

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 B
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): 52-2250944
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.

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GALLIARD STABLE RETURN FUND B</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>52-2250944</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STABLE RETURN FUND CORE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>46-6208187-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>313857339</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALPINE SPRINGS COUNTY WATER DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor	ALPINE SPRINGS COUNTY WATER DISTRICT	<b>c</b> EIN-PN 94-1557674-001
<b>a</b>	Plan name	AMERICAN CANYON FIRE PROTECTION DISTRICT	
<b>b</b>	Name of plan sponsor	AMERICAN CANYON FD457 PLAN & TRUST	<b>c</b> EIN-PN 94-6024513-999
<b>a</b>	Plan name	BAKERSFIELD 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF BAKERSFIELD	<b>c</b> EIN-PN 95-6000672-999
<b>a</b>	Plan name	BIG BEAR LAKE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BIG BEAR LAKE	<b>c</b> EIN-PN 95-3603975-001
<b>a</b>	Plan name	CARMEL-BY-THE-SEA 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CARMEL-BY-THE-SEA	<b>c</b> EIN-PN 94-6000306-001
<b>a</b>	Plan name	CASITAS MUNI W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CASITAS MUNI W D	<b>c</b> EIN-PN 95-6004993-001
<b>a</b>	Plan name	CENT BSN MUNI W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENT BSN MUNI W D	<b>c</b> EIN-PN 95-6004978-001
<b>a</b>	Plan name	CENTRAL CALIFORNIA IRRIGATION DISTRICT 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTRAL CALIFORNIA IRRIGATION DISTRICT	<b>c</b> EIN-PN 94-6000363-001
<b>a</b>	Plan name	CENTRAL MARIN SANITARY AGENCY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTRAL MARIN SANITARY AGENCY	<b>c</b> EIN-PN 94-2666419-001
<b>a</b>	Plan name	CENTRAL MARIN SANITATION AGENCY 401A PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL MARIN SANITATION AGENCY	<b>c</b> EIN-PN 94-2666419-002
<b>a</b>	Plan name	CENTRALIA SC DIS 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTRALIA SC DIS	<b>c</b> EIN-PN 95-4185827-001
<b>a</b>	Plan name	CHINO VLY INDT F D 401A	
<b>b</b>	Name of plan sponsor	CHINO VLY INDT F D	<b>c</b> EIN-PN 33-0469716-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHINO VLY INDT F D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHINO VLY INDT F D	<b>c</b> EIN-PN 33-0469716-001
<b>a</b>	Plan name	CITY OF ALAMEDA 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF ALAMEDA	<b>c</b> EIN-PN 94-6003048-001
<b>a</b>	Plan name	CITY OF ANTIOCH 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF ANTIOCH	<b>c</b> EIN-PN 94-6000293-001
<b>a</b>	Plan name	CITY OF BRISBANE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF BRISBANE	<b>c</b> EIN-PN 94-1525367-999
<b>a</b>	Plan name	CITY OF BUENA PARK SECTION 457 DEFERRED COMPENSATION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE CITY OF BUENA PARK	<b>c</b> EIN-PN 95-6005105-999
<b>a</b>	Plan name	CITY OF CAMARILLO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF CAMARILLO	<b>c</b> EIN-PN 95-2313271-001
<b>a</b>	Plan name	CITY OF CLAYTON 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF CLAYTON	<b>c</b> EIN-PN 94-1568979-001
<b>a</b>	Plan name	CITY OF CUPERTINO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF CUPERTINO	<b>c</b> EIN-PN 94-6027368-001
<b>a</b>	Plan name	CITY OF EL CAJON 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF EL CAJON	<b>c</b> EIN-PN 95-6000703-001
<b>a</b>	Plan name	CITY OF EL MONTE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF EL MONTE	<b>c</b> EIN-PN 95-6000705-001
<b>a</b>	Plan name	CITY OF FAIRFIELD 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF FAIRFIELD	<b>c</b> EIN-PN 94-6000331-001
<b>a</b>	Plan name	CITY OF FREMONT 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF FREMONT	<b>c</b> EIN-PN 94-6027361-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF GILROY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF GILROY	<b>c</b> EIN-PN 77-0445653-001
<b>a</b>	Plan name	CITY OF IRWINDALE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF IRWINDALE	<b>c</b> EIN-PN 95-6005899-999
<b>a</b>	Plan name	CITY OF LOS ALTOS 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF LOS ALTOS	<b>c</b> EIN-PN 94-6004056-001
<b>a</b>	Plan name	CITY OF MARINA 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF MARINA	<b>c</b> EIN-PN 94-2321991-999
