

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 E
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): 52-2250951
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
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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 E</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>52-2250951</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>2845962961</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:		
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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)
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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)

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c EIN-PN

d Entity code

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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:

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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)

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	401K RET PL FOR EMPLOYEES OF MATHER	
b	Name of plan sponsor	MATHER	c EIN-PN 36-2233542-003
a	Plan name	401K RETIREMENT PLAN FOR EMPLOYEES OF MATHER	
b	Name of plan sponsor	MATHER	c EIN-PN 36-2233542-003
a	Plan name	401K RETIREMENT PLAN FOR REYNOLDS BARGAINING	
b	Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC	c EIN-PN 77-0710443-005
a	Plan name	401K RETIREMENT PLAN FOR REYNOLDS CONSUMER PRODUCTS	
b	Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC	c EIN-PN 77-0710443-010
a	Plan name	ACME MANUFACTURING COMPANY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ACME MANUFACTURING COMPANY	c EIN-PN 38-0281850-004
a	Plan name	ACTIVISION BLIZZARD, INC. 401(K) PLAN	
b	Name of plan sponsor	ACTIVISION BLIZZARD, INC.	c EIN-PN 94-2606438-001
a	Plan name	AGGRESSIVE TOOLING INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AGGRESSIVE TOOLING INC	c EIN-PN 38-2876127-001
a	Plan name	AID TO ADOPTION OF SPECIAL KIDS 401(K) PLAN	
b	Name of plan sponsor	AID TO ADOPTION OF SPECIAL KIDS ARIZONA	c EIN-PN 86-0611935-002
a	Plan name	AIMBRIDGE PARENT, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMBRIDGE PARENT, INC.	c EIN-PN 83-2882262-001
a	Plan name	AIRCO MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIRCO MECHANICAL, INC.	c EIN-PN 94-2292784-004
a	Plan name	AIRSHARE 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE FLIGHT SERVICES, LLC	c EIN-PN 45-0486386-001
a	Plan name	ALLEN AND ALLEN COMPANY 401(K) PLAN	
b	Name of plan sponsor	ALLEN AND ALLEN, LTD DBA ALLEN AND ALLEN COMPANY	c EIN-PN 74-1782480-001

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 ALOHILANI RESORT WAIKIKI BEACH EMPLOYEES' INVESTMENT PLAN	
b	Name of plan sponsor HIGHGATE HOTELS, L.P. DBA 'ALOHILANI RESORT WAIKIKI BEACH	c EIN-PN 20-8725068-003
a	Plan name ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALPINE PHYSICIAN PARTNERS, LLC	c EIN-PN 86-1193595-001
a	Plan name ALTICE USA 401(K) SAVINGS PLAN	
b	Name of plan sponsor CSC HOLDINGS, LLC	c EIN-PN 27-0726696-010
a	Plan name ARBITRATION FORUMS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ARBITRATION FORUMS INC	c EIN-PN 13-3095444-002
a	Plan name ARG 401(K) PLAN	
b	Name of plan sponsor ALLERGY RESEARCH GROUP LLC	c EIN-PN 13-3940486-001
a	Plan name ARMSTRONG COMPANIES, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARMSTRONG COMPANIES, LTD.	c EIN-PN 56-2636767-001
a	Plan name ARROW INTERNATIONAL, INC. PROFIT SHARING PLAN-1	
b	Name of plan sponsor ARROW INTERNATIONAL, INC.	c EIN-PN 34-1018618-001
a	Plan name ARROW TRUCK SALES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ARROW TRUCK SALES, INC.	c EIN-PN 44-0564026-003
a	Plan name ARTISAN PACKAGING RETIREMENT PLAN	
b	Name of plan sponsor ARTISAN PACKAGING LLC	c EIN-PN 84-2482655-001
a	Plan name ASE 401(K) PLAN	
b	Name of plan sponsor NATIONAL INSTITUTE FOR AUTOMOTIVE SERVICE EXCELLENCE	c EIN-PN 52-0954597-002
a	Plan name ASE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL INSTITUTE FOR AUTOMOTIVE SERVICE EXCELLENCE	c EIN-PN 52-0954597-051
a	Plan name ASKLEPIOS BIOPHARMACEUTICALS INC 401K PLAN	
b	Name of plan sponsor ASKLEPIOS BIOPHARMACEUTICAL INC	c EIN-PN 20-0267834-001

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	ATLANTIS SUBMARINES HAWAII 401K PLAN	
b	Name of plan sponsor	ATLANTIS SUBMARINES HAWAII	c EIN-PN 99-0264776-333
a	Plan name	ATLAS SP PARTNERS LP 401(K) PLAN	
b	Name of plan sponsor	ATLAS SP PARTNERS LP	c EIN-PN 92-1421772-001
a	Plan name	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED	c EIN-PN 13-2623463-007
a	Plan name	AVIXA SAVINGS & SALARY PLAN	
b	Name of plan sponsor	AVIXA, INC.	c EIN-PN 54-0621493-002
a	Plan name	AVMA EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN VETERINARY MEDICAL ASSOCIATION	c EIN-PN 36-0731170-002
a	Plan name	AXIOS INCORPORATED MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	AXIOS INCORPORATED	c EIN-PN 38-3043089-002
a	Plan name	BAKER VEHICLE SYSTEMS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BAKER VEHICLE SYSTEMS, INC.	c EIN-PN 34-0690924-001
a	Plan name	BALANCE TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	BALANCE TECHNOLOGY, INC.	c EIN-PN 38-2822225-001
a	Plan name	BALCH & BINGHAM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BALCH & BINGHAM LLP	c EIN-PN 63-0328165-001
a	Plan name	BARON & BUDD PC 401K RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BARON & BUDD	c EIN-PN 75-1573501-002
a	Plan name	BATSKA CONSULTING GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BATSKA CONSULTING GROUP, LLC	c EIN-PN 46-2319637-001
a	Plan name	BEACON MUTUAL INSURANCE CO. 401(K)	
b	Name of plan sponsor	THE BEACON MUTUAL INSURANCE COMPANY	c EIN-PN 05-0458697-001

