

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/10/2024 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) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), 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: HALLMARK CARDS INCORPORATED MASTER TRUST INTERNATIONAL EQUITY FUND
1b Three-digit plan number (PN): 052
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): HALLMARK CARDS, INCORPORATED MASTER TRUS STATE STREET BANK & TRUST, TR
DAVE KONOLD
2501 MCGEE ST, BOX 419580
KANSAS CITY, MO 64141
2b Employer Identification Number (EIN): 04-3328262
2c Plan Sponsor's telephone number: 816-274-8485
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 type="checkbox"/> Same as Plan Sponsor HALLMARK BENEFIT PLANS ADVISORY COMMITTEE 2501 MCGEE ST. KANSAS CITY, MO 64141	3b Administrator's EIN 43-1669047 3c Administrator's telephone number 816-274-5350
---	---

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	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
--	----------

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **06/10/2024** and ending **12/31/2024**

A Name of plan HALLMARK CARDS INCORPORATED MASTER TRUST INTERNATIONAL EQUITY FUND	B Three-digit plan number (PN) ▶	052
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INCORPORATED MASTER TRUS STATE STREET BANK & TRUST, TR	D Employer Identification Number (EIN) 04-3328262	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ARTISAN PARTNERS LP

30-0551775

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BAILIE GIFFORD OVERSEAS LIMITED

22-3438530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	NONE	23578	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 06/10/2024 and ending 12/31/2024

A Name of plan <u>HALLMARK CARDS INCORPORATED MASTER TRUST INTERNATIONAL EQUITY FUND</u>	B Three-digit plan number (PN) ▶	<u>052</u>
--	---	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALLMARK CARDS, INCORPORATED MASTER TRUS STATE STREET BANK & TRUST, TR</u>	D Employer Identification Number (EIN) <u>04-3328262</u>
---	--

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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		BUSINESS PERFORMBACE SAVINGS PLAN OF HALLMARK CARDS, INCORPORATED	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-001

a Plan name		RETAIL SERVICE GROUP SAVING PLAN	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-005

a Plan name		HALLMARK AFFILIATES EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-006

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/10/2024 and ending 12/31/2024	
A Name of plan HALLMARK CARDS INCORPORATED MASTER TRUST INTERNATIONAL EQUITY FUND	B Three-digit plan number (PN) ▶ 052
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INCORPORATED MASTER TRUS STATE STREET BANK & TRUST, TR	D Employer Identification Number (EIN) 04-3328262

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	0
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)	339580
(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)	225291
(B) Common	1c(4)(B)	25377070
(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)	27413016
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27051364
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	127284

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		80533605
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		69445
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		69445
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l		80464160

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)	8544	
(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)	15724	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24268
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	458	
(B) Common stock.....	2b(2)(B)	278202	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	757981	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1036641
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	12912670	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16988552	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-4075882
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-105019	
(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)		258972
(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)		4088866
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1227846

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)	12724	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	103958	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	21897	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		138579
j Total expenses. Add all expense amounts in column (b) and enter total	2j		138579

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1089267
l Transfers of assets:			
(1) To this plan	2l(1)		90850387
(2) From this plan	2l(2)		11475494

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.).....		X	
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.)		X	
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.).....		X	
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.)	X		
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.).....	X		
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)
HALLMARK CARDS INCORPORATED MASTER TRUST EMERGING MARKETS FUND	44-0272180	021
HALLMARK CARDS INCORPORATED MASTER TRUST DEVELOPED INTERNATIONAL FUND	44-0272180	020

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 _____.

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH						
		CANADIAN DOLLAR				
		-96,958.08			0.00	0.00
HZV0	CAD	-96,958.08			0.00	0.00
		YUAN RENMINBI OFFSHORE				
		2,550,046.44			384,690.77	347,346.79
HZV0	CNH	2,550,046.44			384,690.77	347,346.79
		YUAN RENMINBI				
		-2,550,046.44			-359,538.44	-349,357.32
HZV0	CNY	-2,550,046.44			-359,538.44	-349,357.32
		DEUTSCHE MARK				
		-141,861.48			-85,725.80	0.00
HZV0	DEM	-141,861.48			-85,725.80	0.00
		EURO CURRENCY				
		5,564.03			0.00	0.00
HZV0	EUR	5,564.03			0.00	0.00
		FRENCH FRANC				
		40,739.40			7,239.68	0.00
HZV0	FRF	40,739.40			7,239.68	0.00
		POUND STERLING				
		-104,946.95			0.00	0.00
HZV0	GBP	-104,946.95			0.00	0.00
		HONG KONG DOLLAR				
		-4,291,111.03			0.00	0.00
HZV0	HKD	-4,291,111.03			0.00	0.00
		JAPANESE YEN				
		107,879.88			1,195.24	0.00
HZV0	JPY	107,879.88			1,195.24	0.00
		SOUTH KOREAN WON				
		6,152,906.00			0.00	0.00
HZV0	KRW	6,152,906.00			0.00	0.00
		-----			-----	-----
		1,672,211.77			-52,138.55	-2,010.53

