

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan ALLSPRING CORE BOND 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) 94-3222878, 2c Plan Sponsor's telephone number 610-676-2369, 2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>ALLSPRING CORE BOND 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>94-3222878</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SHORT-TERM INVESTMENT FUND A</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>SEI TRUST COMPANY</u>	
<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>16459000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



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 401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTICO, INC.	
<b>b</b>	Name of plan sponsor TIGHTICO, INC.	<b>c</b> EIN-PN 57-0934530-001
<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 AAA MINNEAPOLIS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AAA MINNEAPOLIS	<b>c</b> EIN-PN 41-0134600-002
<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 ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADAMS GROUP	<b>c</b> EIN-PN 94-2200898-003
<b>a</b>	Plan name ADVANCED DEFENSE CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED DEFENSE CONCEPTS, INC.	<b>c</b> EIN-PN 54-1969151-002
<b>a</b>	Plan name ALLAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLAN INDUSTRIES, INC.	<b>c</b> EIN-PN 22-2647098-001
<b>a</b>	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
<b>b</b>	Name of plan sponsor ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-004
<b>a</b>	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE	
<b>b</b>	Name of plan sponsor ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-003
<b>a</b>	Plan name ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	
<b>b</b>	Name of plan sponsor ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-002
<b>a</b>	Plan name ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALLERGY PARTNERS PLLC	<b>c</b> EIN-PN 56-1249571-001
<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

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 AMERICAN OPTICAL/M&R INDUSTRIES THRIFT PLAN	
<b>b</b>	Name of plan sponsor VISTA CAPITAL LLC	<b>c</b> EIN-PN 51-0529512-002
<b>a</b>	Plan name AMERICAN TRUETZSCHLER, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TRUETZSCHLER, INC.	<b>c</b> EIN-PN 56-0932757-001
<b>a</b>	Plan name AMPACET CORPORATION EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMPACET CORP.	<b>c</b> EIN-PN 13-2546877-002
<b>a</b>	Plan name ANCHORAGE FRACTURE AND ORTHOPEDIC CLINIC, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANCHORAGE FRACTURE AND ORTHOPEDIC CLINIC, P.C.	<b>c</b> EIN-PN 20-2070854-002
<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 ANDREW & SONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDREW & SONS LLC	<b>c</b> EIN-PN 13-4121233-001
<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 ANTHONYS RESTAURANTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANTHONYS	<b>c</b> EIN-PN 91-0889684-001
<b>a</b>	Plan name APEX COLOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor APEX COLOR	<b>c</b> EIN-PN 59-1346610-001
<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 B.V. HEDRICK GRAVEL & SAND COMPANY SALARY DEFERRAL & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BV HEDRICK GRAVEL & SAND COMPANY	<b>c</b> EIN-PN 56-0257665-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BAYLEY CONSTRUCTION PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAYLEY CONSTRUCTION	<b>c</b> EIN-PN 91-1764930-001
<b>a</b>	Plan name BELL PUMP SERVICE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELL PUMP SERVICE COMPANY, INC.	<b>c</b> EIN-PN 06-0620791-001
<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>a</b>	Plan name BENECARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENECARD SERVICES, INC.	<b>c</b> EIN-PN 22-2998772-001
<b>a</b>	Plan name BOLLMAN HAT COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor BOLLMAN HAT COMPANY	<b>c</b> EIN-PN 23-1922616-002
<b>a</b>	Plan name BRANCHPATTERN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANCHPATTERN, INC.	<b>c</b> EIN-PN 47-0751360-002
<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 BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	
<b>b</b>	Name of plan sponsor BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	<b>c</b> EIN-PN 95-3519963-002
<b>a</b>	Plan name BROOKS EQUIPMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROOKS EQUIPMENT COMPANY, INC.	<b>c</b> EIN-PN 88-0161234-002
<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 BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor BUZZI UNICEM USA INC.	<b>c</b> EIN-PN 23-3022369-020

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 BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor BUZZI UNICEM USA INC.	<b>c</b> EIN-PN 23-3022369-030
<b>a</b>	Plan name C.D. MOODY CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C.D. MOODY CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-1778748-001
<b>a</b>	Plan name CALBAG METALS COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALBAG METALS COMPANY	<b>c</b> EIN-PN 93-0466199-001
<b>a</b>	Plan name CALIFORNIA DENTAL ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA DENTAL ASSOCIATION	<b>c</b> EIN-PN 95-2822367-002
<b>a</b>	Plan name CAROLINA ICE PALACE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CAROLINA ICE PALACE, LLC	<b>c</b> EIN-PN 58-2317013-001
<b>a</b>	Plan name CASE FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASE FOODS, INC.	<b>c</b> EIN-PN 52-1702529-001
<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 CENTENNIAL PLASTICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTENNIAL PLASTICS, INC	<b>c</b> EIN-PN 47-0841062-001
<b>a</b>	Plan name CENTURY DIRECT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTURY DIRECT, LLC	<b>c</b> EIN-PN 11-3583330-002
<b>a</b>	Plan name CHARLOTTE PIPE & FOUNDRY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHARLOTTE PIPE & FOUNDRY CO.	<b>c</b> EIN-PN 56-0174030-002
<b>a</b>	Plan name CHARLOTTE REGIONAL BUSINESS ALLIANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHARLOTTE REGIONAL BUSINESS ALLIANCE	<b>c</b> EIN-PN 56-0173610-002