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	BERGLUND MANAGEMENT GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	BERGLUND MANAGEMENT GROUP, INC.
c	EIN-PN	54-1375337-001
a	Plan name	BEST BUY PUERTO RICO RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BEST BUY COMPANY, INC.
c	EIN-PN	41-0907483-003
a	Plan name	BILTMORE FARMS, LLC 401(K) PLAN
b	Name of plan sponsor	BILTMORE FARMS, LLC
c	EIN-PN	56-1244909-002
a	Plan name	BISHOP MCCANN LLC 401(K) P/S PLAN
b	Name of plan sponsor	BISHOP MCCANN LLC
c	EIN-PN	43-1780872-001
a	Plan name	BLOOMSBURY PUBLISHING INC. 401(K) PLAN
b	Name of plan sponsor	BLOOMSBURY PUBLISHING INC.
c	EIN-PN	98-0200610-001
a	Plan name	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY 401K PLAN
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY
c	EIN-PN	43-1257251-002
a	Plan name	BLUEBEAM, INC. 401(K) PLAN
b	Name of plan sponsor	BLUEBEAM INC.
c	EIN-PN	71-0886329-001
a	Plan name	BODEGA LATINA 401(K) RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	CHEDRAUI USA, INC.
c	EIN-PN	95-4517472-001
a	Plan name	BOWMAN 401(K) PLAN
b	Name of plan sponsor	BOWMAN AUTO GROUP, INC.
c	EIN-PN	81-2848097-002
a	Plan name	BREAD FINANCIAL 401(K) PLAN
b	Name of plan sponsor	BREAD FINANCIAL PAYMENTS, INC.
c	EIN-PN	13-3163498-001
a	Plan name	BRICKLAYERS & ALLIED CRAFTSWORKERS LOCAL 5 401K
b	Name of plan sponsor	BRICKLAYERS & ALLIED CRAFTSWORKERS LOCAL 5 OF NJ
c	EIN-PN	80-0083081-001
a	Plan name	BRIGHTSPHERE INC. PROFIT SHARING & 401(K) PLAN
b	Name of plan sponsor	BRIGHTSPHERE INC.
c	EIN-PN	04-2714625-002

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	BRISTOL MYERS SQUIBB PUERTO RICO SAVINGS & INVESTMENT PROGRAM	
b	Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	c EIN-PN 66-0256665-002
a	Plan name	BROADWAY SACRAMENTO 401(K) EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BROADWAY SACRAMENTO	c EIN-PN 95-1744392-002
a	Plan name	BROWN & BROWN EMPLOY SAVINGS PLANS	
b	Name of plan sponsor	BROWN & BROWN INC.	c EIN-PN 59-0864469-002
a	Plan name	BS&A SOFTWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BS&A SOFTWARE	c EIN-PN 38-3024767-001
a	Plan name	BUTTERBALL LLC SALARY & HOURLY 401(K) PLAN	
b	Name of plan sponsor	BUTTERBALL LLC	c EIN-PN 56-1458630-003
a	Plan name	CADRECO INCORPORATED FLEXIBLE RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	CADRECO INCORPORATED	c EIN-PN 34-1912222-002
a	Plan name	CALIFORNIA WATER SERVICE COMPANY SAVINGS PLAN	
b	Name of plan sponsor	CALIFORNIA WATER SERVICE COMPANY	c EIN-PN 94-0362795-004
a	Plan name	CAMCO MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor	YELLOWSTONE HOLDINGS GROUP, LLC	c EIN-PN 87-2200548-001
a	Plan name	CANON MEDICAL SYSTEMS USA INC 401K SAVINGS PLAN	
b	Name of plan sponsor	CANON MEDICAL SYSTEMS USA INC	c EIN-PN 68-0178440-001
a	Plan name	CATE SCHOOL CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	CATE SCHOOL CORPORATION	c EIN-PN 95-1644630-002
a	Plan name	CATHOLIC CHARITIES HAWAII RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES HAWAII	c EIN-PN 99-0073547-002
a	Plan name	CKE SAVINGS PLAN	
b	Name of plan sponsor	CKE RESTAURANTS HOLDINGS, INC.	c EIN-PN 90-0941003-001

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 CLAYTON HOMES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CLAYTON HOMES, INC.	c EIN-PN 62-1671360-002
a	Plan name CLEARWATER PAPER CORPORATION 401K PLAN	
b	Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-022
a	Plan name CLEARWATER PAPER CORPORATION REPRESENTED 401K PLAN	
b	Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-039
a	Plan name COLUMBIA FOREST PRODUCTS, INC. EMPLOYEE 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor COLUMBIA FOREST PRODUCTS, INC	c EIN-PN 93-0672034-004
a	Plan name COMMERICAL ELECTRIC, INC PROFIT-SHARING PLAN	
b	Name of plan sponsor COMMERICAL ELECTRIC, INC	c EIN-PN 99-0119467-003
a	Plan name COMPUCOM SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMPUCOM SYSTEMS, INC.	c EIN-PN 38-2363156-002
a	Plan name CONTROL POINT SURVEYING 401(K) PSP	
b	Name of plan sponsor CONTROLPOINT SURVEYING, INC.	c EIN-PN 99-0229240-001
a	Plan name CO-OP PENSION PLAN	
b	Name of plan sponsor TENNESSEE FARMERS COOPERATIVE	c EIN-PN 62-1216249-333
a	Plan name CORNERSTONE BUILDING BRANDS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE BUILDING BRANDS INC	c EIN-PN 76-0127701-001
a	Plan name COUNTY OF SACRAMENTO 401A DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COUNTY OF SACRAMENTO	c EIN-PN 94-6000529-999
a	Plan name COUNTY OF SACRAMENTO 457B DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COUNTY OF SACRAMENTO	c EIN-PN 94-6000529-999
a	Plan name COVETRUS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COVETRUS, INC.	c EIN-PN 83-1448706-002

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	CRITEO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CRITEO	c EIN-PN 27-0460745-001
a	Plan name	CRYSTAL CLINIC 401(K) PLAN	
b	Name of plan sponsor	CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC	c EIN-PN 26-1130649-001
a	Plan name	DAY & ZIMMERMANN 401(K) PLAN FOR CONTRACT EMPLOYEES	
b	Name of plan sponsor	DAY & ZIMMERMANN GROUP, INC.	c EIN-PN 23-3024522-015
a	Plan name	DAY & ZIMMERMANN RETIREMENT PLAN	
b	Name of plan sponsor	DAY & ZIMMERMANN GROUP, INC.	c EIN-PN 23-3024522-013
a	Plan name	DES MOINES ORTHOPAEDIC SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DES MOINES ORTHOPAEDIC SURGEONS, P.C.	c EIN-PN 42-0984558-002
a	Plan name	DETROIT 90/90 RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DETROIT 90/90	c EIN-PN 45-4722161-001
a	Plan name	DIGI-KEY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGI-KEY CORPORATION	c EIN-PN 41-1234968-001
a	Plan name	DIVERSIFIED HOLDINGS GROUP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MYR GROUP INC	c EIN-PN 36-3158643-001
a	Plan name	DOLE PACKAGED FOODS, LLC HOURLY EMPLOYEES 401K PLAN	
b	Name of plan sponsor	DOLE PACKAGED FOODS, LLC	c EIN-PN 26-0130381-002
a	Plan name	DOLE PACKAGED FOODS, LLC SALARIED EMPLOYEES 401K PLAN	
b	Name of plan sponsor	DOLE PACKAGED FOODS, LLC	c EIN-PN 26-0130381-001
a	Plan name	DOLLAR GENERAL CORPORATION 401K SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	DOLLAR GENERAL CORPORATION	c EIN-PN 61-0502302-002
a	Plan name	DPT LABORATORIES, LTD. 401(K) PLAN	
b	Name of plan sponsor	DPT LABORATORIES, LTD.	c EIN-PN 74-2802344-001

