

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 01/01/2023 and ending 02/16/2023

- 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 (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: PRINCIPAL/VOYA LARGE-CAP GROWTH CIT; 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): 82-6249680; 2c Plan Sponsor's telephone number: 610-676-2369; 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

<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> <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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 02/16/2023

<b>A</b> Name of plan <u>PRINCIPAL/VOYA LARGE-CAP GROWTH CIT</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>82-6249680</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND A

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN <u>41-6292499-001</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>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**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)
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<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)
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**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):

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

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**c** EIN-PN

**d** Entity code

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

<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	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF EYE ASSOCIATES OF NEW MEXICO, LTD.	
<b>b</b>	Name of plan sponsor	EYE ASSOCIATES OF NEW MEXICO	<b>c</b> EIN-PN 85-0246856-002
<b>a</b>	Plan name	ABILL REALTY CORP. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABILL REALTY CORP.	<b>c</b> EIN-PN 22-1768133-001
<b>a</b>	Plan name	ALINABAL, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALINABAL, INC.	<b>c</b> EIN-PN 13-3009406-001
<b>a</b>	Plan name	AMERICAN ASSOCIATION OF INSURANCE SERVICES EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ASSOCIATION OF INSURANCE SERVICES	<b>c</b> EIN-PN 36-2021360-001
<b>a</b>	Plan name	AMPACET CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMPACET CORPORATION	<b>c</b> EIN-PN 13-2546877-003
<b>a</b>	Plan name	ANDEX INDUSTRIES INC & ANTHONY & CO. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANDEX INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1652680-001
<b>a</b>	Plan name	ANIAK LIGHT & POWER COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANIAK LIGHT & POWER COMPANY, INC.	<b>c</b> EIN-PN 92-0072174-002
<b>a</b>	Plan name	AQUATEX WATER CONDITIONING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AQUATEX WATER CONDITIONING INC	<b>c</b> EIN-PN 76-0110237-001
<b>a</b>	Plan name	ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	ARROW SHED, LLC	<b>c</b> EIN-PN 27-1885904-001
<b>a</b>	Plan name	BALLARD POWER CORPORATION 401(K)	
<b>b</b>	Name of plan sponsor	BALLARD POWER SYSTEMS INC.	<b>c</b> EIN-PN 95-4392311-003
<b>a</b>	Plan name	BAUMAN-HARNISH RUBBER & PLASTICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRIFFITH RUBBER MILLS OF GARRETT, INC.	<b>c</b> EIN-PN 93-0874144-001
<b>a</b>	Plan name	BELTONE ELECTRONICS CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GN HEARING CARE CORPORATION	<b>c</b> EIN-PN 77-0019588-001

<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	BRAUNSTEIN & STEWART PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAUNSTEIN & STEWART A PROF CORP	<b>c</b> EIN-PN 95-2690123-001
<b>a</b>	Plan name	BUFFALO CRUSHED STONE PENSION PLAN FOR HOURLY RATED EMPLOYEES	
<b>b</b>	Name of plan sponsor	NEW ENTERPRISE STONE & LIME CO., INC.	<b>c</b> EIN-PN 23-1374051-001
<b>a</b>	Plan name	BUILDERS PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS PRODUCTS INC	<b>c</b> EIN-PN 74-1227450-001
<b>a</b>	Plan name	CCWD OPEB TRUST	
<b>b</b>	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	<b>c</b> EIN-PN 47-6386712-999
<b>a</b>	Plan name	CCWD RET PLAN-MAP ACCOUNT	
<b>b</b>	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	<b>c</b> EIN-PN 94-6000489-999
<b>a</b>	Plan name	GENVEO WORLDWIDE LIMITED PENSION PLAN	
<b>b</b>	Name of plan sponsor	GENVEO WORLDWIDE LIMITED	<b>c</b> EIN-PN 83-1681581-008
<b>a</b>	Plan name	CHESTER COUNTY NATURAL GAS AUTHORITY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	CHESTER COUNTY NATURAL GAS AUTHORITY	<b>c</b> EIN-PN 57-6008075-999
<b>a</b>	Plan name	CITATION BOX AND PAPER CO. PROFIT SHARING PLAN AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	CITATION BOX & PAPER COMPANY	<b>c</b> EIN-PN 36-2201785-001
<b>a</b>	Plan name	CITY OF ARLINGTON PST/DIP	
<b>b</b>	Name of plan sponsor	CITY OF ARLINGTON	<b>c</b> EIN-PN 75-6000450-999
<b>a</b>	Plan name	CITY OF DELANO PENSION	
<b>b</b>	Name of plan sponsor	CITY OF DELANO	<b>c</b> EIN-PN 95-6000702-999
<b>a</b>	Plan name	CITY OF MARQUETTE POLICE & FIRE	
<b>b</b>	Name of plan sponsor	CITY OF MARQUETTE	<b>c</b> EIN-PN 38-6113682-999
<b>a</b>	Plan name	CITY OF SPRINGFIELD, OREGON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF SPRINGFIELD	<b>c</b> EIN-PN 93-6002558-999