<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	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 CO.	<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 IRVINE DEF BEN PENSION PL DB	
<b>b</b>	Name of plan sponsor	CITY OF IRVINE	<b>c</b> EIN-PN 95-2759391-999
<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>a</b>	Plan name	CLOUD CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLOUD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 74-0935687-001
<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	COMMERCIAL TIRE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL TIRE, INC.	<b>c</b> EIN-PN 82-0289818-001
<b>a</b>	Plan name	CONCRETE BLOCK EMPLOYERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	CONCRETE BLOCK	<b>c</b> EIN-PN 95-4179665-001
<b>a</b>	Plan name	CONNELL RESOURCES, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	CONNELL RESOURCES, INC. 401(K) PS PLAN	<b>c</b> EIN-PN 84-0588541-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY DEFINED BENEFIT PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REGIONAL TRANSPORTATION AUTHORITY</b>	<b>c</b> EIN-PN <b>74-2390259-999</b>
<b>a</b>	Plan name <b>COUNTY OF VENTURA RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VENTURA COUNTY</b>	<b>c</b> EIN-PN <b>95-6000944-999</b>
<b>a</b>	Plan name <b>COVENANT CARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COVENANT CARE CALIFORNIA INC</b>	<b>c</b> EIN-PN <b>33-0631540-001</b>
<b>a</b>	Plan name <b>COVINA VALLEY UROLOGIC MEDICAL GROUP, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.</b>	<b>c</b> EIN-PN <b>54-2122693-001</b>
<b>a</b>	Plan name <b>CRESCENT ELECTRIC SUPPLY COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRESCENT ELECTRIC SUPPLY COMPANY</b>	<b>c</b> EIN-PN <b>42-0201220-002</b>
<b>a</b>	Plan name <b>CROSBY TUGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CROSBY TUGS, LLC</b>	<b>c</b> EIN-PN <b>72-0914194-001</b>
<b>a</b>	Plan name <b>CUMBERLAND GRAVEL AND SAND COMPANY SALARY DEFERRAL AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BV HEDRICK GRAVEL &amp; SAND COMPANY</b>	<b>c</b> EIN-PN <b>56-0513208-002</b>
<b>a</b>	Plan name <b>CYPRESS LAWN CEMETERY ASSN RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CYPRESS LAWN CEMETERY ASSOCIATION</b>	<b>c</b> EIN-PN <b>94-0416370-001</b>
<b>a</b>	Plan name <b>DANIELS CADILLAC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANIELS BMW</b>	<b>c</b> EIN-PN <b>23-1601170-001</b>
<b>a</b>	Plan name <b>DELTA LIFE INSURANCE COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DELTA LIFE INSURANCE COMPANY</b>	<b>c</b> EIN-PN <b>58-0838961-001</b>
<b>a</b>	Plan name <b>DEWBERRY 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEWBERRY</b>	<b>c</b> EIN-PN <b>13-0746510-001</b>
<b>a</b>	Plan name <b>DIAGNOSTIC PHYSICIANS GROUP PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIAGNOSTIC PHYSICIANS GROUP PC</b>	<b>c</b> EIN-PN <b>47-2261224-001</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	DNA GROUP, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DNA GROUP, INC.	<b>c</b> EIN-PN 22-2834616-001
<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	ECM INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECM INDUSTRIES, LLC	<b>c</b> EIN-PN 83-0845689-001
<b>a</b>	Plan name	EMERALD PACKAGING, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMERALD PACKAGING, INC.	<b>c</b> EIN-PN 94-1557703-002
<b>a</b>	Plan name	EMPLOYEES' 401(K) PLAN OF RGC RESOURCES, INC.	
<b>b</b>	Name of plan sponsor	RGC RESOURCES, INC.	<b>c</b> EIN-PN 54-1909697-001
<b>a</b>	Plan name	ENGINE POWER SOURCE, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ENGINE POWER SOURCE, INC.	<b>c</b> EIN-PN 56-1527828-001
<b>a</b>	Plan name	ERICKSON COMMUNITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERICKSON COMMUNITY	<b>c</b> EIN-PN 52-1874053-002
<b>a</b>	Plan name	FGI 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FGI INDUSTRIES INC.	<b>c</b> EIN-PN 22-2860846-001
<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	FLORIDA PLYWOODS INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA PLYWOODS, INC.	<b>c</b> EIN-PN 59-0762651-001
<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	FYFFES NORTH AMERICA INC. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FYFFES NORTH AMERICA INC	<b>c</b> EIN-PN 59-1304116-001