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 DUPLIN WINE CELLARS, INC. 401(K) PLAN	
b	Name of plan sponsor DUPLIN WINE CELLARS, INC.	c EIN-PN 56-1119842-001
a	Plan name DYKEMA GOSSETT PLLC SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor DYKEMA GOSSETT PLLC	c EIN-PN 38-1446628-002
a	Plan name DYNATECT MANUFACTURING, INC. RETIREMENT & EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DYNATECT MANUFACTURING, INC.	c EIN-PN 20-8635723-001
a	Plan name EDGE TECHNOLOGIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EDGE TECHNOLOGIES INC	c EIN-PN 54-1734142-001
a	Plan name EDP RENEWABLES NORTH AMERICA LLC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EDP RENEWABLES NORTH AMERICA LLC	c EIN-PN 26-0860404-001
a	Plan name EDWARD ENTERPRISES, INC. 401K & STOCK BONUS PLAN	
b	Name of plan sponsor EDWARD ENTERPRISES	c EIN-PN 99-0091324-002
a	Plan name ELLISON SCHNEIDER HARRIS & DONLAN LLP 401(K) PLAN	
b	Name of plan sponsor ELLISON SCHNEIDER HARRIS & DONLAN LLP	c EIN-PN 94-3110775-001
a	Plan name EMERY SAPP & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor EMERY SAPP CONSTRUCTION, INC.	c EIN-PN 52-2144296-001
a	Plan name EMPLOYEE RETIREMENT PLAN FOR CLOSURE SYSTEMS INTERNATIONAL	
b	Name of plan sponsor CLOSURE SYSTEMS INTERNATIONAL HOLDINGS INC	c EIN-PN 77-0710458-001
a	Plan name EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PACTIV EVERGREEN SERVICES, INC.	c EIN-PN 27-0147082-004
a	Plan name EMPLOYEE SAVINGS PLAN FOR EVERGREEN PACKAGING	
b	Name of plan sponsor PACTIV EVERGREEN SERVICES, INC.	c EIN-PN 20-8042663-007
a	Plan name EMPLOYEE SAVINGS PLAN FOR GRAHAM PACKAGING	
b	Name of plan sponsor GRAHAM PACKAGING COMPANY, L.P.	c EIN-PN 23-2786688-011

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	EMPLOYEE SAVINGS PLAN FOR PACTIV BARGAINING	
b	Name of plan sponsor	PACTIV EVERGREEN SERVICES, INC.	c EIN-PN 27-0147082-034
a	Plan name	ENERGY REPS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENERGY REPS, INC.	c EIN-PN 92-2747377-001
a	Plan name	ENGINEERS SURVEYORS HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENGINEERS SURVEYORS HAWAII, INC.	c EIN-PN 99-0115272-001
a	Plan name	ENHANCE THERAPIES 401(K) PLAN	
b	Name of plan sponsor	ENHANCE THERAPIES	c EIN-PN 22-3321058-001
a	Plan name	ERESEARCH TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	ERESEARCH TECHNOLOGY, INC.	c EIN-PN 22-3264604-001
a	Plan name	ESSENTIA HEALTH RETIREMENT PLAN	
b	Name of plan sponsor	ESSENTIA HEALTH	c EIN-PN 20-0360007-002
a	Plan name	EVERON 401(K) PLAN	
b	Name of plan sponsor	EVERON LLC	c EIN-PN 90-0008456-001
a	Plan name	EXPRESS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	EXPRESS, LLC	c EIN-PN 54-2170160-001
a	Plan name	FANNON PETROLEUM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FANNON PETROLEUM SERVICES, INC.	c EIN-PN 54-0717024-002
a	Plan name	FARROW ORTHODONTICS HOLDINGS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARROW ORTHODONTICS HOLDINGS, PLLC	c EIN-PN 36-4752154-001
a	Plan name	FASTENER INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	FASTENER INDUSTRIES, INC.	c EIN-PN 34-0439680-002
a	Plan name	FIESTA MART, L.L.C. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	FIESTA MART, L.L.C.	c EIN-PN 74-1874033-003

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	FIRST HAWAIIAN BANK 401K PLAN	
b	Name of plan sponsor	FIRST HAWAIIAN BANK	c EIN-PN 94-3282769-001
a	Plan name	FIRST QUALITY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FIRST QUALITY ENTERPRISES, INC.	c EIN-PN 23-2744573-001
a	Plan name	FIRST US BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST US BANCSHARES, INC.	c EIN-PN 63-0843362-001
a	Plan name	FMBCNC 401(K) PLAN	
b	Name of plan sponsor	FMBCNC, LLC	c EIN-PN 93-3650103-001
a	Plan name	FORGEROCK 401(K) PLAN	
b	Name of plan sponsor	FORGEROCK US, INC.	c EIN-PN 27-2710676-001
a	Plan name	FREEPORT LNG 401(K) PLAN	
b	Name of plan sponsor	FREEPORT LNG DEVELOPMENT, L.P.	c EIN-PN 27-0030411-001
a	Plan name	GEBHART HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	GEBHART HOLDINGS, INC.	c EIN-PN 47-5466057-001
a	Plan name	GHIRARDELLI CHOCOLATE COMPANY 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	GHIRARDELLI CHOCOLATE COMPANY	c EIN-PN 95-3451829-001
a	Plan name	GLOBUS MEDICAL INC. 401(K) PLAN	
b	Name of plan sponsor	GLOBUS MEDICAL, INC.	c EIN-PN 04-3744954-001
a	Plan name	GNUTTI CARLO USA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GNUTTI CARLO USA, INC.	c EIN-PN 46-1469504-002
a	Plan name	GOVERNMENT OF GUAM 457	
b	Name of plan sponsor	GOVERNMENT OF GUAM	c EIN-PN 66-0537873-999
a	Plan name	GRACE HEALTH 401(K) PLAN	
b	Name of plan sponsor	GRACE HEALTH	c EIN-PN 38-2679075-002