DEVELOPED INTL POOL COMPOSITE
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - PREFERRED					
	SARTORIUS AG VORZUG	PREFERENCE			
		1,011.000		159,370.52	225,290.85
HZV0	584332902	1,011.000		159,370.52	225,290.85
		-----		-----	-----
		1,011.000		159,370.52	225,290.85

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON						
		ASSA ABLOY AB B				
		COMMON STOCK SEK1.0				
		13,212.000			377,083.41	390,766.94
HZV0	ACI0CQYQ0	13,212.000			377,083.41	390,766.94
		YIFENG PHARMACY CHAIN CO L A				
		COMMON STOCK CNY1.0				
		37,100.000			122,054.50	122,645.89
HZV0	ACI0NJWW3	37,100.000			122,054.50	122,645.89
		ANHEUSER BUSCH INBEV SA/NV				
		COMMON STOCK				
		6,190.000			353,734.53	309,270.21
HZV0	ACI0PX3F9	6,190.000			353,734.53	309,270.21
		ASML HOLDING NV				
		COMMON STOCK EUR.09				
		952.000			253,983.90	669,059.78
HZV0	ACI02GTQ9	952.000			253,983.90	669,059.78
		CIE FINANCIERE RICHEMO A REG				
		COMMON STOCK CHF1.0				
		3,351.000			294,902.73	509,906.65
HZV0	ACI06R7K8	3,351.000			294,902.73	509,906.65
		IMCD NV				
		COMMON STOCK EUR.16				
		2,333.000			359,567.52	346,670.40
HZV0	ACI08PVG2	2,333.000			359,567.52	346,670.40
		TRAINLINE PLC				
		COMMON STOCK GBP.01				
		34,035.000			147,313.21	184,141.86
HZV0	ACI1CS974	34,035.000			147,313.21	184,141.86
		WISE PLC A				
		COMMON STOCK GBP.01				
		27,090.000			312,132.54	361,667.29
HZV0	ACI1YXY14	27,090.000			312,132.54	361,667.29
		MIDEA GROUP CO LTD A				
		COMMON STOCK CNY1.0				
		15,800.000			142,088.06	162,821.66
HZV0	BD5CPP908	15,800.000			142,088.06	162,821.66
		CENTRE TESTING INTL GROUP A				
		COMMON STOCK CNY1.0				
		74,400.000			133,622.06	126,696.85
HZV0	BD5C7D905	74,400.000			133,622.06	126,696.85
		RIGHTMOVE PLC				
		COMMON STOCK GBP.001				
		37,020.000			136,400.20	297,563.16
HZV0	BGDT3G909	37,020.000			136,400.20	297,563.16