<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	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
<b>a</b>	Plan name	GEOCON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GEOCON INC	<b>c</b> EIN-PN 94-1750457-001
<b>a</b>	Plan name	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION	<b>c</b> EIN-PN 87-6118245-001
<b>a</b>	Plan name	GER INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GER INDUSTRIES, INC.	<b>c</b> EIN-PN 13-2793835-001
<b>a</b>	Plan name	GLEDIVIVE MEDICAL CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLEDIVIVE MEDICAL CENTER	<b>c</b> EIN-PN 81-6016016-002
<b>a</b>	Plan name	GOVERNMENTAL RETIREE HEALTH BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LOS RIOS COMMUNITY COLLEGE DISTRICT	<b>c</b> EIN-PN 94-1576340-999
<b>a</b>	Plan name	GREAT LAKES RUBBER AND SUPPLY, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES RUBBER & SUPPLY, INC.	<b>c</b> EIN-PN 39-1743065-001
<b>a</b>	Plan name	GREINER BIO-ONE NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GREINER BIO-ONE NORTH AMERICA, INC.	<b>c</b> EIN-PN 52-2041193-001
<b>a</b>	Plan name	GROUP USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GROUP USA, INC.	<b>c</b> EIN-PN 22-2702612-001
<b>a</b>	Plan name	GUNNISON FIREMENS PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF GUNNISON	<b>c</b> EIN-PN 84-6000673-999
<b>a</b>	Plan name	HALLSTAR SERVICES CORP. HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	<b>c</b> EIN-PN 20-0924709-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor HALLSTAR SERVICES CORPORATION	<b>c</b> EIN-PN 20-0924709-003
<b>a</b>	Plan name HARRISON INTERESTS, LTD. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARRISON INTERESTS, LTD.	<b>c</b> EIN-PN 74-2062734-001
<b>a</b>	Plan name HARRISON, MORELAND, WEBBER & SIMPLOT, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARRISON MORELAND, WEBBER & SIMPLOT PC	<b>c</b> EIN-PN 42-1177483-002
<b>a</b>	Plan name HASTINGS FIREFIGHTER PEN - PRE 1984	
<b>b</b>	Name of plan sponsor CITY OF HASTINGS, NE	<b>c</b> EIN-PN 47-6006221-999
<b>a</b>	Plan name HASTINGS POLICE PRE-1984 PEN TRUST	
<b>b</b>	Name of plan sponsor CITY OF HASTINGS, NE	<b>c</b> EIN-PN 47-6006221-999
<b>a</b>	Plan name HAZEN RESEARCH, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HAZEN RESEARCH, INC.	<b>c</b> EIN-PN 84-0511412-002
<b>a</b>	Plan name HEALTH PLAN OF SAN MATEO D/B PL DB	
<b>b</b>	Name of plan sponsor HEALTH PLAN OF SAN MATEO	<b>c</b> EIN-PN 94-3020555-999
<b>a</b>	Plan name HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor HEARTHSIDE BANK	<b>c</b> EIN-PN 61-0305840-002
<b>a</b>	Plan name HENRY MODELL & CO., INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MODELLS, INC.	<b>c</b> EIN-PN 13-5518048-001
<b>a</b>	Plan name HERBERT BRAUNSTEIN MD & ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor ARROWHEAD PATHOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 95-2690123-002
<b>a</b>	Plan name HERCULES INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HERCULES INDUSTRIES, INC.	<b>c</b> EIN-PN 84-0516481-002
<b>a</b>	Plan name HG 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANKEY INVESTMENT COMPANY LP	<b>c</b> EIN-PN 95-4361557-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HILLSIDE WAREHOUSE & TRUCKING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HILLSIDE WAREHOUSE & TRUCKING CO INC	<b>c</b> EIN-PN 22-2063735-001
<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 HOME HEALTH RESOURCES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOME HEALTH RESOURCES, INC.	<b>c</b> EIN-PN 76-0494537-001
<b>a</b>	Plan name HYDAC TECHNOLOGY CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HYDAC TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 23-1984255-001
<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 IPR HEALTHCARE SYSTEM, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor IPR HEALTHCARE SYSTEM, INC	<b>c</b> EIN-PN 76-0492632-001
<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. S. HOVNIANIAN & SONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. S. HOVNIANIAN & SONS, LLC	<b>c</b> EIN-PN 22-3842774-001
<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 B HENDERSON CONSTRUCTION CO INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACK B HENDERSON CONSTRUCTION CO IN	<b>c</b> EIN-PN 85-0200020-003
<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>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	JOHANNA BEVERAGE CO., LLC SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	JOHANNA FOODS, INC.	<b>c</b> EIN-PN 20-8256706-001
<b>a</b>	Plan name	JOHANNA FOODS INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	JOHANNA FOODS, INC.	<b>c</b> EIN-PN 22-2973062-005
<b>a</b>	Plan name	JOHANNA FOODS, INC. LACTO DIVISION SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	JOHANNA FOODS, INC.	<b>c</b> EIN-PN 22-2973062-006
<b>a</b>	Plan name	JOHN C. ERNST & CO., INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JOHN C. ERNST & CO., INC.	<b>c</b> EIN-PN 22-1867091-001
<b>a</b>	Plan name	KAMPGROUNDS OF AMERICA, INC. SALARY REDUCTION PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KAMPGROUNDS OF AMERICA INC	<b>c</b> EIN-PN 81-0292967-005
<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	KLINGSPOR ABRASIVES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KLINGSPOR ABRASIVES, INC.	<b>c</b> EIN-PN 56-1252941-001
<b>a</b>	Plan name	KOLACHE FACTORY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KOLACHE FACTORY, INC.	<b>c</b> EIN-PN 76-0206525-001
<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	KWIK KAFE VENDING COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KWIK KAFE VENDING COMPANY, INC.	<b>c</b> EIN-PN 54-0755362-002