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	GREAT SOUTHWESTERN CONSTRUCTION INC HOURLY FIELD EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	GREAT SOUTHWESTERN CONSTRUCTION INC.	c EIN-PN 84-0739182-005
a	Plan name	GREIF 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREIF PACKAGING LLC	c EIN-PN 36-3268123-001
a	Plan name	GREYHOUND LINES, INC. 401(K) RET SAVINGS PLAN	
b	Name of plan sponsor	GREYHOUND LINES, INC.	c EIN-PN 86-0572343-001
a	Plan name	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP 401(K) PLAN	
b	Name of plan sponsor	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP	c EIN-PN 68-0547078-001
a	Plan name	HBC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HBC US HOLDINGS LLC	c EIN-PN 99-0372181-001
a	Plan name	HEALTH PLANS INC 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor	HEALTH PLANS INC	c EIN-PN 04-2734278-002
a	Plan name	HENDERSON GALLAGHER & KANE, AAL, ALC 401K	
b	Name of plan sponsor	HENDERSON GALLAGHER & KANE, AAL, ALC	c EIN-PN 99-0325291-001
a	Plan name	HRP CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HRP CONSTRUCTION, INC.	c EIN-PN 35-1489621-002
a	Plan name	HVCB 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HVCB	c EIN-PN 99-0040323-002
a	Plan name	HYLIION 401(K) PLAN	
b	Name of plan sponsor	HYLIION, INC.	c EIN-PN 81-1230166-001
a	Plan name	ICANN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	c EIN-PN 95-4712218-001
a	Plan name	ICG ILLINOIS LLC RETIREMENT PLAN	
b	Name of plan sponsor	ICG ILLINOIS LLC	c EIN-PN 20-1620272-001

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	IGT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IGT	c EIN-PN 88-0173041-001
a	Plan name	IMANAKA KUDO & FUJIMOTO, LLLC 401K RET SVGS PLAN	
b	Name of plan sponsor	IMANAKA KUDO & FUJIMOTO, LLLC	c EIN-PN 99-0355223-001
a	Plan name	INTEGRATIVE NUTRITION 401(K) PLAN	
b	Name of plan sponsor	INTEGRATIVE NUTRITION, LLC	c EIN-PN 13-3693890-001
a	Plan name	INTERFACE SECURITY SYSTEMS HOLDING, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	INNOVATION TECH INVESTORS, LLC	c EIN-PN 85-4345756-002
a	Plan name	INTERSTATE FOAM & SUPPLY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERSTATE FOAM & SUPPLY, INC.	c EIN-PN 56-1313514-001
a	Plan name	IOWA HOME CARE 401K RETIREMENT PLAN	
b	Name of plan sponsor	IOWA HOME CARE LLC	c EIN-PN 27-0084601-001
a	Plan name	IRONHORSE RESOURCES, INC. PROFIT SHARING 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	IRONHORSE RESOURCES, INC.	c EIN-PN 37-1271172-001
a	Plan name	ITI, INC. 401(K) PLAN	
b	Name of plan sponsor	ITI, INC.	c EIN-PN 30-0074620-001
a	Plan name	JOHN H. CARTER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN H. CARTER CO., INC.	c EIN-PN 72-0494338-002
a	Plan name	JOHNNIE WALKER R.V.S 401K PLAN & TRUST	
b	Name of plan sponsor	JOHNNY WALKER TRAILERS INC	c EIN-PN 88-0099902-002
a	Plan name	JOHNSON & WALES UNIVERSITY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOHNSON & WALES UNIVERSITY	c EIN-PN 05-0306206-002
a	Plan name	KINGNAPS, INC. 401(K) PLAN	
b	Name of plan sponsor	KINGNAPS, INC. DBA MEDICAP PHARMACY	c EIN-PN 34-1840230-001

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	KNIGHT HAWK COAL 401K PSP&T	
b	Name of plan sponsor	KNIGHT HAWK COAL LLC	c EIN-PN 54-1858790-001
a	Plan name	KOBAYASHI, SUGITA & GODA 401K PSP	
b	Name of plan sponsor	KOBAYASHI, SUGITA & GODA LLP	c EIN-PN 99-0283752-001
a	Plan name	KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	KORN FERRY	c EIN-PN 95-2623879-003
a	Plan name	LANDS' END, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LANDS' END, INC.	c EIN-PN 36-2512786-001
a	Plan name	LAW OFFICES OF WILLIAM KIANG RETIREMENT PLAN	
b	Name of plan sponsor	LAW OFFICES OF WILLIAM KIANG	c EIN-PN 47-5068332-001
a	Plan name	LH GAMBLE CO LTD 401K PROFIT SHARING-RETIREMENT SP	
b	Name of plan sponsor	LH GAMBLE CO., LTD.	c EIN-PN 99-0142912-002
a	Plan name	LINDAMOOD-BELL LEARNING PROCESSES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LINDAMOOD-BELL LEARNING PROCESSES	c EIN-PN 77-0140920-001
a	Plan name	LOC PERFORMANCE PRODUCTS, INC. 401K PLAN	
b	Name of plan sponsor	LOC PERFORMANCE PRODUCTS, INC.	c EIN-PN 38-2131316-001
a	Plan name	LOC PERFORMANCE PRODUCTS, INC. BARGAINING UNIT EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	LOC PERFORMANCE PRODUCTS, INC.	c EIN-PN 38-2131316-002
a	Plan name	LOFTIN EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	LOFTIN EQUIPMENT COMPANY	c EIN-PN 86-0041520-001
a	Plan name	LOMBARDO 401(K) PLAN	
b	Name of plan sponsor	LOMBARDO HOMES OF MICHIGAN LLC	c EIN-PN 84-3717877-001
a	Plan name	LOS LEONES 401K RETIREMENT PLAN	
b	Name of plan sponsor	CASA RIO, INC.	c EIN-PN 74-2591608-001

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	LOTTE BIOLOGICS 401(K) PLAN	
b	Name of plan sponsor	LOTTE BIOLOGICS USA, LLC	c EIN-PN 88-3288202-001
a	Plan name	M A MORTENSON COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	M A MORTENSON COMPANY	c EIN-PN 41-0740923-001
a	Plan name	M A MORTENSON COMPANY RETIREMENT SAVINGS PLAN AND TRUST FOR TRADE EMPLOYEES	
b	Name of plan sponsor	M A MORTENSON COMPANY	c EIN-PN 41-0740923-002
a	Plan name	MACK UAW 401(K) PLAN	
b	Name of plan sponsor	MACK TRUCKS, INC.	c EIN-PN 22-1582040-012
a	Plan name	MACQUARIE HOLDINGS (USA) 401(K) PLAN	
b	Name of plan sponsor	MACQUARIE GROUP	c EIN-PN 13-3789912-001
a	Plan name	MALLINCKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MEH, INC.	c EIN-PN 65-0952696-001
a	Plan name	MARATHON CHEESE EMPLOYEE'S 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARATHON CHEESE CORPORATION	c EIN-PN 39-0873270-001
a	Plan name	MARCON ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARCON ENTERPRISES, INC.	c EIN-PN 23-2194209-003
a	Plan name	MARINA DEL REY HOSPITAL 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CFHS HOLDINGS INC	c EIN-PN 20-1645949-001
a	Plan name	MARSH AUTOMOTIVE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MARSH AUTOMOTIVE GROUP	c EIN-PN 38-3260370-001
a	Plan name	MARTIN MARIETTA SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MARTIN MARIETTA MATERIALS, INC.	c EIN-PN 56-1848578-006
a	Plan name	MAUI OIL CO. INC. 401(K) PSP	
b	Name of plan sponsor	MAUI OIL CO. INC.	c EIN-PN 99-0209893-001

