

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] 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: SHORT-TERM INVESTMENT FUND A
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): 41-6292499
2c Plan Sponsor's telephone number: 610-676-2369
2d Business code (see instructions)

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

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

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<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	401(K) PLAN AND EMPLOYEES TRUST OF HASTINGS IRRIGATION PIPE CO.
<b>b</b>	Name of plan sponsor	HASTINGS IRRIGATION PIPE CO.
<b>c</b>	EIN-PN	47-0371670-002
<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	401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EQUIX, INC.
<b>c</b>	EIN-PN	47-2794108-001
<b>a</b>	Plan name	9700 PICO CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	9700 PICO CORPORATION
<b>c</b>	EIN-PN	95-4456131-002
<b>a</b>	Plan name	A&B ENHANCED PARTNER CASH BALANCE PENSION PLAN
<b>b</b>	Name of plan sponsor	ALSTON & BIRD LLP
<b>c</b>	EIN-PN	58-0137615-018
<b>a</b>	Plan name	AAA MID-ATLANTIC COMMISSIONED SALESMEN'S PENSION PLAN
<b>b</b>	Name of plan sponsor	AAA CLUB ALLIANCE INC
<b>c</b>	EIN-PN	23-0758010-002
<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	ACCESS VG, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ACCESS VG LLC.
<b>c</b>	EIN-PN	87-0432299-002
<b>a</b>	Plan name	AGILITI HEALTH INC. EMPLOYEES' PENSION PLAN
<b>b</b>	Name of plan sponsor	AGILITI HEALTH, INC.
<b>c</b>	EIN-PN	41-0760940-001
<b>a</b>	Plan name	AIG MASTER TRUST
<b>b</b>	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.
<b>c</b>	EIN-PN	13-2592361-007
<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	ALLIANT ENERGY CORPORATION 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ALLIANT ENERGY CORPORATION SERVICES, INC.
<b>c</b>	EIN-PN	39-1914946-005

<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	ALLSPRING CORE BOND CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 94-3222878-001
<b>a</b>	Plan name	ALLSPRING CORE BOND II CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 47-6419204-001
<b>a</b>	Plan name	ALLSPRING CORE PLUS BOND CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 87-7012620-001
<b>a</b>	Plan name	ALLSPRING DISCOVERY SMALL CAP GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 87-6649921-001
<b>a</b>	Plan name	ALLSPRING DISCOVERY SMID CAP GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 45-7019649-001
<b>a</b>	Plan name	ALLSPRING EMERGING GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 84-7084399-001
<b>a</b>	Plan name	ALLSPRING EMERGING MARKETS EQUITY CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 83-6759450-001
<b>a</b>	Plan name	ALLSPRING ENHANCED CORE BOND CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 87-6629064-001
<b>a</b>	Plan name	ALLSPRING ENHANCED STOCK MARKET CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 56-6288528-001
<b>a</b>	Plan name	ALLSPRING GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6139057-001
<b>a</b>	Plan name	ALLSPRING PREMIER LARGE COMPANY GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 84-6440189-001
<b>a</b>	Plan name	ALLSPRING SPECIAL INTERNATIONAL SMALL CAP CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 88-2997989-001