<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	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	LEANIN' TREE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEANIN TREE, INC.	<b>c</b> EIN-PN 84-1130457-002
<b>a</b>	Plan name	LIBERTY LINES TRANSIT, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY LINES TRANSIT, INC.	<b>c</b> EIN-PN 13-3096342-001
<b>a</b>	Plan name	LINDQUIST MACHINE CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINDQUIST MACHINE CORPORATION	<b>c</b> EIN-PN 39-1288747-001
<b>a</b>	Plan name	LOGISTICS AND ENVIRONMENTAL SOLUTIONS CORP. (DBA LESCO) 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOGISTICS & ENVIRONMENTAL SUPORT SERVICES CORPORATION	<b>c</b> EIN-PN 63-1071824-001
<b>a</b>	Plan name	LONGS DRUGSTORES OF SC INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LONGS DRUGSTORES OF SC, INC.	<b>c</b> EIN-PN 57-0290371-001
<b>a</b>	Plan name	MAC PAPERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAC PAPERS, INC.	<b>c</b> EIN-PN 59-1059698-001
<b>a</b>	Plan name	MACKAY COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	MACKAY COMMUNICATIONS, INC.	<b>c</b> EIN-PN 56-1550100-002
<b>a</b>	Plan name	MAG INSTRUMENT INC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAG INSTRUMENT INC	<b>c</b> EIN-PN 95-2912384-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MAINTAINCO/STARLIFT PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MAINTAINCO, INC.	<b>c</b> EIN-PN 22-1628030-001
<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 MANUFACTURERS RESERVE SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANUFACTURERS RESERVE SUPPLY, INC.	<b>c</b> EIN-PN 22-1090400-002
<b>a</b>	Plan name MARSHALL E. CAMPBELL CO 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor MARSHALL E CAMPELL COMPANY	<b>c</b> EIN-PN 38-0396632-001
<b>a</b>	Plan name MARTIN'S FAMOUS PASTRY SHOPPE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARTINS FAMOUS PASTRY SHOPPE, INC.	<b>c</b> EIN-PN 25-1291977-001
<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 MEGEN CONSTRUCTION COMPANY, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor MEGEN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 31-1397782-001
<b>a</b>	Plan name MICRO CONTROL 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICRO CONTROL COMPANY	<b>c</b> EIN-PN 41-1275162-001
<b>a</b>	Plan name MID RIVERS TELEPHONE COOPERATIVE INC EMPLOYEES SAV	
<b>b</b>	Name of plan sponsor MID-RIVERS TELEPHONE COOPERATIVE IN	<b>c</b> EIN-PN 81-0239277-003
<b>a</b>	Plan name MISSION NEIGHBORHOOD HEALTH CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MISSION NEIGHBORHOOD HEALTH CENTER	<b>c</b> EIN-PN 94-2284365-001
<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

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 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 MORAVIAN CHURCH PENSION PLAN	
<b>b</b>	Name of plan sponsor MORAVIAN CHURCH	<b>c</b> EIN-PN 24-0826166-999
<b>a</b>	Plan name MORGAN SERVICES, INC. SAVINGS PLUS PLAN	
<b>b</b>	Name of plan sponsor MORGAN SERVICES INC.	<b>c</b> EIN-PN 36-2904675-040
<b>a</b>	Plan name MORRISON-MAIERLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORRISON-MAIERLE, INC.	<b>c</b> EIN-PN 81-0217149-002
<b>a</b>	Plan name MOSBACHER ENERGY COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MOSBACHER ENERGY CO	<b>c</b> EIN-PN 74-1948846-001
<b>a</b>	Plan name MOSBACHER PROPERTIES GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MOSBACHER PROPERTIES GROUP, LLC	<b>c</b> EIN-PN 13-3980840-002
<b>a</b>	Plan name MOUNTAINVIEW PENSION PLAN	
<b>b</b>	Name of plan sponsor MOUNTAINVIEW NURSING HOME	<b>c</b> EIN-PN 57-0360090-001
<b>a</b>	Plan name MUELLER DIE CUT SOLUTIONS, INC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MUELLER DIE CUT SOLUTIONS, INC.	<b>c</b> EIN-PN 22-1541384-002
<b>a</b>	Plan name MURATA MACHINERY USA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MURATA MACHINERY USA	<b>c</b> EIN-PN 23-2575678-001
<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>a</b>	Plan name NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS	<b>c</b> EIN-PN 53-0188893-002