<b>a</b>	Plan name	CITY OF MOORPARK 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF MOORPARK	<b>c</b> EIN-PN 95-3860962-001
<b>a</b>	Plan name	CITY OF MORENO VALLEY 401A PLAN	
<b>b</b>	Name of plan sponsor	CITY OF MORENO VALLEY	<b>c</b> EIN-PN 33-0076484-999
<b>a</b>	Plan name	CITY OF MORENO VALLEY 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF MORENO VALLEY	<b>c</b> EIN-PN 33-0076484-999
<b>a</b>	Plan name	CITY OF NEWARK CA DEFERRED COMPENSATION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CITY OF NEWARK	<b>c</b> EIN-PN 94-6027360-001
<b>a</b>	Plan name	CITY OF NORCO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF NORCO	<b>c</b> EIN-PN 95-2373837-001
<b>a</b>	Plan name	CITY OF NOVATO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF NOVATO	<b>c</b> EIN-PN 23-7400579-001
<b>a</b>	Plan name	CITY OF ORANGE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF ORANGE	<b>c</b> EIN-PN 95-6000755-001
<b>a</b>	Plan name	CITY OF OROVILLE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF OROVILLE	<b>c</b> EIN-PN 94-6000387-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF PACIFICA 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF PACIFICA	<b>c</b> EIN-PN 94-6033414-001
<b>a</b>	Plan name	CITY OF PALM SPRINGS 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PALM SPRINGS	<b>c</b> EIN-PN 95-3605676-001
<b>a</b>	Plan name	CITY OF REEDLEY 457(B) PLAN	
<b>b</b>	Name of plan sponsor	CITY OF REEDLEY	<b>c</b> EIN-PN 94-6000402-999
<b>a</b>	Plan name	CITY OF SANTA CRUZ 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF SANTA CRUZ	<b>c</b> EIN-PN 97-6000427-001
<b>a</b>	Plan name	CITY OF SANTA ROSA DEFERRED COMPENSATION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CITY OF SANTA ROSA	<b>c</b> EIN-PN 94-6000428-999
<b>a</b>	Plan name	CITY OF SEATTLE VOL DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF SEATTLE	<b>c</b> EIN-PN 91-6001275-001
<b>a</b>	Plan name	CITY OF WEST COVINA 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF WEST COVINA	<b>c</b> EIN-PN 95-6000810-001
<b>a</b>	Plan name	COACHELLA VAL W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COACHELLA VAL	<b>c</b> EIN-PN 33-0497686-001
<b>a</b>	Plan name	COACHELLA VALLEY WD 401A-401A	
<b>b</b>	Name of plan sponsor	COACHELLA VALLEY WD	<b>c</b> EIN-PN 95-6000827-001
<b>a</b>	Plan name	COM RDVLMT AGY LA 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COM RDVLMT AGY LA	<b>c</b> EIN-PN 95-6347218-001
<b>a</b>	Plan name	COUNTY OF LAKE 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COUNTY OF LAKE	<b>c</b> EIN-PN 94-6000825-001
<b>a</b>	Plan name	COUNTY OF MARIN 401A PLAN	
<b>b</b>	Name of plan sponsor	COUNTY OF MARIN	<b>c</b> EIN-PN 94-6000519-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COUNTY OF MARIN 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COUNTY OF MARIN	<b>c</b> EIN-PN 94-6000519-001
<b>a</b>	Plan name	COUNTY OF MARIN 457 PLAN & TRUST PST-OBRA	
<b>b</b>	Name of plan sponsor	COUNTY OF MARIN	<b>c</b> EIN-PN 94-6000519-002
<b>a</b>	Plan name	COUNTY OF WALTON 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COUNTY OF WALTON	<b>c</b> EIN-PN 85-6952354-001
<b>a</b>	Plan name	DAYTONA BCH SHORES 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DAYTONA BCH SHORES	<b>c</b> EIN-PN 59-6044103-001
<b>a</b>	Plan name	DEFUNIAK SPRINGS 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DEFUNIAK SPRINGS	<b>c</b> EIN-PN 59-6000306-001
<b>a</b>	Plan name	DIXON UNIF SCH D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DIXON UNIF SCH D	<b>c</b> EIN-PN 46-8562415-001
<b>a</b>	Plan name	EL DORADO COUNTY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EL DORADO COUNTY	<b>c</b> EIN-PN 94-6000511-001
<b>a</b>	Plan name	ELSIN VLY MUNI W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ELSIN VLY MUNI W D	<b>c</b> EIN-PN 95-3537040-001
<b>a</b>	Plan name	ENCINA WASTEWATER AUTHORITY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ENCINA WASTEWATER AUTHORITY	<b>c</b> EIN-PN 54-8956348-001
<b>a</b>	Plan name	FAIRFIELD SUI S D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FAIRFIELD SUI S D	<b>c</b> EIN-PN 31-1709013-001
<b>a</b>	Plan name	FALLBROOK PUBLIC UTILITY DISTRICT 457 PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FALLBROOK PUBLIC UTILITY DISTRICT	<b>c</b> EIN-PN 95-6001126-001
<b>a</b>	Plan name	FERNANDINA BEACH 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FERNANDINA BEACH	<b>c</b> EIN-PN 59-6000317-001