<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	ALLSPRING SPECIAL MID CAP VALUE CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 84-6615098-001
<b>a</b>	Plan name	ALLSPRING SPECIAL SMALL CAP VALUE CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 83-6834374-001
<b>a</b>	Plan name	ALVINE AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALVINE AND ASSOCIATES, INC.	<b>c</b> EIN-PN 47-0469868-001
<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	AMERICAN COMMERCIAL LINES LLC PENSION PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN COMMERCIAL LINES LLC	<b>c</b> EIN-PN 52-2106600-003
<b>a</b>	Plan name	AMERIPRISE FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERIPRISE FINANCIAL, INC.	<b>c</b> EIN-PN 13-3180631-001
<b>a</b>	Plan name	AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMHERST H. WILDER FOUNDATION	<b>c</b> EIN-PN 41-0693889-001
<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	ANCIRA ENTERPRISES EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANCIRA ENTERPRISES	<b>c</b> EIN-PN 74-2299389-001
<b>a</b>	Plan name	ANDERSON & MIDDLETON COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON & MIDDLETON COMPANY	<b>c</b> EIN-PN 91-0127010-001
<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>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	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	ASSOCIATION OF THE UNITED STATES ARMY, INC. RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATION OF THE UNITED STATES ARMY, INC.	<b>c</b> EIN-PN 53-0193361-001
<b>a</b>	Plan name	ATEK COMPANIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATEK COMPANIES, INC.	<b>c</b> EIN-PN 47-5196837-003
<b>a</b>	Plan name	AVANTOR PENSION PLAN	
<b>b</b>	Name of plan sponsor	AVANTOR PERFORMANCE MATERIALS, LLC	<b>c</b> EIN-PN 22-0750930-006
<b>a</b>	Plan name	AZDEL, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HANWHA AZDEL, INC	<b>c</b> EIN-PN 56-1529693-003
<b>a</b>	Plan name	BAE SYSTEMS EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BAE SYSTEMS, INC.	<b>c</b> EIN-PN 22-3537950-003
<b>a</b>	Plan name	BAKER BOTTS L.L.P RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAKER BOTTS L.L.P	<b>c</b> EIN-PN 74-1195457-002
<b>a</b>	Plan name	BAKER COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAKER CONSTRUCTION ENTERPRISES INC.	<b>c</b> EIN-PN 81-4294887-002
<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	BANCO SANTANDER USA OFFICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BANCO SANTANDER S.A. NEW YORK BRANCH	<b>c</b> EIN-PN 13-2617929-001
<b>a</b>	Plan name	BANCOMER, S.A. UNITED STATES AGENCIES AND BRANCHES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BANCOMER, S.A., US AGENCIES & BRANCHES	<b>c</b> EIN-PN 95-2821167-001

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 BASHAS' EMPLOYEES' DEFINED BENEFIT PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BASHAS INC	<b>c</b> EIN-PN 86-0110430-001
<b>a</b>	Plan name BEL FUSE INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEL FUSE INC.	<b>c</b> EIN-PN 22-1463699-001
<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 BEMIS EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEMIS MANUFACTURING COMPANY	<b>c</b> EIN-PN 39-0159363-002
<b>a</b>	Plan name BERGER AND KING INC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BERGER AND KING INC	<b>c</b> EIN-PN 38-2039262-002
<b>a</b>	Plan name BLUE CROSS AND BLUE SHIELD ASSOCIATION TAX-FAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD ASSOCIATION	<b>c</b> EIN-PN 13-5656874-002
<b>a</b>	Plan name BLUE CROSS AND BLUE SHIELD OF MINNESOTA EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF MINNESOTA	<b>c</b> EIN-PN 41-0984460-002
<b>a</b>	Plan name BLUELINX CORPORATION HOURLY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLUELINX CORPORATION	<b>c</b> EIN-PN 77-0627351-001
<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 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>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	BUTTERBALL LLC SALARY & HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUTTERBALL LLC	<b>c</b> EIN-PN 56-1458630-003
<b>a</b>	Plan name	BYER CALIFORNIA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BYER CALIFORNIA	<b>c</b> EIN-PN 94-1582944-001
<b>a</b>	Plan name	CANFOR SOUTHERN PINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANFOR SOUTHERN PINE, INC.	<b>c</b> EIN-PN 57-1128614-002
<b>a</b>	Plan name	CARDINAL HEALTH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARDINAL HEALTH, INC.	<b>c</b> EIN-PN 31-0958666-055
<b>a</b>	Plan name	CARLISLE, LLC EMPLOYEE INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARLISLE COMPANIES, INC.	<b>c</b> EIN-PN 23-0457510-019
<b>a</b>	Plan name	CARMAX, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARMAX, INC.	<b>c</b> EIN-PN 54-1821055-003
<b>a</b>	Plan name	CARROLL COMPANIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL COMPANIES, INC.	<b>c</b> EIN-PN 56-1087247-001
<b>a</b>	Plan name	CASCADE MACHINERY & ELECTRIC INC PROFIT SHARING RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CASCADE MACHINERY & ELECTRIC INC	<b>c</b> EIN-PN 91-0664355-003
<b>a</b>	Plan name	CATAWBA ISLAND CLUB EMPLOYEES RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CATAWBA CLEVELAND DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 34-1092037-001
<b>a</b>	Plan name	CC INDUSTRIES AND AFFILIATES RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2123962-001
<b>a</b>	Plan name	CCBA SCHOLARS	
<b>b</b>	Name of plan sponsor	COCA-COLA SCHOLARS FOUNDATION, INC.	<b>c</b> EIN-PN 58-1686023-002
<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