<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	NAVAJO NATION 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NAVAJO NATION
<b>c</b>	EIN-PN	86-0092335-999
<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	NEW MEXICO OIL & GAS ASSOCIATION DEFINED CONTRIBUTION PLAN
<b>b</b>	Name of plan sponsor	NEW MEXICO OIL & GAS ASSOCIATION
<b>c</b>	EIN-PN	85-0056996-003
<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	NEWTON INSTRUMENT COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NEWTON INSTRUMENT COMPANY
<b>c</b>	EIN-PN	56-0636072-001
<b>a</b>	Plan name	NOTT COMPANY RETIREMENT SAVINGS PLAN AND TRUST
<b>b</b>	Name of plan sponsor	NOTT COMPANY
<b>c</b>	EIN-PN	41-0452050-001
<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	OWEN INDUSTRIES, INC. PROFIT SHARING & 401(K) PLAN
<b>b</b>	Name of plan sponsor	OWEN INDUSTRIES INC
<b>c</b>	EIN-PN	47-0618875-001
<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	PAPER PRODUCTS MARKETING (USA), INC. 401 (K) PLAN
<b>b</b>	Name of plan sponsor	PAPER PRODUCTS MARKETING (USA) INC.
<b>c</b>	EIN-PN	93-0794439-001
<b>a</b>	Plan name	PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PARTRIDGE WELL DRILLING COMPANY, INC.
<b>c</b>	EIN-PN	59-1564237-001
<b>a</b>	Plan name	PBI PERFORMANCE PRODUCTS, INC. HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PBI PERFORMANCE PRODUCTS, INC.
<b>c</b>	EIN-PN	20-1977207-002

<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	PBI PERFORMANCE PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PBI PERFORMANCE PRODUCTS, INC.	<b>c</b> EIN-PN 20-1977207-001
<b>a</b>	Plan name	PEACHTREE PACKAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEACHTREE PACKAGING, INC.	<b>c</b> EIN-PN 74-2033278-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF OUR LADY OF PERPETUAL HELP HOME	
<b>b</b>	Name of plan sponsor	OUR LADY OF PERPETUAL HELP HOME	<b>c</b> EIN-PN 58-0566234-999
<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>a</b>	Plan name	PEOPLES BANK OF GRACEVILLE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES BANK OF GRACEVILLE	<b>c</b> EIN-PN 59-1510993-001
<b>a</b>	Plan name	PEPSI-COLA BOTTLING COMPANY OF HICKORY, N.C., INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEPSI-COLA BOTTLING COMPANY OF HICKORY	<b>c</b> EIN-PN 56-0585594-001
<b>a</b>	Plan name	PHOENIX TUBE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX TUBE COMPANY, INC.	<b>c</b> EIN-PN 22-2330200-001
<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	PIMA MEDICAL INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIMA MEDICAL INSTITUTE	<b>c</b> EIN-PN 86-0260863-001
<b>a</b>	Plan name	PL SUBSIDIARY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PL SUBSIDIARY, INC.	<b>c</b> EIN-PN 56-1571891-001
<b>a</b>	Plan name	POARCH BAND OF CREEK INDIANS 401-K GOVERNMENT PLAN	
<b>b</b>	Name of plan sponsor	POARCH BAND OF CREEK INDIANS	<b>c</b> EIN-PN 63-0705119-999

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 POLYDECK SCREEN CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLYDECK SCREEN CORPORATION	<b>c</b> EIN-PN 57-0673179-001
<b>a</b>	Plan name PORKY PRODUCTS, INC. EMPLOYEES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor PORKY PRODUCTS	<b>c</b> EIN-PN 13-1956931-001
<b>a</b>	Plan name PROFIT SHARING PLAN FOR EMMET, MARVIN & MARTIN LLP	
<b>b</b>	Name of plan sponsor EMMET, MARVIN & MARTIN LLP	<b>c</b> EIN-PN 13-5054210-002
<b>a</b>	Plan name QUALIFIED RETIREMENT PLAN FOR J.J. ASSOCIATES, INC.	
<b>b</b>	Name of plan sponsor J.J. ASSOCIATES, INC.	<b>c</b> EIN-PN 91-1257897-001
<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 RAILEX WINE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAILEX WINE SERVICES, LLC	<b>c</b> EIN-PN 45-5491596-001
<b>a</b>	Plan name REEVE ELECTRIC COMPANY INC. EMPLOYEES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor REEVE ELECTRIC COMPANY INC.	<b>c</b> EIN-PN 63-0462902-001
<b>a</b>	Plan name RELIABLE CREDIT ASSOCIATION, INC. PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor RELIABLE CREDIT ASSOCIATION, INC.	<b>c</b> EIN-PN 93-0472382-001
<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 ROYAL GORGE COMPANY OF COLORADO	
<b>b</b>	Name of plan sponsor ROYAL GORGE COMPANY OF COLORADO	<b>c</b> EIN-PN 75-0922562-001
<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