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	B3 SA BRASIL BOLSA BALCAO	COMMON STOCK			
		106,100.000		275,428.36	177,238.36
HZV0	BG36ZK906	106,100.000		275,428.36	177,238.36
	CONTEMPORARY AMPEREX TECHN A	COMMON STOCK CNY1.0			
		5,694.000		129,657.25	207,501.32
HZV0	BHQPSY905	5,694.000		129,657.25	207,501.32
	PROSUS NV	COMMON STOCK EUR.05			
		5,542.000		153,013.79	220,080.73
HZV0	BJDS7L900	5,542.000		153,013.79	220,080.73
	ALIBABA GROUP HOLDING LTD	COMMON STOCK USD.000003125			
		14,320.000		188,394.63	151,902.11
HZV0	BK6YZP902	14,320.000		188,394.63	151,902.11
	ATLAS COPCO AB A SHS	COMMON STOCK SEK.16			
		6,628.000		83,974.03	101,286.31
HZV0	BLDBN4902	6,628.000		83,974.03	101,286.31
	ATLAS COPCO AB B SHS	COMMON STOCK SEK.639			
		32,306.000		137,713.79	436,964.65
HZV0	BLDBN5909	32,306.000		137,713.79	436,964.65
	EPIROC AB B	COMMON STOCK SEK.412413			
		18,500.000		161,032.05	288,653.08
HZV0	BMD58W908	18,500.000		161,032.05	288,653.08
	EXOR NV	COMMON STOCK EUR.01			
		3,783.000		268,357.95	346,876.62
HZV0	BMJ182907	3,783.000		268,357.95	346,876.62
	TENCENT HOLDINGS LTD	COMMON STOCK HKD.00002			
		9,600.000		485,603.03	515,348.32
HZV0	BMMV2K903	9,600.000		485,603.03	515,348.32
	INVESTOR AB B SHS	COMMON STOCK SEK6.25			
		18,044.000		200,907.86	477,994.33
HZV0	BMV7PQ908	18,044.000		200,907.86	477,994.33
	KWEICHOW MOUTAI CO LTD A	COMMON STOCK CNY1.0			
		500.000		117,222.11	104,394.29
HZV0	BP3R2F907	500.000		117,222.11	104,394.29
	RECRUIT HOLDINGS CO LTD	COMMON STOCK			
		7,000.000		334,956.45	496,404.94
HZV0	BQRRZ0906	7,000.000		334,956.45	496,404.94

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	AUTO TRADER GROUP PLC	COMMON STOCK GBP.01			
		54,904.000		275,294.85	545,280.79
HZV0	BVYVFW900	54,904.000		275,294.85	545,280.79
	WALMART DE MEXICO SAB DE CV	COMMON STOCK			
		60,626.000		190,158.15	160,015.14
HZV0	BW1YVH903	60,626.000		190,158.15	160,015.14
	SOFTCAT PLC	COMMON STOCK GBP.0005			
		9,344.000		212,976.80	178,344.95
HZV0	BYZDVK901	9,344.000		212,976.80	178,344.95
	ADYEN NV	COMMON STOCK EUR.01			
		250.000		357,262.79	372,003.39
HZV0	BZ1HM4902	250.000		357,262.79	372,003.39
	S.O.I.T.E.C.	COMMON STOCK EUR2.0			
		1,550.000		241,996.57	139,877.94
HZV0	BZ6T5C902	1,550.000		241,996.57	139,877.94
	LI NING CO LTD	COMMON STOCK HKD.1			
		52,000.000		215,406.11	110,186.09
HZV0	B01JCK900	52,000.000		215,406.11	110,186.09
	TECHTRONIC INDUSTRIES CO LTD	COMMON STOCK			
		34,500.000		274,535.84	455,235.94
HZV0	B0190C903	34,500.000		274,535.84	455,235.94
	COSMOS PHARMACEUTICAL CORP	COMMON STOCK			
		5,600.000		267,359.84	238,630.69
HZV0	B036QP900	5,600.000		267,359.84	238,630.69
	BUNZL PLC	COMMON STOCK GBP.3214286			
		9,410.000		358,324.55	388,436.34
HZV0	B0744B906	9,410.000		358,324.55	388,436.34
	DSV A/S	COMMON STOCK DKK1.0			
		2,405.000		418,824.09	510,615.00
HZV0	B1WT5G909	2,405.000		418,824.09	510,615.00
	AIR LIQUIDE SA	COMMON STOCK EUR5.5			
		2,267.000		360,332.85	368,366.34
HZV0	B1YXBJ905	2,267.000		360,332.85	368,366.34
	JERONIMO MARTINS	COMMON STOCK EUR1.0			
		19,407.000		295,573.04	370,770.27
HZV0	B1Y1SQ901	19,407.000		295,573.04	370,770.27