<b>Part II 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	CNPPD EMPLOYEES RETIREMENT PLAN DB
<b>b</b>	Name of plan sponsor	CENTRAL NEBRASKA PUBLIC POWER DISTRICT
<b>c</b>	EIN-PN	47-6000076-999
<b>a</b>	Plan name	CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY DEFINED BENEFIT PLAN & TRUST
<b>b</b>	Name of plan sponsor	REGIONAL TRANSPORTATION AUTHORITY
<b>c</b>	EIN-PN	74-2390259-999
<b>a</b>	Plan name	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.
<b>c</b>	EIN-PN	54-2122693-001
<b>a</b>	Plan name	CYPRESS LAWN CEMETERY ASSN RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CYPRESS LAWN CEMETERY ASSOCIATION
<b>c</b>	EIN-PN	94-0416370-001
<b>a</b>	Plan name	DOUGHERTY COUNTY DEFINED BENEFIT RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DOUGHERTY COUNTY
<b>c</b>	EIN-PN	58-6000817-999
<b>a</b>	Plan name	EPCOR WATER (USA), INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	EPCOR WATER (USA), INC.
<b>c</b>	EIN-PN	46-0525312-001
<b>a</b>	Plan name	FIREGUARD SPRINKLER CORP PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	FIREGUARD SPRINKLER
<b>c</b>	EIN-PN	22-1810819-001
<b>a</b>	Plan name	FKC INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	FKC INTERNATIONAL INC.
<b>c</b>	EIN-PN	20-0222244-001
<b>a</b>	Plan name	FORMING SPECIALTIES, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FORMING SPECIALTIES, INC
<b>c</b>	EIN-PN	95-3033154-001
<b>a</b>	Plan name	FORSYTH COUNTY DEFINED BENEFIT PLAN
<b>b</b>	Name of plan sponsor	FORSYTH COUNTY GOVERNMENT
<b>c</b>	EIN-PN	58-6000828-999
<b>a</b>	Plan name	G.E. HUEBNER CONCRETE CO. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	G.E. HUEBNER CONCRETE, INC.
<b>c</b>	EIN-PN	74-1926465-001
<b>a</b>	Plan name	GCHI RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GIANT CEMENT HOLDING, INC.
<b>c</b>	EIN-PN	57-0997411-006