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 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 FOR THE BOTTLING EMPLOYEES OF SWIRE PACIFIC HOLDINGS INC. AND ITS AFFILIATES	
<b>b</b>	Name of plan sponsor SWIRE HOLDINGS INC AND ITS AFFILIATES	<b>c</b> EIN-PN 87-0424812-001
<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 RETIREMENT SAVINGS PLAN OF WINSTON-SALEM TRANSIT AUTHORITY	
<b>b</b>	Name of plan sponsor TRANSDEV SERVICES, INC.	<b>c</b> EIN-PN 52-1493194-005
<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>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 ROTARY CORPORATION 401(K) PROFIT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROTARY CORPORATION	<b>c</b> EIN-PN 58-0959394-001
<b>a</b>	Plan name SANMAR CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SANMAR CORPORATION	<b>c</b> EIN-PN 91-0792443-001
<b>a</b>	Plan name SATICOY LEMON ASSOCIATION DC PLAN	
<b>b</b>	Name of plan sponsor SATICOY LEMON ASSOCIATION	<b>c</b> EIN-PN 95-1193510-002
<b>a</b>	Plan name SAVINGS PLAN FOR ASSOCIATES OF EMMET, MARVIN & MARTIN, LLP	
<b>b</b>	Name of plan sponsor EMMET, MARVIN & MARTIN, LLP	<b>c</b> EIN-PN 13-5054210-003
<b>a</b>	Plan name SAVOR STREET FOODS, INC. RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor SAVOR STREET FOODS, INC.	<b>c</b> EIN-PN 23-2048971-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name SCOTTMADDEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCOTTMADDEN, INC.	<b>c</b> EIN-PN 56-1445505-001
<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 SEW-EURODRIVE, INC. PROFIT SHARING/401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SEW-EURODRIVE, INC.	<b>c</b> EIN-PN 31-0870891-001
<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>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 SNBL U.S.A. LTD. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SNBL USA, LTD.	<b>c</b> EIN-PN 54-1595945-001
<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 SOUTHEASTERN CONCRETE PRODUCTS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN CONCRETE PRODUCTS COMPANY	<b>c</b> EIN-PN 57-0281727-003
<b>a</b>	Plan name SOUTHERN CONCRETE MATERIALS, INC. SALARY DEFERRAL & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BV HEDRICK GRAVEL & SAND COMPANY	<b>c</b> EIN-PN 56-0663876-001
<b>a</b>	Plan name SOUTHERN OREGON ORTHOPEDICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN OREGON ORTHOPEDICS, INC.	<b>c</b> EIN-PN 93-0587572-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWORTH-MILTON, INC.</a>	<b>c</b> EIN-PN <a href="#">02-0258444-004</a>
<b>a</b>	Plan name <a href="#">ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ST. PETERS HEALTH</a>	<b>c</b> EIN-PN <a href="#">81-0233121-001</a>
<b>a</b>	Plan name <a href="#">STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARBIL REALTY CORP.</a>	<b>c</b> EIN-PN <a href="#">22-1723208-002</a>
<b>a</b>	Plan name <a href="#">STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STANDARD TILE SUPPLY CO., INC.</a>	<b>c</b> EIN-PN <a href="#">22-1520595-001</a>
<b>a</b>	Plan name <a href="#">STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STANDARD TILE ROXBURY CORP.</a>	<b>c</b> EIN-PN <a href="#">22-1723675-001</a>
<b>a</b>	Plan name <a href="#">STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STANDARD TILE IMPORTS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2284706-001</a>
<b>a</b>	Plan name <a href="#">STANISLAUS FARM SUPPLY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STANISLAUS FARM SUPPLY</a>	<b>c</b> EIN-PN <a href="#">94-1147776-001</a>
<b>a</b>	Plan name <a href="#">STEUBEN FOODS SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEUBEN FOODS INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">22-2407431-002</a>
<b>a</b>	Plan name <a href="#">STOEL RIVES LLP CASH BALANCE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STOEL RIVES LLP</a>	<b>c</b> EIN-PN <a href="#">93-0408771-012</a>
<b>a</b>	Plan name <a href="#">STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">STRUCTURAL GROUP</a>	<b>c</b> EIN-PN <a href="#">52-1071818-001</a>
<b>a</b>	Plan name <a href="#">SUBARU DISTRIBUTORS CORP RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUBARU DISTRIBUTORS CORP.</a>	<b>c</b> EIN-PN <a href="#">13-2801921-002</a>
<b>a</b>	Plan name <a href="#">SUNWEST FOODS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUNWEST FOODS, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0112985-002</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">SUNWEST MILLING COMPANY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUNWEST MILLING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0259271-001</a>
<b>a</b>	Plan name <a href="#">SYMMETRY SURGICAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SYMMETRY SURGICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">47-1523659-001</a>
<b>a</b>	Plan name <a href="#">T. D. BROWN OIL CO. OF GADSDEN INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">T.D. BROWN OIL CO. OF GADSDEN INC.</a>	<b>c</b> EIN-PN <a href="#">63-0819006-001</a>
<b>a</b>	Plan name <a href="#">TATA CHEMICALS (SODA ASH) PARTNERS HOURLY EMPLOYEES SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TATA CHEMICALS (SODA ASH) PARTNERS</a>	<b>c</b> EIN-PN <a href="#">22-2802279-004</a>
<b>a</b>	Plan name <a href="#">TCP PETCOKE CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TCP PETCOKE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">13-3649267-002</a>
<b>a</b>	Plan name <a href="#">TCS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TATA AMERICA INTERNATIONAL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">13-2805758-001</a>
<b>a</b>	Plan name <a href="#">TEICHERT, INC. EMPLOYEE STOCK BONUS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A TEICHERT, INC.</a>	<b>c</b> EIN-PN <a href="#">94-0919260-003</a>
<b>a</b>	Plan name <a href="#">TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TENSION ENVELOPE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">22-1589367-005</a>
<b>a</b>	Plan name <a href="#">THE AMERICAN BOARD OF PSYCHIATRY &amp; NEUROLOGY, INC. EMPLOYEES PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN BOARD OF PSYCHIATRY</a>	<b>c</b> EIN-PN <a href="#">41-0654864-001</a>
<b>a</b>	Plan name <a href="#">THE ASSURANCE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE ASSURANCE GROUP</a>	<b>c</b> EIN-PN <a href="#">22-2179111-001</a>
<b>a</b>	Plan name <a href="#">THE BICYCLE SHOP, INC. PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BICYCLE SHOP, INC.</a>	<b>c</b> EIN-PN <a href="#">92-0071490-001</a>
<b>a</b>	Plan name <a href="#">THE CHRISTIAN BARTON PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHRISTIAN &amp; BARTON, LLP</a>	<b>c</b> EIN-PN <a href="#">54-0515971-002</a>