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 MCGRATH RENTCORP EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
b	Name of plan sponsor MCGRATH RENTCORP	c EIN-PN 94-2579843-001
a	Plan name MECHANICAL ENGINEERS OF HI CORP 401K PSP	
b	Name of plan sponsor MECHANICAL ENGINEERS OF HAWAII CORPORATION	c EIN-PN 99-0181699-001
a	Plan name MEMORIAL RETIREMENT PLAN	
b	Name of plan sponsor MEMORIAL HEALTHCARE	c EIN-PN 38-1358208-002
a	Plan name MENDO GROUP SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor MENDOCINO FOREST PRODUCTS, CO., LLC, ET AL	c EIN-PN 68-0413127-001
a	Plan name MERITUS HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor MERITUS MEDICAL CENTER, INC.	c EIN-PN 52-0607949-003
a	Plan name MGIC PENSION PLAN	
b	Name of plan sponsor MGIC INVESTMENT CORPORATION	c EIN-PN 39-1486475-001
a	Plan name MICHAEL & SUSAN DELL FOUNDATION 401(K) PLAN	
b	Name of plan sponsor MICHAEL & SUSAN DELL FOUNDATION	c EIN-PN 36-4336415-001
a	Plan name MICHIGAN STATE UNIVERSITY FEDERAL CREDIT UNION	
b	Name of plan sponsor MICHIGAN STATE UNIVERSITY FEDERAL CREDIT UNION	c EIN-PN 38-1373106-002
a	Plan name MIDWEST AGENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor MIDWEST AGENERGY GROUP LLC	c EIN-PN 46-3072158-001
a	Plan name MILL STEEL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE MILL STEEL CO.	c EIN-PN 38-1676218-001
a	Plan name MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PARTNERSHIP EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor MINNESOTA TIMBERWOLVES BASKETBALL, LP	c EIN-PN 41-1796677-002
a	Plan name MITSUBISHI MOTORS NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MITSUBISHI MOTORS NORTH AMERICA, INC.	c EIN-PN 95-3673256-002

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	MITSUBISHI MOTORS R AND D OF AMERICA INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	MITSUBISHI MOTORS R & D OF AMERICA, INC
c	EIN-PN	37-1353100-001
a	Plan name	MMT 401K PLAN
b	Name of plan sponsor	MEDICAL MANUFACTURING TECHNOLOGIES LLC
c	EIN-PN	84-4970887-001
a	Plan name	MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO.10 457(B) PLAN
b	Name of plan sponsor	MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 10
c	EIN-PN	76-0519645-999
a	Plan name	MULLER AG, LLC PROFIT SHARING PLAN
b	Name of plan sponsor	MULLER AG, LLC
c	EIN-PN	83-3073886-001
a	Plan name	MYLAN LLC PROFIT SHARING EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	MYLAN LLC
c	EIN-PN	66-0430539-002
a	Plan name	MYLAN PHARMACEUTICALS INC. 401(K) DEFINED CONTRIBUTION
b	Name of plan sponsor	MYLAN PHARMACEUTICALS INC.
c	EIN-PN	55-0455423-005
a	Plan name	MYLAN PUERTO RICO PSP ESP
b	Name of plan sponsor	MYLAN LLC
c	EIN-PN	66-0430539-001
a	Plan name	MYLAN, INC PSP 401(K)
b	Name of plan sponsor	MYLAN
c	EIN-PN	25-1211621-001
a	Plan name	O & A, INC. AND AFFILIATES 401(K) PLAN
b	Name of plan sponsor	LONG-LEWIS FORD OF THE SHOALS, INC.
c	EIN-PN	63-1171028-001
a	Plan name	OCEAN WINDS 401(K) PLAN
b	Name of plan sponsor	OW NORTH AMERICA, LLC
c	EIN-PN	38-4060463-001
a	Plan name	ODYSSEY HEALTH SYSTEM, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ODYSSEY HEALTH SYSTEMS, LLC
c	EIN-PN	26-1251043-001
a	Plan name	ODYSSEY REINSURANCE COMPANY PROFIT SHARING PLAN
b	Name of plan sponsor	ODYSSEY REINSURANCE COMPANY
c	EIN-PN	47-0698507-001

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	OFFICE DEPOT INC 401K	
b Name of plan sponsor	OFFICE DEPOT INC	c EIN-PN 59-2663954-001
a Plan name	OLELO THE CORP FOR COMMUNITY TELEVISION MPP	
b Name of plan sponsor	OLELO THE CORPORATION FOR COMMUNITY TELEVISION	c EIN-PN 99-0275429-001
a Plan name	OTTO INDUSTRIES NORTH AMERICA, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	OTTO INDUSTRIES NORTH AMERICA, INC.	c EIN-PN 13-3167183-001
a Plan name	PAGE ASSOCIATES, INC. EMPLOYEES SAVINGS PLAN	
b Name of plan sponsor	PAGE ASSOCIATES, INC.	c EIN-PN 54-1085794-001
a Plan name	PATHOLOGY CONSULTANTS OF CENTRAL VA, INC. 401(K) PROFIT SHARING AND TRUST	
b Name of plan sponsor	PATHOLOGY CONSULTANTS OF CENTRAL VA, INC.	c EIN-PN 54-1120844-001
a Plan name	PATIENT FIRST 401(K) PLAN	
b Name of plan sponsor	PATIENT FIRST CORPORATION	c EIN-PN 54-1353272-001
a Plan name	PEARL CITY MEDICAL ASSOCIATES, INC 401K	
b Name of plan sponsor	PEARL CITY MEDICAL ASSOCIATES, INC.	c EIN-PN 99-0144440-001
a Plan name	PEEBLES KIDDER BERGIN & ROBINSON LLP 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	PEEBLES KIDDER BERGIN & ROBINSON LLP	c EIN-PN 91-1811960-001
a Plan name	PENN MUTUAL AGENTS 401K PLAN	
b Name of plan sponsor	PENN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 23-0952300-013
a Plan name	PENN MUTUAL AGENTS RETIREMENT PLAN	
b Name of plan sponsor	PENN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 23-0952300-003
a Plan name	PENN MUTUAL RETIREMENT & SAVINGS PLAN	
b Name of plan sponsor	PENN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 23-0952300-008
a Plan name	PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DELTA STAR	
b Name of plan sponsor	DELTA STAR INC	c EIN-PN 25-1586168-002