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
		UNILEVER PLC		COMMON STOCK GBP.00031111	
			6,965.000	346,019.11	396,720.47
HZV0	B10RZP905		6,965.000	346,019.11	396,720.47
		PARTNERS GROUP HOLDING AG		COMMON STOCK CHF.01	
			206.000	276,781.65	279,591.72
HZV0	B119QG904		206.000	276,781.65	279,591.72
		TOTALENERGIES SE		COMMON STOCK EUR2.5	
			4,624.000	282,777.59	255,543.68
HZV0	B15C55900		4,624.000	282,777.59	255,543.68
		EXPERIAN PLC		COMMON STOCK USD.1	
			11,489.000	430,417.94	495,694.94
HZV0	B19NLV907		11,489.000	430,417.94	495,694.94
		AIA GROUP LTD		COMMON STOCK	
			43,000.000	341,795.59	311,652.37
HZV0	B4TX8S909		43,000.000	341,795.59	311,652.37
		GREGGS PLC		COMMON STOCK GBP.02	
			7,714.000	281,769.07	269,155.82
HZV0	B63QSB902		7,714.000	281,769.07	269,155.82
		RAIA DROGASIL SA		COMMON STOCK	
			80,104.000	340,416.30	285,259.11
HZV0	B7FQV6904		80,104.000	340,416.30	285,259.11
		SPOTIFY TECHNOLOGY SA		COMMON STOCK EUR.000625	
			610.000	93,644.44	272,901.80
HZV0	L8681T102		610.000	93,644.44	272,901.80
		MAKEMYTRIP LTD		COMMON STOCK	
			3,277.000	100,812.58	367,941.56
HZV0	V5633W109		3,277.000	100,812.58	367,941.56
		ASHTREAD GROUP PLC		COMMON STOCK GBP.1	
			4,770.000	271,562.36	296,606.50
HZV0	005367008		4,770.000	271,562.36	296,606.50
		GAMES WORKSHOP GROUP PLC		COMMON STOCK GBP.05	
			3,159.000	449,479.19	526,587.70
HZV0	037184900		3,159.000	449,479.19	526,587.70
		BANCO DE CHILE ADR		ADR	
			10,989.000	262,311.98	249,230.52
HZV0	059520106		10,989.000	262,311.98	249,230.52

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
		WEIR GROUP PLC/THE			
		COMMON STOCK GBP.125			
		13,724.000		310,185.85	375,384.53
HZV0	094658903	13,724.000		310,185.85	375,384.53
		CANADIAN PACIFIC KANSAS CITY			
		COMMON STOCK			
		3,952.000		305,403.09	285,999.28
HZV0	13646K959	3,952.000		305,403.09	285,999.28
		INTERTEK GROUP PLC			
		COMMON STOCK GBP.01			
		3,831.000		148,101.37	226,846.80
HZV0	316383900	3,831.000		148,101.37	226,846.80
		BURBERRY GROUP PLC			
		COMMON STOCK GBP.0005			
		9,251.000		233,632.61	113,542.33
HZV0	317430908	9,251.000		233,632.61	113,542.33
		FOMENTO ECONOMICO MEX SP ADR	ADR		
		2,285.000		285,928.83	195,344.65
HZV0	344419106	2,285.000		285,928.83	195,344.65
		HDFC BANK LTD ADR	ADR		
		6,710.000		445,630.22	428,500.60
HZV0	40415F101	6,710.000		445,630.22	428,500.60
		LVMH MOET HENNESSY LOUIS VUI			
		COMMON STOCK EUR.3			
		539.000		266,743.69	354,694.49
HZV0	406141903	539.000		266,743.69	354,694.49
		REMY COINTREAU			
		COMMON STOCK EUR1.6			
		2,500.000		332,414.52	151,183.01
HZV0	474171006	2,500.000		332,414.52	151,183.01
		SKANDINAVISKA ENSKILDA BAN A			
		COMMON STOCK SEK10.0			
		15,859.000		225,243.29	217,376.34
HZV0	481334902	15,859.000		225,243.29	217,376.34
		NEMETSCHEK SE			
		COMMON STOCK			
		2,992.000		203,317.43	289,993.03
HZV0	563396902	2,992.000		203,317.43	289,993.03
		MERCADOLIBRE INC			
		COMMON STOCK USD.001			
		264.000		271,438.42	448,916.16
HZV0	58733R102	264.000		271,438.42	448,916.16
		LY CORP			
		COMMON STOCK			
		62,200.000		403,479.03	165,988.04
HZV0	608484903	62,200.000		403,479.03	165,988.04