<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	THE INSTINET SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSTINET	<b>c</b> EIN-PN 20-3880413-001
<b>a</b>	Plan name	THE INTERTECH GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE INTERTECH GROUP, INC.	<b>c</b> EIN-PN 57-0834597-004
<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 MANCINI PACKING COMPANY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MANCINI PACKING COMPANY	<b>c</b> EIN-PN 06-0438946-001
<b>a</b>	Plan name	THE MODIFIED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	CENTRAL VALLEY AG	<b>c</b> EIN-PN 47-0834827-010
<b>a</b>	Plan name	THE MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORNING STAR COMPANY	<b>c</b> EIN-PN 94-2421552-003
<b>a</b>	Plan name	THE NOEL CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NOEL CORPORATION	<b>c</b> EIN-PN 91-0826068-003
<b>a</b>	Plan name	THE NORTH WEST COMPANY (INTERNATIONAL) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE NORTH WEST COMPANY	<b>c</b> EIN-PN 92-0144184-001
<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 RESTATED AG PROCESSING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AG PROCESSING INC	<b>c</b> EIN-PN 42-0615016-020
<b>a</b>	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	LANDUS COOPERATIVE	<b>c</b> EIN-PN 42-0243650-020
<b>a</b>	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE ELEVATOR	<b>c</b> EIN-PN 42-0243480-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor CEDAR COUNTY COOPERATIVE	<b>c</b> EIN-PN 42-0172530-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FIVE STAR COOPERATIVE	<b>c</b> EIN-PN 42-0179380-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor SILVEREDGE COOPERATIVE	<b>c</b> EIN-PN 39-1900230-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor HEARTLAND COOPERATIVE	<b>c</b> EIN-PN 42-0242420-020
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor UNITED FARMERS COOPERATIVE	<b>c</b> EIN-PN 42-0241770-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor COOPERATIVE FARMERS ELEVATOR	<b>c</b> EIN-PN 42-0244070-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor MID IOWA COOP	<b>c</b> EIN-PN 42-0131810-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE SOCIETY	<b>c</b> EIN-PN 42-0243080-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE ELEVATOR COMPANY	<b>c</b> EIN-PN 41-1892592-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor 21ST CENTURY COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0241690-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor MINNESOTA GRAIN & FEED ASSOCIATION	<b>c</b> EIN-PN 41-0248640-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor INNOVATIVE AG SERVICES CO.	<b>c</b> EIN-PN 20-2096489-020