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 <b>GEORGE S. AND DOLORES DORE ECCLES FOUNDATION DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GEORGE S. AND DOLORES DORE ECCLES FOUNDATION</b>	<b>c</b> EIN-PN <b>87-6118245-001</b>
<b>a</b>	Plan name <b>GUNNISON FIREMENS PENSION FUND</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF GUNNISON</b>	<b>c</b> EIN-PN <b>84-6000673-999</b>
<b>a</b>	Plan name <b>HALLSTAR SERVICES CORP. HOURLY EMPLOYEES PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HALLSTAR SERVICES CORPORATION</b>	<b>c</b> EIN-PN <b>20-0924709-002</b>
<b>a</b>	Plan name <b>HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HALLSTAR SERVICES CORPORATION</b>	<b>c</b> EIN-PN <b>20-0924709-003</b>
<b>a</b>	Plan name <b>HARRISON INTERESTS, LTD. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARRISON INTERESTS, LTD.</b>	<b>c</b> EIN-PN <b>74-2062734-001</b>
<b>a</b>	Plan name <b>HARRISON, MORELAND, WEBBER &amp; SIMPLOT, P.C. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARRISON MORELAND, WEBBER &amp; SIMPLOT PC</b>	<b>c</b> EIN-PN <b>42-1177483-002</b>
<b>a</b>	Plan name <b>HASTINGS FIREFIGHTER PEN - PRE 1984</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF HASTINGS, NE</b>	<b>c</b> EIN-PN <b>47-6006221-999</b>
<b>a</b>	Plan name <b>HASTINGS POLICE PRE-1984 PEN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF HASTINGS, NE</b>	<b>c</b> EIN-PN <b>47-6006221-999</b>
<b>a</b>	Plan name <b>HEALTH PLAN OF SAN MATEO D/B PL DB</b>	
<b>b</b>	Name of plan sponsor <b>HEALTH PLAN OF SAN MATEO</b>	<b>c</b> EIN-PN <b>94-3020555-999</b>
<b>a</b>	Plan name <b>HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEARTHSIDE BANK</b>	<b>c</b> EIN-PN <b>61-0305840-002</b>
<b>a</b>	Plan name <b>HENRY MODELL &amp; CO., INC. EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MODELLS, INC.</b>	<b>c</b> EIN-PN <b>13-5518048-001</b>
<b>a</b>	Plan name <b>HERBERT BRAUNSTEIN MD &amp; ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROWHEAD PATHOLOGY MEDICAL GROUP</b>	<b>c</b> EIN-PN <b>95-2690123-002</b>

<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	HOLES OF SAN ANTONIO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOLES OF SAN ANTONIO, INC.	<b>c</b> EIN-PN 74-2113095-001
<b>a</b>	Plan name	INDIANAPOLIS PENSION PLAN FOR PRODUCTION EMPLOYEES	
<b>b</b>	Name of plan sponsor	RSR NORTH AMERICA CORP.	<b>c</b> EIN-PN 83-2477963-008
<b>a</b>	Plan name	INGRAM WALLIS & COMPANY EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INGRAM WALLIS & COMPANY	<b>c</b> EIN-PN 74-2073801-002
<b>a</b>	Plan name	ISPC, P.A. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISPC, P.A.	<b>c</b> EIN-PN 36-4510829-001
<b>a</b>	Plan name	J.G. BOSWELL COMPANY EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	J.G. BOSWELL COMPANY	<b>c</b> EIN-PN 95-0563800-002
<b>a</b>	Plan name	JACK BUELL EMPLOYEE BENEFIT TRUST	
<b>b</b>	Name of plan sponsor	JMF COMPANY, INC. DBA JACK BUELL TRUCKING	<b>c</b> EIN-PN 82-0299482-001
<b>a</b>	Plan name	JAMES LEARNER DO PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JAMES LEARNER DO PLLC	<b>c</b> EIN-PN 36-9502293-001
<b>a</b>	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.	<b>c</b> EIN-PN 39-0994777-003
<b>a</b>	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES' PENSION PLAN FOR NON-UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.	<b>c</b> EIN-PN 39-0994777-001
<b>a</b>	Plan name	KEYSTONE CEMENT COMPANY RETIREMENT FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	<b>c</b> EIN-PN 20-2268581-002
<b>a</b>	Plan name	KURT S. ADLER, INC EMPLOYEES PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KURT S. ADLER, INC	<b>c</b> EIN-PN 13-5654539-001
<b>a</b>	Plan name	LAKESIDE COUNTY CLUB PENSION PLAN	
<b>b</b>	Name of plan sponsor	LAKESIDE COUNTRY CLUB	<b>c</b> EIN-PN 74-1170526-001