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	BHP GROUP LTD	COMMON STOCK			
		10,934.000		349,201.16	267,745.12
HZV0	614469005	10,934.000		349,201.16	267,745.12
	CHUGAI PHARMACEUTICAL CO LTD	COMMON STOCK			
		4,400.000		194,250.98	195,950.62
HZV0	619640006	4,400.000		194,250.98	195,950.62
	HONG KONG EXCHANGES + CLEAR	COMMON STOCK			
		7,400.000		280,043.61	280,836.00
HZV0	626735906	7,400.000		280,043.61	280,836.00
	KEYENCE CORP	COMMON STOCK			
		800.000		254,406.17	328,989.56
HZV0	649099009	800.000		254,406.17	328,989.56
	MURATA MANUFACTURING CO LTD	COMMON STOCK			
		13,400.000		219,259.54	218,231.74
HZV0	661040006	13,400.000		219,259.54	218,231.74
	NIPPON PAINT HOLDINGS CO LTD	COMMON STOCK			
		41,800.000		348,673.37	272,221.30
HZV0	664050002	41,800.000		348,673.37	272,221.30
	OLYMPUS CORP	COMMON STOCK			
		24,400.000		242,836.90	368,033.85
HZV0	665880001	24,400.000		242,836.90	368,033.85
	SMC CORP	COMMON STOCK			
		500.000		128,536.37	197,823.87
HZV0	676396005	500.000		128,536.37	197,823.87
	SAMSUNG ELECTRONICS CO LTD	COMMON STOCK KRW100.0			
		5,890.000		345,277.63	212,850.59
HZV0	677172009	5,890.000		345,277.63	212,850.59
	SHIMANO INC	COMMON STOCK			
		1,800.000		160,836.57	244,986.00
HZV0	680482007	1,800.000		160,836.57	244,986.00
	SHISEIDO CO LTD	COMMON STOCK			
		11,700.000		413,238.29	207,444.96
HZV0	680526001	11,700.000		413,238.29	207,444.96
	SYSMEX CORP	COMMON STOCK			
		15,000.000		304,158.42	278,362.81
HZV0	688380906	15,000.000		304,158.42	278,362.81

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	TOKYO ELECTRON LTD	COMMON STOCK			
		1,900.000		329,986.71	292,386.74
HZV0	689567006	1,900.000		329,986.71	292,386.74
	UNICHARM CORP	COMMON STOCK			
		24,000.000		269,623.93	198,905.57
HZV0	691148001	24,000.000		269,623.93	198,905.57
	UNITED OVERSEAS BANK LTD	COMMON STOCK			
		32,332.000		625,708.34	861,033.25
HZV0	691678007	32,332.000		625,708.34	861,033.25
	LONZA GROUP AG REG	COMMON STOCK CHF1.0			
		829.000		396,958.37	490,127.67
HZV0	733337901	829.000		396,958.37	490,127.67
	RYANAIR HOLDINGS PLC SP ADR	ADR			
		7,836.000		396,976.11	341,571.24
HZV0	783513203	7,836.000		396,976.11	341,571.24
	SHOPIFY INC CLASS A	COMMON STOCK			
		4,625.000		98,583.50	491,776.25
HZV0	82509L107	4,625.000		98,583.50	491,776.25
	TAIWAN SEMICONDUCTOR SP ADR	ADR			
		6,034.000		212,461.33	1,191,654.66
HZV0	874039100	6,034.000		212,461.33	1,191,654.66
	TOPICUS.COM INC SUB VOTING	COMMON STOCK			
		3,927.000		299,966.61	331,864.54
HZV0	89072T953	3,927.000		299,966.61	331,864.54
		-----		-----	-----
		1,252,284.000		21,417,479.50	25,377,070.42

DEVELOPED INTL POOL COMPOSITE
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
OTHER					
	TSE 35 INDEX FUTURE	DEC99			
		-3.000		0.00	0.00
HZV0	87299Q976	-3.000		0.00	0.00
		-3.000		0.00	0.00

DEVELOPED INTL POOL COMPOSITE
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE

COMMON/COLLECTIVE TRUSTS						

		ARTISAN INTERNATIONAL VALUE FU ARTISAN INTL VAL INST				
			582,883.618		21,426,567.78	27,413,016.55
HZIO	04314H857		582,883.618		21,426,567.78	27,413,016.55
		STATE STREET BANK + TRUST CO SHORT TERM INVESTMENT FUND	1.000	12/31/2030		
			341,589.57		341,589.57	341,589.57
HZVO	8611239B5		341,589.57		341,589.57	341,589.57
		-----			-----	-----
			924,473.18		21,768,157.35	27,754,606.12