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 <u>CCWD RET PLAN-MAP ACCOUNT</u>	
<b>b</b>	Name of plan sponsor <u>CONTRA COSTA WATER DISTRICT</u>	<b>c</b> EIN-PN <u>94-6000489-999</u>
<b>a</b>	Plan name <u>CEDAR RIVER CONTRACTING, INC. 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CEDAR RIVER CONTRACTING</u>	<b>c</b> EIN-PN <u>42-1433596-001</u>
<b>a</b>	Plan name <u>CENTRAL STEEL &amp; WIRE COMPANY RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CENTRAL STEEL &amp; WIRE COMPANY LLC</u>	<b>c</b> EIN-PN <u>36-0885660-002</u>
<b>a</b>	Plan name <u>CENVEO WORLDWIDE LIMITED PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CENVEO WORLDWIDE LIMITED</u>	<b>c</b> EIN-PN <u>83-1681581-008</u>
<b>a</b>	Plan name <u>CF INDUSTRIES HOLDINGS, INC. PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CF INDUSTRIES HOLDINGS, INC.</u>	<b>c</b> EIN-PN <u>20-2697511-002</u>
<b>a</b>	Plan name <u>CHERRINGTON, INC. PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CHERRINGTON INC.</u>	<b>c</b> EIN-PN <u>87-0383997-001</u>
<b>a</b>	Plan name <u>CHESTER COUNTY NATURAL GAS AUTHORITY DEFINED BENEFIT PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CHESTER COUNTY NATURAL GAS AUTHORITY</u>	<b>c</b> EIN-PN <u>57-6008075-999</u>
<b>a</b>	Plan name <u>CHICAGO TITLE &amp; TRUST COMPANY PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>FIDELITY NATIONAL TITLE GROUP, INC.</u>	<b>c</b> EIN-PN <u>36-0906930-001</u>
<b>a</b>	Plan name <u>CIC DEFINED CONTRIBUTION RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CIC FOREST PRODUCTS RETIREMENT TRUST</u>	<b>c</b> EIN-PN <u>45-6909074-003</u>
<b>a</b>	Plan name <u>CIC-TOC PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</u>	<b>c</b> EIN-PN <u>45-6909074-001</u>
<b>a</b>	Plan name <u>CITATION BOX AND PAPER CO. PROFIT SHARING PLAN AND RETIREMENT TRUST</u>	
<b>b</b>	Name of plan sponsor <u>CITATION BOX &amp; PAPER CO.</u>	<b>c</b> EIN-PN <u>36-2201785-001</u>
<b>a</b>	Plan name <u>CITY OF ARLINGTON PST/DIP</u>	
<b>b</b>	Name of plan sponsor <u>CITY OF ARLINGTON</u>	<b>c</b> EIN-PN <u>75-6000450-999</u>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF 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 DEFINED CONTRIBUTION PENSION PLAN	
<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 JACKSONVILLE GENERAL EMPLOYEES DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF JACKSONVILLE, FLORIDA	<b>c</b> EIN-PN 59-6000344-999
<b>a</b>	Plan name	CITY OF LANSING DC PLAN	
<b>b</b>	Name of plan sponsor	CITY OF LANSING	<b>c</b> EIN-PN 38-6004628-999
<b>a</b>	Plan name	CITY OF LONGMONT MOPC PLAN	
<b>b</b>	Name of plan sponsor	CITY OF LONGMONT COLORADO	<b>c</b> EIN-PN 84-6000608-999
<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 OCALA - WF LARGE CAP GRW IND	
<b>b</b>	Name of plan sponsor	CITY OF OCALA	<b>c</b> EIN-PN 59-6000392-999
<b>a</b>	Plan name	CITY OF OCALA - WF LARGE CAP VAL IND	
<b>b</b>	Name of plan sponsor	CITY OF OCALA	<b>c</b> EIN-PN 59-6000392-999
<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	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	COBANK, ACB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COBANK, ACB	<b>c</b> EIN-PN 84-1286705-001
<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>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	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	<b>c</b> EIN-PN 94-0760193-003
<b>a</b>	Plan name	COMPREHENSIVE DECOMMISSIONING INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE DECOMMISSIONING INTERNATIONAL 401(K) PLA	<b>c</b> EIN-PN 83-0628420-001
<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	CO-OP 401K STABLE ASSET FUND	
<b>b</b>	Name of plan sponsor	MILLIMAN, INC.	<b>c</b> EIN-PN 94-6675493-001
<b>a</b>	Plan name	COREBRIDGE FINANCIAL, INC. RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	<b>c</b> EIN-PN 95-4715639-001
<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	CORVESTA, INC. NEW COMPARABILITY CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORVESTA, INC.	<b>c</b> EIN-PN 02-0594515-001
<b>a</b>	Plan name	COUNTY OF VENTURA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VENTURA COUNTY	<b>c</b> EIN-PN 95-6000944-999
<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	D & C EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DILLON SUPPLY COMPANY	<b>c</b> EIN-PN 56-0201300-002
<b>a</b>	Plan name	DECKER TRUCK LINE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DECKER TRUCK LINE INC	<b>c</b> EIN-PN 42-0860957-001