<b>Part II 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	LAKEWOOD CEMETERY ASSOCIATION PENSION PLAN
<b>b</b>	Name of plan sponsor	LAKEWOOD CEMETERY ASSOCIATION
<b>c</b>	EIN-PN	41-0364020-001
<b>a</b>	Plan name	LANGFORD TOOL & DRILL CO. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LANGFORD TOOL & DRILL
<b>c</b>	EIN-PN	41-0808861-001
<b>a</b>	Plan name	LAREDO TRANSIT MANAGEMENT, INC. DEFINED BENEFIT PLAN
<b>b</b>	Name of plan sponsor	LAREDO TRANSIT MANAGEMENT, INC.
<b>c</b>	EIN-PN	02-0668666-002
<b>a</b>	Plan name	LARSEN, MELVIN PSP
<b>b</b>	Name of plan sponsor	LARSEN, MELVIN
<b>c</b>	EIN-PN	92-0112791-999
<b>a</b>	Plan name	MANHATTAN BROADCASTING COMPANY OF MANHATTAN, KANSAS PROFIT SHARING TRUST
<b>b</b>	Name of plan sponsor	MANHATTAN BROADCASTING CO
<b>c</b>	EIN-PN	48-0538710-001
<b>a</b>	Plan name	MATRIX MACHINE, INC. PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MATRIX MACHINE, INC.
<b>c</b>	EIN-PN	86-0363560-001
<b>a</b>	Plan name	ME WEST CASTINGS PENSION PLAN FOR TEMPE BARGAINING UNIT EMPLOYEES
<b>b</b>	Name of plan sponsor	ME GLOBAL INC.
<b>c</b>	EIN-PN	62-1870545-001
<b>a</b>	Plan name	MICROTECH, INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	MICROTECH, INC.
<b>c</b>	EIN-PN	22-2189648-002
<b>a</b>	Plan name	MOCK REALTY, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MOCK REALTY COMPANY
<b>c</b>	EIN-PN	84-1159532-001
<b>a</b>	Plan name	MONEYTREE, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MONEYTREE, INC.
<b>c</b>	EIN-PN	91-1218621-001
<b>a</b>	Plan name	MORAVIAN CHURCH NORTHERN PROVINCE AMENDED AND RESTATED 403(B)(9) PENSION PLAN
<b>b</b>	Name of plan sponsor	MORAVIAN CHURCH NORTHERN PROVINCE
<b>c</b>	EIN-PN	24-0826166-999
<b>a</b>	Plan name	MURRAY CALLOWAY COUNTY HOSPITAL AND CONVALESCENT DIVISION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MURRAY-CALLOWAY COUNTY HOSPITAL
<b>c</b>	EIN-PN	61-0620567-999

<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	NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS EMPLOYEES' SAVINGS & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS	<b>c</b> EIN-PN 22-1487266-002
<b>a</b>	Plan name	NEWCO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NEWCO, INC.	<b>c</b> EIN-PN 84-0533758-002
<b>a</b>	Plan name	NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NODAK INSURANCE COMPANY	<b>c</b> EIN-PN 45-0216631-004
<b>a</b>	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEIDA TRIBE OF INDIANS OF WISCONSIN	<b>c</b> EIN-PN 39-6081138-004
<b>a</b>	Plan name	PACIFIC VIEW COMPANIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC VIEW COMPANIES, INC.	<b>c</b> EIN-PN 95-2002255-001
<b>a</b>	Plan name	PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC	
<b>b</b>	Name of plan sponsor	DELANEY TELECOM, INC	<b>c</b> EIN-PN 23-2388066-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF SHINTECH INC. AND CERTAIN AFFILIATES	
<b>b</b>	Name of plan sponsor	SHINTECH INCORPORATED	<b>c</b> EIN-PN 74-1750521-001
<b>a</b>	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES - MICHIGAN PLAN	
<b>b</b>	Name of plan sponsor	TIMBER PRODUCTS CO	<b>c</b> EIN-PN 38-2796098-001
<b>a</b>	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF TIMBER PRODUCTS COMPANY	
<b>b</b>	Name of plan sponsor	TIMBER PRODUCTS CO	<b>c</b> EIN-PN 36-2639465-001
<b>a</b>	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF TIMBER PRODUCTS COMPANY & AFFILIATES	
<b>b</b>	Name of plan sponsor	TIMBER PRODUCTS CO	<b>c</b> EIN-PN 36-2639465-002
<b>a</b>	Plan name	PENSION PLAN FOR THE EMPLOYEES OF THE SYNOD OF THE PACIFIC	
<b>b</b>	Name of plan sponsor	SYNOD OF THE PACIFIC	<b>c</b> EIN-PN 23-7217973-001
<b>a</b>	Plan name	PENSION PLAN FOR THE SERVICE EMPLOYEES' LOCAL NO. 1 S.E.I.U.	
<b>b</b>	Name of plan sponsor	SERVICE EMPLOYEES LOCAL NO. 1	<b>c</b> EIN-PN 36-0899855-004

