 75-2690742-001

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	TOPY AMERICA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TOPY AMERICA INC	c EIN-PN 61-1071332-001
a	Plan name	TOTAL ACTION AGAINST POVERTY IN ROANOKE VALLEY INC RETIREMENT AND 401K SAVINGS PLAN	
b	Name of plan sponsor	TOTAL ACTION AGAINST POVERTY IN ROANOKE VALLEY INC	c EIN-PN 54-6057095-002
a	Plan name	TOW DISTRIBUTING CORP 401K	
b	Name of plan sponsor	TOW DISTRIBUTING CORP	c EIN-PN 41-1237821-001
a	Plan name	TRAINOR ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRAINOR ASSOC INC	c EIN-PN 16-1339844-001
a	Plan name	TWINPLEX MANUFACTURING CO. PSP	
b	Name of plan sponsor	TWINPLEX MANUFACTURING CO.	c EIN-PN 36-2558141-001
a	Plan name	UROPARTNERS LLC 401K PSP	
b	Name of plan sponsor	UROPARTNERS LLC	c EIN-PN 20-1780406-001
a	Plan name	VLK ARCHITECTS, INC 401K PLAN	
b	Name of plan sponsor	VLK ARCHITECTS, INC	c EIN-PN 75-1993094-001
a	Plan name	WASHMAN LLC 401K PLAN	
b	Name of plan sponsor	WASHMAN LLC	c EIN-PN 93-1169826-001
a	Plan name	WAYNE ALARM SYSTEMS, INC. SAVINGS PLAN	
b	Name of plan sponsor	WAYNE ALARM SYSTEMS, INC.	c EIN-PN 04-2915588-001
a	Plan name	WEBSTER-HOFF 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	WEBSTER-HOFF CORPORATION	c EIN-PN 36-2718457-001
a	Plan name	WEINBRENNER SHOE COMPANY, INC. 401K	
b	Name of plan sponsor	WEINBRENNER SHOE COMPANY, INC.	c EIN-PN 39-1597573-001
a	Plan name	WEINBRENNER SHOE COMPANY, INC. SALARIED EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	WEINBRENNER SHOE COMPANY, INC.	c EIN-PN 39-1597573-003

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	WHIDBEY GENERAL HOSP EMPLOYEES 457 PLAN	
b Name of plan sponsor	SMDC MEDICAL CENTER	c EIN-PN 41-1878730-999
a Plan name	WHIDBEY GENERAL HOSPITAL EMPLOYEES 401(A) PLAN	
b Name of plan sponsor	SMDC MEDICAL CENTER	c EIN-PN 41-1878730-002
a Plan name	WHITE GOLD COTTON, LLC 410K PLAN	
b Name of plan sponsor	WHITE GOLD COTTON, LLC	c EIN-PN 10-0004188-001
a Plan name	WHITEWATER BANCORP, INC. 401K	
b Name of plan sponsor	WHITEWATER BANCORP, INC.	c EIN-PN 39-1321652-002
a Plan name	WILLIAMSPORT MUNICIPAL WATER AUTHORITY 457 PLAN	
b Name of plan sponsor	WILLIAMSPORT MUNICIPAL WATER & SANITARY AUTHORITY	c EIN-PN 24-6000720-999
a Plan name	WILLIAMSPORT SANITARY AUTHORITY 457 PLAN	
b Name of plan sponsor	WILLIAMSPORT MUNICIPAL WATER & SANITARY AUTHORITY	c EIN-PN 24-6000720-999
a Plan name	WOL 401K PLAN	
b Name of plan sponsor	BOYKO MGMT, INC DBA THE LODGE CARE CENTER	c EIN-PN 31-1331828-001
a Plan name	YAREMA DIE & ENGINEERING CO. EMPLOYEES PROFIT SHARING & SAVINGS PLAN	
b Name of plan sponsor	YAREMA DIE & ENGINEERING CO.	c EIN-PN 38-1684339-002
a Plan name	YORKVILLE SOUND 401(K) PLAN	
b Name of plan sponsor	YORKVILLE SOUND INC.	c EIN-PN 16-0966034-001
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
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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 J	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) 94-3371778

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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	72715140
(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)	

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	98768501	72715140
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	198908	143509
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	198908	143509
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	98569593	72571631

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)		3656784
(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		3656784

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)	185180	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	420860	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		606040
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		606040

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3050744
l Transfers of assets:			
(1) To this plan.....	2l(1)		13236541
(2) From this plan	2l(2)		42285247

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 _____.