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	DEFERRED COMPENSATION PLAN FOR EMPLOYEES OF THE METROPOLITAN TRANSPORTATION AUTHORITY AND ITS SUBSIDIARIES AND AFFILIATES
<b>b</b>	Name of plan sponsor	METROPOLITAN TRANSPORTATION AUTHORITY NY
<b>c</b>	EIN-PN	13-2552035-999
<b>a</b>	Plan name	DEFERRED SALARY PROFIT SHARING THRIFT PLAN FOR EMPLOYEES OF SCIENCE & TECHNOLOGY
<b>b</b>	Name of plan sponsor	SCIENCE & TECHNOLOGY CORPORATION
<b>c</b>	EIN-PN	54-1144165-001
<b>a</b>	Plan name	DEFINED BENEFIT PLAN FOR UNITED WAY OF NEW YORK CITY
<b>b</b>	Name of plan sponsor	UNITED WAY OF NEW YORK CITY
<b>c</b>	EIN-PN	13-2617681-001
<b>a</b>	Plan name	DIAMOND FOODS INC, BARGAINING UNIT PENSION PLAN
<b>b</b>	Name of plan sponsor	DIAMOND FOODS LLC
<b>c</b>	EIN-PN	81-4577932-001
<b>a</b>	Plan name	DICON FIBEROPTICS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DICON FIBEROPTICS, INC.
<b>c</b>	EIN-PN	94-3006185-001
<b>a</b>	Plan name	DODSON BROS. EXTERMINATING CO., INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	DODSON BROTHERS EXTERMINATING CO., INC.
<b>c</b>	EIN-PN	54-0624996-001
<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	DOVER CORPORATION RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	DOVER CORPORATION
<b>c</b>	EIN-PN	53-0257888-030
<b>a</b>	Plan name	E.F. BELK & SON, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	E.F. BELK & SON, INC.
<b>c</b>	EIN-PN	56-0986325-001
<b>a</b>	Plan name	EL CAMINO HOSPITAL CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	EL CAMINO HOSPITAL
<b>c</b>	EIN-PN	94-3167314-001
<b>a</b>	Plan name	ELECTRO MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELECTRO MANAGEMENT CORP
<b>c</b>	EIN-PN	42-1197181-002
<b>a</b>	Plan name	ELEMENTIS GLOBAL RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ELEMENTIS GLOBAL LLC
<b>c</b>	EIN-PN	51-0357741-010