<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	PILOT CORPORATION OF AMERICA EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PILOT CORPORATION OF AMERICA	<b>c</b> EIN-PN 11-2277015-002
<b>a</b>	Plan name	PIPING ROCK RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	PIPING ROCK CLUB	<b>c</b> EIN-PN 11-1191180-001
<b>a</b>	Plan name	POTOMAC VALLEY BRICK AND SUPPLY COMPANY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	POTOMAC VALLEY BRICK AND SUPPLY COMPANY	<b>c</b> EIN-PN 52-1068771-002
<b>a</b>	Plan name	PROFESSIONAL SERVICES GROUP PENSION PLAN FOR BRIDGEPORT EMPLOYEES	
<b>b</b>	Name of plan sponsor	WASCO, LLC VEOLIA NORTH AMERICA	<b>c</b> EIN-PN 33-0266015-021
<b>a</b>	Plan name	RADIATION ONCOLOGY ASSOC., CHTD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RADIATION ONCOLOGY ASSOC., CHTD	<b>c</b> EIN-PN 88-0217865-001
<b>a</b>	Plan name	RET PLN FOR EMPL OF MNA	
<b>b</b>	Name of plan sponsor	METROPOLITAN NASHVILLE AIRPORT AUTHORITY	<b>c</b> EIN-PN 62-0819271-999
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROCK HILL COCA-COLA BOTTLING COMPANY	
<b>b</b>	Name of plan sponsor	ROCK HILL COCA-COLA BOTTLING COMPANY	<b>c</b> EIN-PN 57-0236040-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE LIBERTY NATIONAL BANK IN PARIS	
<b>b</b>	Name of plan sponsor	THE LIBERTY NATIONAL BANK IN PARIS	<b>c</b> EIN-PN 75-0393555-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR HOURLY EMPLOYEES OF TEXAS LEHIGH CEMENT COMPANY LP	
<b>b</b>	Name of plan sponsor	TEXAS-LEHIGH CEMENT COMPANY	<b>c</b> EIN-PN 75-2109658-002
<b>a</b>	Plan name	RETIREMENT PLAN OF JERAS CORPORATION	
<b>b</b>	Name of plan sponsor	JERAS CORP	<b>c</b> EIN-PN 23-1163960-001
<b>a</b>	Plan name	RETIREMENT PLAN OF LOUISIANA PIGMENT COMPANY, L.P.	
<b>b</b>	Name of plan sponsor	LOUISIANA PIGMENT COMPANY LP	<b>c</b> EIN-PN 72-1249283-002
<b>a</b>	Plan name	REVISED RANSOM & RANDOLPH PENSION PLAN	
<b>b</b>	Name of plan sponsor	RANSOM & RANDOLPH, LLC	<b>c</b> EIN-PN 85-4287075-007