DEVELOPED INTL POOL COMPOSITE
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY -----					
	ACADIAN COLLECTIVE INVT TR	MUTUAL FUND			
		1,996,410.639		26,183,364.24	27,051,364.16
HZIO	00426P753	1,996,410.639		26,183,364.24	27,051,364.16
		-----		-----	-----
		1,996,410.639		26,183,364.24	27,051,364.16

DEVELOPED INTL POOL COMPOSITE
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	1,672,211.770	-52,138.55	-2,010.53
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	1,011.000	159,370.52	225,290.85
CORPORATE STOCKS - COMMON	1,252,284.000	21,417,479.50	25,377,070.42
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	-3.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	924,473.188	21,768,157.35	27,754,606.12
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	1,996,410.639	26,183,364.24	27,051,364.16
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	5,846,387.597 =====	69,476,233.06 =====	80,406,321.02 =====

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
COMMON/COLLECTIVE TRUSTS								
04314H857	ARTISAN INTERNATIONAL VALUE FU		ARTISAN INTL VAL INST					
69	3,508,251.05	190	10,853,902.86	0.00	7,810,143.96	259	14,362,153.91	3,043,758.90
8611239B5	STATE STREET BANK + TRUST CO		SHORT TERM INVESTMENT FUND	1.000	12/31/2030			
111	6,654,191.59	139	6,344,873.16	0.00	6,344,873.16	250	12,999,064.75	0.00
COMMON/COLLECTIVE TRUSTS TOTALS								
180	10,162,442.64	329	17,198,776.02	0.00	14,155,017.12	509	27,361,218.66	3,043,758.90

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
REGISTERED INVESTMENT COMPANY								
00426P753	ACADIAN COLLECTIVE INVT TR		MUTUAL FUND					
34	30,276,414.32	114	4,236,721.74	0.00	4,093,050.08	148	34,513,136.06	143,671.66
REGISTERED INVESTMENT COMPANY TOTALS								
34	30,276,414.32	114	4,236,721.74	0.00	4,093,050.08	148	34,513,136.06	143,671.66

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
COMMON/COLLECTIVE TRUSTS								
04314H857	ARTISAN INTERNATIONAL VALUE FU		ARTISAN INTL VAL INST					
69	3,508,251.05	190	10,853,902.86	0.00	7,810,143.96	259	14,362,153.91	3,043,758.90
8611239B5	STATE STREET BANK + TRUST CO		SHORT TERM INVESTMENT FUND	1.000	12/31/2030			
111	6,654,191.59	139	6,344,873.16	0.00	6,344,873.16	250	12,999,064.75	0.00
COMMON/COLLECTIVE TRUSTS TOTALS								
180	10,162,442.64	329	17,198,776.02	0.00	14,155,017.12	509	27,361,218.66	3,043,758.90

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
REGISTERED INVESTMENT COMPANY								
00426P753	ACADIAN COLLECTIVE INVT TR		MUTUAL FUND					
34	30,276,414.32	114	4,236,721.74	0.00	4,093,050.08	148	34,513,136.06	143,671.66
REGISTERED INVESTMENT COMPANY TOTALS								
34	30,276,414.32	114	4,236,721.74	0.00	4,093,050.08	148	34,513,136.06	143,671.66

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS							
04314H857	ARTISAN INTERNATIONAL VALUE FU		4,657,393.79		3,299,523.31	4,657,393.79	1,357,870.48
COMMON/COLLECTIVE TRUSTS TOTALS							
				0.00	3,299,523.31	4,657,393.79	1,357,870.48

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY									
00426P753	ACADIAN COLLECTIVE INVT TR	28,514,462.00				0.00		28,514,462.00	0.00
REGISTERED INVESTMENT COMPANY TOTALS									
						0.00		28,514,462.00	0.00

DEVELOPED INTL POOL COMPOSITE
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86
 5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS							
04314H857	ARTISAN INTERNATIONAL VALUE FU		4,657,393.79		3,299,523.31	4,657,393.79	1,357,870.48
COMMON/COLLECTIVE TRUSTS TOTALS							
				0.00	3,299,523.31	4,657,393.79	1,357,870.48

DEVELOPED INTL POOL COMPOSITE
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 68,247,277.86

5% OF ASSET VALUE: 3,412,363.89

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY									
00426P753	ACADIAN COLLECTIVE INVT TR	28,514,462.00			MUTUAL FUND	0.00		28,514,462.00	0.00
REGISTERED INVESTMENT COMPANY TOTALS									
						0.00		28,514,462.00	0.00