**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 FIRST CA FED C U 457 PLAN & TRUST**b** Name of plan sponsor FIRST CA FED C U**c** EIN-PN 94-0490050-001**a** Plan name GAINESVILLE 457 PLAN & TRUST**b** Name of plan sponsor GAINESVILLE**c** EIN-PN 23-7008522-001**a** Plan name GOLETA WATER DISTRICT 457B DEFERRED COMPENSATION PLAN**b** Name of plan sponsor GOLETA WATER DISTRICT**c** EIN-PN 95-6004495-001**a** Plan name HEARTLAND COM FAC 457 PLAN & TRUST**b** Name of plan sponsor HEARTLAND COM FAC**c** EIN-PN 46-1074557-001**a** Plan name IMPERIAL IRR DIST 457 PLAN & TRUST**b** Name of plan sponsor IMPERIAL IRR DIST**c** EIN-PN 95-6113220-001**a** Plan name INLAND EMPIRE MWD 457 PLAN & TRUST**b** Name of plan sponsor INLAND EMPIRE MWD**c** EIN-PN 95-6004609-001**a** Plan name LAFAYETTE CONSOLIDATED GOVERNMENT**b** Name of plan sponsor LAFAYETTE CONSOLIDATED GOVERNMENT**c** EIN-PN 72-1335255-001**a** Plan name LAKE CO VECT DIS 457 PLAN & TRUST**b** Name of plan sponsor LAKE CO VECT DIS**c** EIN-PN 94-6002869-001**a** Plan name LEMON GROVE 457 PLAN & TRUST**b** Name of plan sponsor LEMON GROVE**c** EIN-PN 95-3144560-001**a** Plan name LOS ALAMITOS 457 PLAN & TRUST**b** Name of plan sponsor LOS ALAMITOS**c** EIN-PN 95-2133135-001**a** Plan name MADERA CITY SCHOOLS 457 PLAN & TRUST**b** Name of plan sponsor MADERA CITY SCHOOLS**c** EIN-PN 94-6002320-001**a** Plan name MARIN COUNTY SUPERIOR COURT**b** Name of plan sponsor MARIN COUNTY SUPERIOR COURT**c** EIN-PN 68-0460174-999