<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	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	FARMERS UNION COOPERATIVE	<b>c</b> EIN-PN 42-0243030-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	VIAFIELD	<b>c</b> EIN-PN 42-0243960-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	GREEN PLAINS GRAIN COMPANY LLC	<b>c</b> EIN-PN 26-2042403-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	STATELINE COOPERATIVE	<b>c</b> EIN-PN 42-1023410-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	NEW VISION COOP	<b>c</b> EIN-PN 41-1916780-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	FARMERS UNION COOP TRANSPORT	<b>c</b> EIN-PN 47-0159778-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	GOLD-EAGLE COOPERATIVE	<b>c</b> EIN-PN 42-0243700-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	RIVER VALLEY COOPERATIVE	<b>c</b> EIN-PN 42-0244210-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0484570-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	UNITED COOPERATIVE	<b>c</b> EIN-PN 42-1079220-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0242040-020
<b>a</b>	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor	OSAGE COOPERATIVE ELEVATOR	<b>c</b> EIN-PN 42-0625867-020

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 THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 42-1080586-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NORTH IOWA COOPERATIVE	<b>c</b> EIN-PN 42-1177465-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NEW COOPERATIVE, INC.	<b>c</b> EIN-PN 42-1009976-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NORTHERN COUNTRY COOPERATIVE	<b>c</b> EIN-PN 42-0539815-020
<b>a</b>	Plan name THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor ASSOCIATED BENEFITS CORPORATION	<b>c</b> EIN-PN 42-1279416-030
<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 THE WANKE CASCADE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WANKE CASCADE	<b>c</b> EIN-PN 86-1156612-001
<b>a</b>	Plan name THERMWELL PRODUCTS CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THERMWELL PRODUCTS CO., INC.	<b>c</b> EIN-PN 22-2177331-001
<b>a</b>	Plan name TIGHTCO, INC. AEROSTRUCTURES DIVISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIGHTCO, INC.	<b>c</b> EIN-PN 57-0934530-002
<b>a</b>	Plan name TISHCON CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TISHCON CORP	<b>c</b> EIN-PN 11-2432386-001
<b>a</b>	Plan name TLINGIT & HAIDA INDIAN TRIBES RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL COUNCIL TLINGIT AND HAIDA INDIAN TRIBES	<b>c</b> EIN-PN 92-0036505-999
<b>a</b>	Plan name TOHONO O'ODHAM NATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOHONO OODHAM NATION	<b>c</b> EIN-PN 86-6350375-999

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 TOLTZ, KING, DUVALL, ANDERSON & ASSOCIATES, INC. 401(K) FLEXIBLE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOLTZ KING DUVALL ANDERSON & ASSOC	<b>c</b> EIN-PN 41-0579540-001
<b>a</b>	Plan name TOWN PUMP, ET AL 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOWN PUMP, ET AL	<b>c</b> EIN-PN 81-0270360-001
<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>a</b>	Plan name TUTHILL CORPORATION SUPPLEMENTAL INVESTMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TUTHILL CORPORATION	<b>c</b> EIN-PN 36-1885005-004
<b>a</b>	Plan name TWD & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWD & ASSOCIATES	<b>c</b> EIN-PN 54-1637078-001
<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 VENTAS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VENTAS, INC.	<b>c</b> EIN-PN 61-1055020-001
<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 VION CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VION CORP.	<b>c</b> EIN-PN 52-1167763-001
<b>a</b>	Plan name WALKER INDUSTRIAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER INDUSTRIAL PRODUCTS, INC.	<b>c</b> EIN-PN 11-2421409-001

<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	WAWANESA MUTUAL INSURANCE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	WAWANESA MUTUAL INSURANCE CO	<b>c</b> EIN-PN 95-2907897-001
<b>a</b>	Plan name	WELLS FARGO & COMPANY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WELLS FARGO & COMPANY	<b>c</b> EIN-PN 41-0449260-001
<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	WILCOX FARMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILCOX FARMS INC	<b>c</b> EIN-PN 91-0735213-001
<b>a</b>	Plan name	WILDWOOD ELECTRONICS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILDWOOD ELECTRONICS INC.	<b>c</b> EIN-PN 63-0847110-001
<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	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	ZITO-RUSSELL ARCHITECTS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZITO-RUSSELL ARCHITECTS, P.C.	<b>c</b> EIN-PN 20-0688308-002
<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>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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALLSPRING CORE BOND 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>94-3222878</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1000	0
<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>	27917000	20148000
<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>	403259000	358680000
<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>	132862000	117576000
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	11822000	16459000
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	57594000	59069000

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	633455000	571932000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	45858000	47851000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	45858000	47851000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	587597000	524081000

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	16640000	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	5455000	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		22095000
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	-2003349000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	-1993757000	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-4164000	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		548000
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		2205000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11092000

**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>	1096000	
(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>	227000	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1323000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1323000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9769000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		71649000
(2) From this plan .....	<b>2l(2)</b>		144934000

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