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 EMPLOYEE RETIREMENT PLAN OF FARM CREDIT LEASING SERVICES CORPORATION	
<b>b</b>	Name of plan sponsor FARM CREDIT LEASING SERVICES CORP.	<b>c</b> EIN-PN 41-1482186-001
<b>a</b>	Plan name ENLOE MEDICAL CENTER PENSION PLAN	
<b>b</b>	Name of plan sponsor ENLOE MEDICAL CENTER	<b>c</b> EIN-PN 94-1603784-001
<b>a</b>	Plan name ENTERTAINMENT TECHNOLOGY PARTNERS, LLC (ETP) 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENTERTAINMENT TECHNOLOGY PARTNERS, LLC (ETP)	<b>c</b> EIN-PN 32-0424225-001
<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 ESCO CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor ESCO GROUP LLC	<b>c</b> EIN-PN 83-0707182-002
<b>a</b>	Plan name FARIBAULT FOODS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor FARIBAULT FOODS, INC.	<b>c</b> EIN-PN 41-0246215-001
<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 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 FRANKLIN ELECTRIC RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor FRANKLIN ELECTRIC, INC.	<b>c</b> EIN-PN 35-0827455-007
<b>a</b>	Plan name FRONT PORCH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRONT PORCH COMMUNITIES AND SERVICES	<b>c</b> EIN-PN 95-4538269-001
<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

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 GALLIARD INTERMEDIATE CORE FUND A	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 52-2250963-001
<b>a</b>	Plan name GALLIARD INTERMEDIATE CORE FUND L	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 27-6635237-001
<b>a</b>	Plan name GALLIARD MANAGED INCOME FUND - INT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 52-2250939-001
<b>a</b>	Plan name GALLIARD MANAGED INCOME FUND - SHORT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 52-2250939-001
<b>a</b>	Plan name GALLIARD SA INTERMEDIATE CORE FUND C	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 52-2250965-001
<b>a</b>	Plan name GALLIARD SA INTERMEDIATE CORE FUND E	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 94-6751921-001
<b>a</b>	Plan name GALLIARD SA INTERMEDIATE CORE FUND J	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 26-0232928-001
<b>a</b>	Plan name GALLIARD SA INTERMEDIATE CORE FUND N	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 27-6724457-001
<b>a</b>	Plan name GALLIARD SA INTERMEDIATE CORE FUND Q	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 45-6924923-001
<b>a</b>	Plan name GALLIARD SHORT CORE FUND F	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 52-2252204-001
<b>a</b>	Plan name GALLIARD STABLE RETURN FUND - INT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6208187-001
<b>a</b>	Plan name GALLIARD STABLE RETURN FUND - SHORT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6208187-001

<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	GALLIARD STABLE RETURN FUND - TRGT 3	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6208187-001
<b>a</b>	Plan name	GARY M SCHWARZ, DDS MSD PA, 401(K) PSP	
<b>b</b>	Name of plan sponsor	GARY M SCHWARTZ, DDS, MSD, PA	<b>c</b> EIN-PN 20-0280987-001
<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	GEOLOGICS CORPORATION 401L(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEOLOGICS CORPORATION	<b>c</b> EIN-PN 52-1638914-001
<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	GERDAU AMERISTEEL QUALIFIED PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	GERDAU AMERISTEEL US INC.	<b>c</b> EIN-PN 59-0792436-004
<b>a</b>	Plan name	GERDAU AMERISTEEL US PENSION PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	GERDAU AMERISTEEL US INC.	<b>c</b> EIN-PN 59-0792436-003
<b>a</b>	Plan name	GERDAU AMERISTEEL US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GERDAU AMERISTEEL US INC.	<b>c</b> EIN-PN 59-0792436-002
<b>a</b>	Plan name	GERDAU MACSTEEL PENSION PLAN	
<b>b</b>	Name of plan sponsor	GERDAU MACSTEEL, INC.	<b>c</b> EIN-PN 38-1872178-011
<b>a</b>	Plan name	GERDAU MACSTEEL PENSION PLAN FOR BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor	GERDAU MACSTEEL, INC.	<b>c</b> EIN-PN 38-1872178-022
<b>a</b>	Plan name	GERMANIA COMPANIES EMPLOYEES PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GERMANIA FARM MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 74-0643240-003
<b>a</b>	Plan name	GLEN RAVEN, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	GLEN RAVEN, INC.	<b>c</b> EIN-PN 56-0481507-001