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MARIN COUNTY SUPERIOR COURT 401A PLAN	
<b>b</b>	Name of plan sponsor	MARIN COUNTY SUPERIOR COURT	<b>c</b> EIN-PN 68-0460174-003
<b>a</b>	Plan name	MARIN COUNTY, SUPERIOR COURT PST-OBRA	
<b>b</b>	Name of plan sponsor	MARIN COUNTY SUPERIOR COURT	<b>c</b> EIN-PN 68-0460174-002
<b>a</b>	Plan name	MARIN MUNICIPAL WATER DISTRICT DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	MARIN MUNICIPAL WATER DISTRICT	<b>c</b> EIN-PN 94-6000878-999
<b>a</b>	Plan name	MARINWOOD COM S D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MARINWOOD COM S D	<b>c</b> EIN-PN 94-6050188-001
<b>a</b>	Plan name	MARIPOSA COUNTY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MARIPOSA COUNTY	<b>c</b> EIN-PN 94-6000880-001
<b>a</b>	Plan name	MENLO PARK 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MENLO PARK	<b>c</b> EIN-PN 94-1713340-001
<b>a</b>	Plan name	MOUNT SHASTA 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MOUNT SHASTA	<b>c</b> EIN-PN 94-6000489-001
<b>a</b>	Plan name	NATION CIT COM DV 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NATION CIT COM DV	<b>c</b> EIN-PN 46-7856952-001
<b>a</b>	Plan name	NATIONWIDE TRST FBO NTC-PLNS	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-999
<b>a</b>	Plan name	NATIONWIDE TRUST COMPANY	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-999
<b>a</b>	Plan name	NORTH KERN W S D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NORTH KERN W S D	<b>c</b> EIN-PN 95-6002222-001
<b>a</b>	Plan name	NORTH MARIN W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NORTH MARIN W D	<b>c</b> EIN-PN 94-6002892-001

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.)		
<b>a</b>	Plan name NORTHSHORE FIRE PROTECTION DISTRICT, CA 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor NORTHSHORE FIRE PROTECTION DISTRICT, CA	<b>c</b> EIN-PN 14-1983377-999
<b>a</b>	Plan name NOVATO UNIF SCHL 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor NOVATO UNIF SCHL	<b>c</b> EIN-PN 68-0468278-001
<b>a</b>	Plan name ORANGE COUNTY FIRE AUTHORITY	
<b>b</b>	Name of plan sponsor ORANGE COUNTY FIRE AUTHORITY	<b>c</b> EIN-PN 33-0743140-001
<b>a</b>	Plan name ORANGE COUNTY FIRE AUTHORITY 401(A) PLAN	
<b>b</b>	Name of plan sponsor ORANGE COUNTY FIRE AUTHORITY	<b>c</b> EIN-PN 33-0743140-003
<b>a</b>	Plan name ORANGE CTY VCD 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORANGE CTY VCD	<b>c</b> EIN-PN 75-3194358-001
<b>a</b>	Plan name PAJARO VLY W MGT 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor PAJARO VLY W MGT	<b>c</b> EIN-PN 77-0068646-001
<b>a</b>	Plan name POMONA UNIF SCH D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor POMONA UNIF SCH D	<b>c</b> EIN-PN 46-2868642-001
<b>a</b>	Plan name PORT OF REDWOOD CITY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor PORT OF REDWOOD CITY	<b>c</b> EIN-PN 94-6001116-999
<b>a</b>	Plan name PORT RICHEY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor PORT RICHEY	<b>c</b> EIN-PN 59-6015291-001
<b>a</b>	Plan name RANCHO CUCAMONGA FIRE DISTRICT 457 DEF COMP PLAN	
<b>b</b>	Name of plan sponsor RANCHO CUCAMONGA FIRE DISTRICT	<b>c</b> EIN-PN 95-3213002-001
<b>a</b>	Plan name RANCHO CUCAMONGA FIRE PROTECTION DIST 401A PLAN	
<b>b</b>	Name of plan sponsor RANCHO CUCAMONGA FIRE PROTECTION DIST	<b>c</b> EIN-PN 95-3213002-999
<b>a</b>	Plan name REDWOOD CITY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor REDWOOD CITY	<b>c</b> EIN-PN 94-6001116-001