<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	ROBINSON TOWNSHIP POLICE DB TRUST	
<b>b</b>	Name of plan sponsor	ROBINSON TOWNSHIP	<b>c</b> EIN-PN 25-6002657-999
<b>a</b>	Plan name	ROYAL GORGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROYAL GORGE COMPANY	<b>c</b> EIN-PN 84-0574803-001
<b>a</b>	Plan name	RSR HOURLY PENSION - INDIANA	
<b>b</b>	Name of plan sponsor	RSR CORPORATION	<b>c</b> EIN-PN 83-2477963-005
<b>a</b>	Plan name	RSR HOURLY PENSION - NEW YORK	
<b>b</b>	Name of plan sponsor	RSR CORPORATION	<b>c</b> EIN-PN 83-2477963-009
<b>a</b>	Plan name	RSR HOURLY PENSION CALIF DB	
<b>b</b>	Name of plan sponsor	RSR CORPORATION	<b>c</b> EIN-PN 83-2477963-004
<b>a</b>	Plan name	RSR NORTH AMERICA CORP. RETIREMENT INCOME PENSION PLAN	
<b>b</b>	Name of plan sponsor	RSR NORTH AMERICA CORP.	<b>c</b> EIN-PN 83-2477963-001
<b>a</b>	Plan name	RSR NORTH AMERICA RETIREMENT INCOME PENSION PLAN	
<b>b</b>	Name of plan sponsor	RSR NORTH AMERICA CORP	<b>c</b> EIN-PN 83-2477963-001
<b>a</b>	Plan name	SAAB US DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	SAAB NORTH AMERICA, INC.	<b>c</b> EIN-PN 54-1794938-002
<b>a</b>	Plan name	SAWS RETIREE HEALTH TR	
<b>b</b>	Name of plan sponsor	SAN ANTONIO WATER SYSTEM	<b>c</b> EIN-PN 74-2632530-999
<b>a</b>	Plan name	SEATON PUBLISHING COMPANY, INC. OF MANHATTAN, KANSAS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEATON PUBLISHING INC	<b>c</b> EIN-PN 48-0507216-001
<b>a</b>	Plan name	SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHERIDAN NEWSPAPERS, INC.	<b>c</b> EIN-PN 83-0161919-001
<b>a</b>	Plan name	SIERRA CLUB 1081 PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor	SIERRA CLUB	<b>c</b> EIN-PN 94-1153307-001

<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	SILVER BOW CONSTRUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SILVER BOW CONSTRUCTION, INC.	<b>c</b> EIN-PN 92-0048332-001
<b>a</b>	Plan name	SLOUGH EQUIPMENT COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLOUGH EQUIPMENT COMPANY	<b>c</b> EIN-PN 75-1588907-001
<b>a</b>	Plan name	SOLAR CITY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOLAR CITY, INC.	<b>c</b> EIN-PN 59-2010522-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY, LLC	<b>c</b> EIN-PN 58-2020515-013
<b>a</b>	Plan name	SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWORTH-MILTON, INC.	<b>c</b> EIN-PN 02-0258444-004
<b>a</b>	Plan name	ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ST. PETERS HEALTH	<b>c</b> EIN-PN 81-0233121-001
<b>a</b>	Plan name	STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANDARD TILE IMPORTS, INC.	<b>c</b> EIN-PN 22-2284706-001
<b>a</b>	Plan name	STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARBIL REALTY CORP.	<b>c</b> EIN-PN 22-1723208-002
<b>a</b>	Plan name	STOEL RIVES LLP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	STOEL RIVES LLP	<b>c</b> EIN-PN 93-0408771-012
<b>a</b>	Plan name	STUART DEAN COMPANY, INC PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STUART DEAN COMPANY, INC	<b>c</b> EIN-PN 13-1354550-001
<b>a</b>	Plan name	TBI AIRPORT MANAGEMENT, INC. RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	TBI AIRPORT MANAGEMENT	<b>c</b> EIN-PN 51-0398175-001
<b>a</b>	Plan name	TEICHERT, INC. EMPLOYEE STOCK BONUS PLAN	
<b>b</b>	Name of plan sponsor	A TEICHERT, INC.	<b>c</b> EIN-PN 94-0919260-003