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	PENSION PLAN FOR SALARIED EMPLOYEES OF DELTA STAR INC
b	Name of plan sponsor	DELTA STAR INC
c	EIN-PN	25-1586168-004
a	Plan name	PENSKE ENTERTAINMENT 401(K) PLAN
b	Name of plan sponsor	PENSKE MOTORSPORTS CORP
c	EIN-PN	35-0400820-002
a	Plan name	PING IDENTITY CORPORATION 401(K) PLAN
b	Name of plan sponsor	PING IDENTITY CORPORATION
c	EIN-PN	84-1610456-001
a	Plan name	POINT32HEALTH 401K PLAN
b	Name of plan sponsor	POINT32HEALTH SERVICES INC
c	EIN-PN	04-2985923-001
a	Plan name	POLARIS INDUSTRIES 401K RSP
b	Name of plan sponsor	POLARIS INDUSTRIES
c	EIN-PN	41-1857431-001
a	Plan name	PREVOST CAR, INC. (A DIVISION OF PREVOST CAR (US) INC.) 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PREVOST CAR A DIVISION OF PREVOST CAR US INC.
c	EIN-PN	14-1768147-002
a	Plan name	PRIME THERAPEUTICS LLC 401K PLAN
b	Name of plan sponsor	PRIME THERAPEUTICS LLC
c	EIN-PN	26-0076803-001
a	Plan name	PRINT MEDIA SERVICES, LTD. DBA MEDIA RESOURCES, LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PRINT MEDIA SERVICES, LTD DBA MEDIA RESOURCES, LTD.
c	EIN-PN	34-1839756-004
a	Plan name	PROFIT SHARING PLAN OF CATAWBA RADIOLOGICAL ASSOCIATES, INC.
b	Name of plan sponsor	CATAWBA RADIOLOGICAL ASSOCIATES, INC.
c	EIN-PN	56-0941927-001
a	Plan name	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD INVESTMENT & SAVINGS PLAN
b	Name of plan sponsor	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD (PCAOB)
c	EIN-PN	74-3073065-001
a	Plan name	PVH ASSOCIATES INVESTMENT PLAN
b	Name of plan sponsor	PVH CORP
c	EIN-PN	13-1166910-007
a	Plan name	PVH ASSOCIATES INVESTMENT PLAN FOR RESIDENTS OF THE COMMONWEALTH OF PUERTO RICO
b	Name of plan sponsor	PVH CORP
c	EIN-PN	13-1166910-014

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 QHP CAPITAL, L.P. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor QHP CAPITAL, L.P.	c EIN-PN 85-3194400-001
a	Plan name QUANTIC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor QUANTIC ELECTRONICS LLC	c EIN-PN 85-3679537-001
a	Plan name RDV CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RDV CORPORATION	c EIN-PN 38-2977544-001
a	Plan name RDV STAFFING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RDV STAFFING, INC.	c EIN-PN 38-3315590-001
a	Plan name RENT-A-CENTER EAST, INC. RETIREMENT SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor RENT-A-CENTER EAST, INC.	c EIN-PN 48-1024367-001
a	Plan name RENT-A-CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RENT-A-CENTER	c EIN-PN 45-0491516-001
a	Plan name RETIREMENT SAVINGS PLAN OF GOLDEN CORRAL CORPORATION	
b	Name of plan sponsor GOLDEN CORRAL CORPORATION	c EIN-PN 56-1005071-001
a	Plan name RICHARD MATSUNAGA & ASSOC ARCHITECTS, INC 401K	
b	Name of plan sponsor RICHARD MATSUNAGA & ASSOCIATES ARCHITECTS INC.	c EIN-PN 99-0140280-002
a	Plan name ROBINSON COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor C.H. ROBINSON COMPANY, INC.	c EIN-PN 41-1956721-001
a	Plan name ROCKET YOUTH BRANDS 401(K) PLAN	
b	Name of plan sponsor ROCKET YOUTH BRANDS HOLD CO. LLC	c EIN-PN 93-4477587-001
a	Plan name RPC 401(K) PLAN	
b	Name of plan sponsor RPC, INC.	c EIN-PN 58-1550825-002
a	Plan name RQI PARTNERS RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor RQI PARTNERS, LLC	c EIN-PN 83-0935798-001

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 RUKERT TERMINALS CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor RUKERT TERMINALS CORPORATION	c EIN-PN 52-0468070-001
a	Plan name RXO 401(K) PLAN	
b	Name of plan sponsor RXO CORPORATE SOLUTIONS, LLC	c EIN-PN 85-4108974-001
a	Plan name SANFORD PEDIATRICS, PA 401(K) PLAN	
b	Name of plan sponsor SANFORD PEDIATRICS, PA	c EIN-PN 56-1622750-001
a	Plan name SARA LEE FROZEN BAKERY 401(K) PLAN	
b	Name of plan sponsor SARA LEE FROZEN BAKERY, LLC	c EIN-PN 83-0662567-001
a	Plan name SBA NETWORK SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SBA COMMUNICATIONS CORPORATION	c EIN-PN 65-0911445-002
a	Plan name SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SCHWAN'S SHARED SERVICES, LLC	c EIN-PN 81-0572771-001
a	Plan name SCIENS BUILDING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SCIENS BUILDING SOLUTIONS, LLC	c EIN-PN 30-0948178-001
a	Plan name SCRI HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor SCRI HOLDINGS, LLC	c EIN-PN 59-3830450-001
a	Plan name SERVICE CORPORATION INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SERVICE CORPORATION INTERNATIONAL	c EIN-PN 74-1488375-002
a	Plan name SERVICE CORPORATION INTERNATIONAL UNION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SERVICE CORPORATION INTERNATIONAL	c EIN-PN 74-1488375-003
a	Plan name SIGMUND COHN CORP SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SIGMUND COHN CORP.	c EIN-PN 13-1702045-001
a	Plan name SIGMUND COHN CORP. UNION EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SIGMUND COHN CORP.	c EIN-PN 13-1702045-004