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.)	
<b>a</b>	Plan name ROHNERT PARK 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor CITY OF ROHNERT PARK	<b>c</b> EIN-PN 94-1538585-999
<b>a</b>	Plan name SACRAMENTO-YOLO MOSQUITO AND VECTOR CONTROL DISTRICT 401(A) PLAN	
<b>b</b>	Name of plan sponsor SACRAMENTO-YOLO MOSQUITO AND VECTOR CONTROL DISTRICT	<b>c</b> EIN-PN 94-6001151-999
<b>a</b>	Plan name SAN DIEG CMTY CLG 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN DIEG CMTY CLG	<b>c</b> EIN-PN 33-0361912-001
<b>a</b>	Plan name SAN DIEGUITO W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN DIEGUITO W D	<b>c</b> EIN-PN 33-0197843-001
<b>a</b>	Plan name SAN JOAQUIN C S 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN JOAQUIN C S	<b>c</b> EIN-PN 68-0342748-001
<b>a</b>	Plan name SAN LUIS OBISPO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN LUIS OBISPO	<b>c</b> EIN-PN 95-6000781-001
<b>a</b>	Plan name SAN MATEO CTY TRN 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN MATEO CTY TRN	<b>c</b> EIN-PN 94-2325976-001
<b>a</b>	Plan name SAN RAFAEL 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAN RAFAEL	<b>c</b> EIN-PN 94-6000424-001
<b>a</b>	Plan name SANTA ANA UNI S D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SANTA ANA UNI S D	<b>c</b> EIN-PN 33-0383385-001
<b>a</b>	Plan name SANTA FE IRRIGATION DISTRICT 457 PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SANTA FE IRRIGATION DISTRICT	<b>c</b> EIN-PN 95-6006146-001
<b>a</b>	Plan name SARATOGA CEMETERY DISTRICT 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SARATOGA CEMETERY DISTRICT	<b>c</b> EIN-PN 94-6015950-999
<b>a</b>	Plan name SAUSALITO 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAUSALITO	<b>c</b> EIN-PN 94-6000429-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SCOTTS VALLEY 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SCOTTS VALLEY	<b>c</b> EIN-PN 64-1627403-001
<b>a</b>	Plan name	SCOTTS VALLEY W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SCOTTS VALLEY W D	<b>c</b> EIN-PN 64-1627403-001
<b>a</b>	Plan name	SILICON VALLEY CLEAN WATER 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	SILICON VALLEY CLEAN WATER, CA	<b>c</b> EIN-PN 94-2401137-999
<b>a</b>	Plan name	SOLANO COUNTY COURTS 457(B) DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	SOLANO COUNTY COURTS	<b>c</b> EIN-PN 92-5047219-001
<b>a</b>	Plan name	SONOMA COUNTY SUPERIOR COURT DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR COURT OF CA, COUNTY OF SONOMA	<b>c</b> EIN-PN 68-0453461-999
<b>a</b>	Plan name	SONOMA COUNTY SUPERIOR COURT-401A	
<b>b</b>	Name of plan sponsor	SONOMA COUNTY SUPERIOR COURT	<b>c</b> EIN-PN 94-6000539-003
<b>a</b>	Plan name	SONOMA-MARIN AREA RAIL TRANSIT DISTRICT CA	
<b>b</b>	Name of plan sponsor	SONOMA-MARIN AREA RAIL TRANSIT DISTRICT CA	<b>c</b> EIN-PN 72-1575834-001
<b>a</b>	Plan name	SONOMA-MARIN AREA RAIL TRANSIT DISTRICT CA 401(A)	
<b>b</b>	Name of plan sponsor	SONOMA-MARIN AREA RAIL TRANSIT DISTRICT CA	<b>c</b> EIN-PN 72-1575834-002
<b>a</b>	Plan name	SOQUEL CREEK W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SOQUEL CREEK W D	<b>c</b> EIN-PN 94-1568981-001
<b>a</b>	Plan name	SOUTH FEATHER WATER AND POWER AGENCY	
<b>b</b>	Name of plan sponsor	SOUTH FEATHER WATER AND POWER AGENCY	<b>c</b> EIN-PN 94-6003320-001
<b>a</b>	Plan name	STEGE SANITARY DIST 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STEGE SANITARY DIST	<b>c</b> EIN-PN 94-6001398-001
<b>a</b>	Plan name	STOCKTON E W D 457 PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STOCKTON E W D	<b>c</b> EIN-PN 90-0036995-001