<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	TEJON RANCH CO PENSION PLAN	
<b>b</b>	Name of plan sponsor	TEJON RANCH COMPANY	<b>c</b> EIN-PN 95-1288160-001
<b>a</b>	Plan name	TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TENSION ENVELOPE CORPORATION	<b>c</b> EIN-PN 22-1589367-005
<b>a</b>	Plan name	THE AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY, INC. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BOARD OF PSYCHIATRY	<b>c</b> EIN-PN 41-0654864-001
<b>a</b>	Plan name	THE BICYCLE SHOP, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BICYCLE SHOP, INC.	<b>c</b> EIN-PN 92-0071490-001
<b>a</b>	Plan name	THE DEPOSITORY TRUST & CLEARING CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE DEPOSITORY TRUST & CLEARING CORPORATION	<b>c</b> EIN-PN 13-4086405-003
<b>a</b>	Plan name	THE GRADALL COMPANY EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRADALL INDUSTRIES, INC	<b>c</b> EIN-PN 74-2660540-341
<b>a</b>	Plan name	THE HOMESTEAD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HOMESTEAD, L.C.	<b>c</b> EIN-PN 75-2500327-001
<b>a</b>	Plan name	THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	JOS A BANK MANUFACTURING	<b>c</b> EIN-PN 36-3189198-002
<b>a</b>	Plan name	THE RANDALL GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE RANDALL GROUP, INC.	<b>c</b> EIN-PN 93-1147033-002
<b>a</b>	Plan name	THE TYDEN SEAL COMPANY USW RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	E.J. BROOKS COMPANY	<b>c</b> EIN-PN 22-0793310-002
<b>a</b>	Plan name	TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN	
<b>b</b>	Name of plan sponsor	TIMBER PRODUCTS CO	<b>c</b> EIN-PN 36-2639465-003
<b>a</b>	Plan name	TRUCK EQUIPMENT, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	TRUCK EQUIPMENT, INC.	<b>c</b> EIN-PN 42-0955969-002

<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	TRUMBULL POLICE BENEFIT FUND	
<b>b</b>	Name of plan sponsor	TOWN OF TRUMBULL	<b>c</b> EIN-PN 06-6002110-999
<b>a</b>	Plan name	UNITED STARS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	UNITED STARS HOLDINGS, INC. DBA UNITED STARS, INC.	<b>c</b> EIN-PN 30-1150438-002
<b>a</b>	Plan name	UNIV OF ID RETIREE H&W TR- MAP	
<b>b</b>	Name of plan sponsor	UNIV OF ID	<b>c</b> EIN-PN 90-6135532-999
<b>a</b>	Plan name	VEOLIA NORTH AMERICA PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	VEOLIA NORTH AMERICA, LLC	<b>c</b> EIN-PN 26-2756568-003
<b>a</b>	Plan name	VICINITY ENERGY PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	VICINITY ENERGY, LLC	<b>c</b> EIN-PN 38-3680309-002
<b>a</b>	Plan name	WESTERN QUALITY FOODS, LC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STREMICKS HERITAGE FOODS, LLC	<b>c</b> EIN-PN 87-0509318-002
<b>a</b>	Plan name	WHITE MT. APACHE TRIBE GOVERNMENTAL PLAN	
<b>b</b>	Name of plan sponsor	WHITE MOUNTAIN APACHE TRIBE	<b>c</b> EIN-PN 86-0092030-003
<b>a</b>	Plan name	WINTHROP & WEINSTINE, P.A. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WINTHROP & WEINSTINE, P.A.	<b>c</b> EIN-PN 41-1722524-003
<b>a</b>	Plan name	WIRTZ MANUFACTURING COMPANY, INC. HOURLY RATED EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	WIRTZ MANUFACTURING CO., INC.	<b>c</b> EIN-PN 38-1491059-003
<b>a</b>	Plan name	ZENS MANUFACTURING INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZENS MANUFACTURING INC	<b>c</b> EIN-PN 39-0961829-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **02/16/2023**

<b>A</b> Name of plan <b>PRINCIPAL/VOYA LARGE-CAP GROWTH CIT</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>82-6249680</b>

**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.

		(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>	230048	104276777
<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>	92318860	
<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>	2311729	
<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>	666072	
<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	95526709	104276777
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	107671	104276777
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	107671	104276777
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	95419038	0

**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)	116966	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	844	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		117810
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	124862392	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	122628875	
(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)	4814471	
(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>		
(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>		210843
<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>		7376641

**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>	59892	
(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>		59892
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		59892

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7316749
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3344497
(2) From this plan .....	<b>2l(2)</b>		106080284

**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 \_\_\_\_\_.