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 SIGNIA AEROSPACE 401(K) PLAN	
b	Name of plan sponsor SIGNIA AEROSPACE HOLDINGS, INC.	c EIN-PN 80-0911254-001
a	Plan name SITE ENGINEERING, INC 401K PSP	
b	Name of plan sponsor SITE ENGINEERING, INC	c EIN-PN 99-0093464-001
a	Plan name SKILLABLE 401(K) PLAN	
b	Name of plan sponsor HANDS-ON LEARNING SOLUTIONS, LLC DBA SKILLABLE	c EIN-PN 47-1847469-001
a	Plan name SME EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor SOIL AND MATERIALS ENGINEERS, INC.	c EIN-PN 38-1738670-001
a	Plan name SMITHFIELD FOODS INC BARGAINING 401K PLAN	
b	Name of plan sponsor SMITHFIELD FOODS	c EIN-PN 52-0845861-004
a	Plan name SMITHFIELD FOODS INC HOURLY 401K PLAN	
b	Name of plan sponsor SMITHFIELD FOODS	c EIN-PN 52-0845861-009
a	Plan name SMITHFIELD FOODS INC SALARIED 401K PLAN	
b	Name of plan sponsor SMITHFIELD FOODS	c EIN-PN 52-0845861-002
a	Plan name SOUTHERN AIR, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHERN AIR INC.	c EIN-PN 54-0604377-002
a	Plan name SPARROW PARTNERS 401(K) PLAN	
b	Name of plan sponsor SPARROW CAPITAL PARTNERS, LLC	c EIN-PN 82-1681055-001
a	Plan name SPECIAL TREE, LTD. EMPLOYEES' SALARY SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor SPECIAL TREE, LTD.	c EIN-PN 38-2702063-001
a	Plan name SPIRAX SARCO, INC. 401(K) PLAN	
b	Name of plan sponsor SPIRAX SARCO, INC.	c EIN-PN 23-2239452-001
a	Plan name SPORTSMEDICINE HAWAII, LTD. 401(K) RSP	
b	Name of plan sponsor SPORTS MEDICINE HAWAII, LTD.	c EIN-PN 99-0285869-001

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	STARBUCKS CORP. FUTURE ROAST 401(K) PLAN	
b	Name of plan sponsor	ADMINISTRATIVE COMMITTEE OF STARBUCKS CORPORATION	c EIN-PN 91-1325671-001
a	Plan name	STENGER & STENGER, P.C. 401(K) PLAN	
b	Name of plan sponsor	STENGER & STENGER, P.C.	c EIN-PN 38-3209735-001
a	Plan name	STEWARD HEALTH CARE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STEWARD HEALTH CARE SYSTEM LLC	c EIN-PN 27-2473240-001
a	Plan name	STEWART ENTERPRISES PUERTO RICO RETIREMENT TRUST	
b	Name of plan sponsor	SERVICE CORPORATION INTERNATIONAL	c EIN-PN 74-1488375-004
a	Plan name	STRATEGIC PETROLEUM RESERVE RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	FLUOR FEDERAL PETROLEUM OPERATIONS, LLC	c EIN-PN 45-5369207-001
a	Plan name	STRUCTURE TONE ORGANIZATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STO BUILDING GROUP INC	c EIN-PN 81-4302917-003
a	Plan name	STURDY CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STURDY CORPORATION	c EIN-PN 56-0987338-001
a	Plan name	SUN CAPITAL ADVISORS, INC. 401(K) PLAN	
b	Name of plan sponsor	SUN CAPITAL ADVISORS, INC.	c EIN-PN 65-0624186-001
a	Plan name	SUNWEST FOODS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNWEST FOODS, INC.	c EIN-PN 68-0112985-002
a	Plan name	SUNWEST MILLING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNWEST MILLING COMPANY, INC.	c EIN-PN 68-0259271-001
a	Plan name	TALON RETIREMENT PLAN	
b	Name of plan sponsor	TALON GROUP LLC	c EIN-PN 26-0846887-001
a	Plan name	TELEVISION BUREAU OF ADVERTISING, INC. SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	TELEVISION BUREAU OF ADVERTISING, INC.	c EIN-PN 13-1777183-002

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 TELLABS 401(K) PLAN	
b	Name of plan sponsor TELLABS ACCESS, LLC	c EIN-PN 46-4668833-001
a	Plan name THE 401(K) RETIREMENT SAVINGS PLAN FOR YOH CONTRACT EMPLOYEES	
b	Name of plan sponsor H.L. YOH COMPANY, LLC	c EIN-PN 23-2938400-012
a	Plan name THE BEAUTY HEALTH 401(K) PLAN	
b	Name of plan sponsor HYDRAFACIAL LLC	c EIN-PN 33-0774920-001
a	Plan name THE BOBBITT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE BOBBITT GROUP, INC.	c EIN-PN 03-0506079-003
a	Plan name THE BRADBURY CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE BRADBURY CO., INC.	c EIN-PN 48-0679015-001
a	Plan name THE BRIGHTVIEW 401(K) PLAN	
b	Name of plan sponsor BRIGHTVIEW LANDSCAPES, LLC	c EIN-PN 42-1724313-001
a	Plan name THE BURPEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor W. ATLEE BURPEE AND COMPANY	c EIN-PN 23-0447250-002
a	Plan name THE BUZZ OATES GROUP OF COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUZZ OATES COMMERCIAL REAL ESTATE SERVICES, INC.	c EIN-PN 46-1333423-001
a	Plan name THE CANCER CENTER OF HAWAII LLC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CANCER CENTER OF HAWAII LLC	c EIN-PN 20-1497111-001
a	Plan name THE CHURCHILL COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CHURCHILL COMPANIES	c EIN-PN 41-1494519-001
a	Plan name THE CLOROX COMPANY EMPLOYEE RETIREMENT INVESTMENT PLAN FOR PUERTO RICO	
b	Name of plan sponsor THE CLOROX COMPANY	c EIN-PN 31-0595760-001
a	Plan name THE EXECUTIVE LEADERSHIP COUNCIL INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE EXECUTIVE LEADERSHIP COUNCIL INC	c EIN-PN 52-1631358-002

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 THE GAMBRINUS COMPANY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE GAMBRINUS COMPANY	c EIN-PN 74-2404037-001
a	Plan name THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor LINCOLN PROPERTY COMPANY COMMERCIAL, LLC	c EIN-PN 75-1653011-001
a	Plan name THE ORVIS COMPANY 401K PLAN	
b	Name of plan sponsor THE ORVIS COMPANY	c EIN-PN 03-0215459-002
a	Plan name THE SAVE PLAN - APL LOGISTICS	
b	Name of plan sponsor APL LOGISTICS AMERICAS LTD	c EIN-PN 94-3017941-001
a	Plan name THE SMITHERS GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE SMITHERS GROUP, INC.	c EIN-PN 03-0390026-005
a	Plan name THRIFT PLAN FOR EMPLOYEES OF THE AMERICAN BAR ASSOCIATION AND AFFILIATES	
b	Name of plan sponsor AMERICAN BAR ASSOCIATION	c EIN-PN 36-0723150-002
a	Plan name TIME SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor TIME, USA LLC	c EIN-PN 83-2294861-001
a	Plan name TMEIC CORPORATION 401K PLAN	
b	Name of plan sponsor TMEIC CORPORATION	c EIN-PN 31-1723263-001
a	Plan name TOYODA GOSEI 401(K) PLAN	
b	Name of plan sponsor TOYODA GOSEI NORTH AMERICA	c EIN-PN 38-3467216-001
a	Plan name TRANSPORTATION INSIGHT RETIREMENT PLAN	
b	Name of plan sponsor TRANSPORTATION INSIGHT, LLC	c EIN-PN 56-2197884-001
a	Plan name TUBA CITY REGIONAL HEALTH CARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor TUBA CITY REGIONAL HEALTH CARE CORPORATION	c EIN-PN 04-3651340-001
a	Plan name UDA 401(K) PLAN	
b	Name of plan sponsor UNITED DAIRYMEN OF ARIZONA	c EIN-PN 86-0098125-002