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.)		
<b>a</b>	Plan name <a href="#">SUNLINE TRANS ACY 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUNLINE TRANS ACY</a>	<b>c</b> EIN-PN <a href="#">95-3177387-001</a>
<b>a</b>	Plan name <a href="#">SW FL WTR MGT DIS 457/401(A) PLAN &amp; TRUST-401A</a>	
<b>b</b>	Name of plan sponsor <a href="#">SW FL WTR MGT DIS</a>	<b>c</b> EIN-PN <a href="#">46-2424052-002</a>
<b>a</b>	Plan name <a href="#">SW FL WTR MGT DIS 457/401(A) PLAN &amp; TRUST-457</a>	
<b>b</b>	Name of plan sponsor <a href="#">SW FL WTR MGT DIS</a>	<b>c</b> EIN-PN <a href="#">46-2424052-001</a>
<b>a</b>	Plan name <a href="#">SWEETWATER AUTH 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SWEETWATER AUTH</a>	<b>c</b> EIN-PN <a href="#">20-4500505-001</a>
<b>a</b>	Plan name <a href="#">TAMPA BAY WATER 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAMPA BAY WATER</a>	<b>c</b> EIN-PN <a href="#">52-1020868-001</a>
<b>a</b>	Plan name <a href="#">THE SARATOGA CEMETERY DISTRICT DEFERRED COMPENSATION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SARATOGA CEMETERY DISTRICT</a>	<b>c</b> EIN-PN <a href="#">94-6015950-999</a>
<b>a</b>	Plan name <a href="#">TOWN OF COLMA 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOWN OF COLMA</a>	<b>c</b> EIN-PN <a href="#">94-6001431-001</a>
<b>a</b>	Plan name <a href="#">TOWN OF WINDSOR 457 PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOWN OF WINDSOR</a>	<b>c</b> EIN-PN <a href="#">68-0282543-999</a>
<b>a</b>	Plan name <a href="#">TRI DAM PROJECT 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI DAM PROJECT</a>	<b>c</b> EIN-PN <a href="#">47-1074895-001</a>
<b>a</b>	Plan name <a href="#">VALLEY COUNTY W D 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALLEY COUNTY W D</a>	<b>c</b> EIN-PN <a href="#">48-4856325-001</a>
<b>a</b>	Plan name <a href="#">W CONTRA COSTA USD 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">W CONTRA COSTA USD</a>	<b>c</b> EIN-PN <a href="#">93-3230963-001</a>
<b>a</b>	Plan name <a href="#">W CTY WASTEWTR D 457 PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">W CTY WASTEWTR D</a>	<b>c</b> EIN-PN <a href="#">94-6001249-001</a>



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GALLIARD STABLE RETURN FUND B</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEI TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2250944</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	347395494	313857339
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	347395494	313857339
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	161480	122293
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	161480	122293
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	347234014	313735046

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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 .....	<b>2b(6)</b>		11533801
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11533801

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	486490	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		486490
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		486490

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		11047311
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		25067548
(2) From this plan .....	<b>2l(2)</b>		69613827

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.