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	UES, INC. 401(K) PLAN	
b	Name of plan sponsor	UES, INC.	c EIN-PN 31-0797776-001
a	Plan name	UNITED BANKSHARES, INC. SAVINGS AND STOCK INVESTMENT PLAN	
b	Name of plan sponsor	UNITED BANKSHARES, INC.	c EIN-PN 55-0641179-003
a	Plan name	UNITED STATES SUGAR CORPORATION - ESOP	
b	Name of plan sponsor	UNITED STATES SUGAR CORPORATION	c EIN-PN 59-0490750-009
a	Plan name	UNITED STATES SUGAR CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	UNITED STATES SUGAR CORPORATION	c EIN-PN 59-0490750-003
a	Plan name	UNIVERSITY OF COLORADO OPTIONAL RETIREMENT PLAN	
b	Name of plan sponsor	THE UNIVERSITY OF COLORADO	c EIN-PN 84-6000555-001
a	Plan name	URBAN OUTFITTERS INC 401K SAVINGS PLAN	
b	Name of plan sponsor	URBAN OUTFITTERS INC	c EIN-PN 23-2003332-002
a	Plan name	VALLEY ISLE MOTORS, LTD 401K	
b	Name of plan sponsor	VALLEY ISLE MOTORS, LTD.	c EIN-PN 99-0066705-005
a	Plan name	VAN DE POL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VAN DE POL ENTERPRISES, INC.	c EIN-PN 94-2428381-101
a	Plan name	VARSITY BRANDS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VARSITY BRANDS	c EIN-PN 22-2890400-002
a	Plan name	VCNA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VCNA PRAIRIE LLC	c EIN-PN 26-1320351-001
a	Plan name	VCNA PRAIRIE, INC. SAVINGS PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	VCNA PRAIRIE LLC	c EIN-PN 26-1320351-002
a	Plan name	VERMEER CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VERMEER CORPORATION	c EIN-PN 42-0663191-001

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	VESTAL MANUFACTURING ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VESTAL MANUFACTURING ENTERPRISES, INC.	c EIN-PN 32-0114166-001
a	Plan name	VIANINI PIPE, INC. SAVINGS AND INVESTMENT PLAN AND TRUST	
b	Name of plan sponsor	VIANINI PIPE INC	c EIN-PN 22-1853738-001
a	Plan name	VICTORIA'S SECRET & CO. 401K SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	VS SERVICE COMPANY, LLC	c EIN-PN 31-1228823-001
a	Plan name	VICTORIA'S SECRET & CO. PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	VS SERVICE COMPANY, LLC	c EIN-PN 31-1228823-002
a	Plan name	VIRBAC CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VIRBAC CORPORATION	c EIN-PN 43-1648680-001
a	Plan name	VIRBAC CORPORATION RETIREMENT SAVINGS PLAN FOR CERTAIN UNION MEMBERS	
b	Name of plan sponsor	VIRBAC CORPORATION	c EIN-PN 43-1648680-002
a	Plan name	VIRGINIA TILE COMPANY 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA TILE COMPANY, LLC	c EIN-PN 38-1784315-002
a	Plan name	VOLUNTARY INVESTMENT PRETAX PLAN FOR THE VOLVO GROUP NORTH AMERICAN UNION EMPLOYEES	
b	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	c EIN-PN 58-2431188-014
a	Plan name	VOLVO GROUP NORTH AMERICA, LLC TARGET RETIREMENT FUND TRUST	
b	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	c EIN-PN 58-2431188-015
a	Plan name	VOLVO GROUP NORTH AMERICAN VOLUNTARY INVST PRETAX PLAN	
b	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	c EIN-PN 58-2431188-008
a	Plan name	VOLVO INVESTMENT PLAN	
b	Name of plan sponsor	VOLVO CONSTRUCTION EQUIPMENT NORTH AMERICA, LLC	c EIN-PN 38-2496821-004
a	Plan name	VOLVO PENTA MARINE PRODUCTS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VOLVO PENTA MARINE PRODUCTS, LLC	c EIN-PN 62-1529065-001

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 VPD MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor VPD MANAGEMENT, INC.	c EIN-PN 84-2891666-003
a	Plan name W. SOULE & CO. 401(K) PLAN	
b	Name of plan sponsor W. SOULE & CO.	c EIN-PN 38-1811731-001
a	Plan name WABASH NATIONAL CORPORATION 401(K)	
b	Name of plan sponsor WABASH NATIONAL CORPORATION	c EIN-PN 52-1375208-001
a	Plan name WAITSFIELD FAYSTON TELEPHONE CO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WAITSFIELD FAYSTON TELEPHONE CO INC	c EIN-PN 03-0165290-002
a	Plan name WALLSIDE, INC. 401(K) AND DISCRETIONARY CONTRIBUTION PLAN	
b	Name of plan sponsor WALLSIDE, INC.	c EIN-PN 38-1547434-004
a	Plan name WEST YOST & ASSOCIATES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WEST YOST & ASSOCIATES, INC.	c EIN-PN 68-0370826-002
a	Plan name WESTERN FOODS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN FOODS LLC	c EIN-PN 32-0314190-001
a	Plan name WESTERN MILLING LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTERN MILLING LLC	c EIN-PN 77-0543517-001
a	Plan name WESTERN RESERVE HEALTH EDUCATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN RESERVE HEALTH EDUCATION, INC.	c EIN-PN 45-2409508-001
a	Plan name WILLOW BRIDGE 401(K) PLAN	
b	Name of plan sponsor WILLOW BRIDGE E.C.W. LLC	c EIN-PN 75-1979005-001
a	Plan name WISCONSIN GLAZIERS & GLASSWORKERS MONEY PURCHASE FUND	
b	Name of plan sponsor WISCONSIN GLAZIERS & GLASSWORKERS MONEY PURCHASE FUND	c EIN-PN 39-1341148-004
a	Plan name WPMG 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WASHINGTON PERMANENTE MEDICAL GROUP	c EIN-PN 91-1841629-001

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 E	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) 52-2250951	

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)	2887731877
(10) Value of interest in pooled separate accounts	1c(10)	2845962961
(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	2887731877	2845962961
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1555158	1319703
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1555158	1319703
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2886176719	2844643258

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)		87963928
(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		87963928

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)	5129704	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5129704
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5129704

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82834224
l Transfers of assets:			
(1) To this plan	2l(1)		391174392
(2) From this plan	2l(2)		515542077

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 _____.