<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	GOODMAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOODMAN MANUFACTURING COMPANY, L.P.	<b>c</b> EIN-PN 76-0423371-001
<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	GRAHAM HOSPITAL THRIFT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRAHAM HOSPITAL	<b>c</b> EIN-PN 37-0673506-002
<b>a</b>	Plan name	GRAIN PROCESSING CORPORATION BARGAINING UNIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GRAIN PROCESSING CORPORATION	<b>c</b> EIN-PN 42-1321075-004
<b>a</b>	Plan name	GRAND ISLAND CLINIC, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GRAND ISLAND CLINIC INC	<b>c</b> EIN-PN 47-0176330-001
<b>a</b>	Plan name	GRAYMONT U.S. NON-UNION DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GRAYMONT INC.	<b>c</b> EIN-PN 14-0560895-001
<b>a</b>	Plan name	GRAYMONT U.S. UNION DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GRAYMONT (PA) INC.	<b>c</b> EIN-PN 25-1527520-001
<b>a</b>	Plan name	GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN	
<b>b</b>	Name of plan sponsor	FRANCISCAN ALLIANCE, INC.	<b>c</b> EIN-PN 35-2056396-001
<b>a</b>	Plan name	GRINNELL MUTUAL SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	GRINNELL MUTUAL REINSURANCE COMPANY	<b>c</b> EIN-PN 42-0245990-003
<b>a</b>	Plan name	GROHE AMERICA, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	GROHE AMERICA, INC	<b>c</b> EIN-PN 26-1599139-001
<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>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	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
<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	HANES COMPANIES INC RETIREMENT SAVINGS PLAN II	
<b>b</b>	Name of plan sponsor	LEGGETT & PLATT, INCORPORATED	<b>c</b> EIN-PN 56-1542277-002
<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	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	HITCHCOCK INDUSTRIES, INC. EMPLOYEE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED PRECISION PRODUCTS MINNEAPOLIS OPERATION	<b>c</b> EIN-PN 20-4795739-002
<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

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>HOLTEC INTERNATIONAL PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HOLTEC INTERNATIONAL</b>	<b>c</b> EIN-PN <b>20-4598433-001</b>
<b>a</b>	Plan name <b>HOUSTON LIVESTOCK SHOW AND RODEO RETIREMENT PLAN AND TRUST AGREEMENT</b>	
<b>b</b>	Name of plan sponsor <b>HOUSTON LIVESTOCK SHOW AND RODEO</b>	<b>c</b> EIN-PN <b>74-1142851-001</b>
<b>a</b>	Plan name <b>HOUSTON PILOTS RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HOUSTON PILOTS</b>	<b>c</b> EIN-PN <b>76-0289736-002</b>
<b>a</b>	Plan name <b>HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PASADENA HOSPITAL ASSOCIATION, LTD</b>	<b>c</b> EIN-PN <b>95-1644036-001</b>
<b>a</b>	Plan name <b>HUSQVARNA PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUSQVARNA CONSUMER OUTDOOR PRODUCTS N.A., INC.</b>	<b>c</b> EIN-PN <b>20-3600732-003</b>
<b>a</b>	Plan name <b>HYUNDAI MOTOR AMERICA PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HYUNDAI MOTOR AMERICA</b>	<b>c</b> EIN-PN <b>33-0098815-002</b>
<b>a</b>	Plan name <b>IDAHO PLUMBERS AND PIPEFITTERS PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEES, IDAHO PLUMBERS AND PIPEFITTERS PENSION PLAN</b>	<b>c</b> EIN-PN <b>82-6010346-001</b>
<b>a</b>	Plan name <b>INDIANAPOLIS PENSION PLAN FOR PRODUCTION EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>RSR NORTH AMERICA CORP.</b>	<b>c</b> EIN-PN <b>83-2477963-008</b>
<b>a</b>	Plan name <b>INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INGLES MARKETS, INCORPORATED</b>	<b>c</b> EIN-PN <b>56-0846267-001</b>
<b>a</b>	Plan name <b>INGRAM WALLIS &amp; COMPANY EMPLOYEES SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INGRAM WALLIS &amp; COMPANY</b>	<b>c</b> EIN-PN <b>74-2073801-002</b>
<b>a</b>	Plan name <b>INTERNATIONAL SHIPHOLDING CORPORATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL SHIPHOLDING CORPORATION</b>	<b>c</b> EIN-PN <b>36-2989662-001</b>
<b>a</b>	Plan name <b>IOWA BANKERS INSURANCE AND SERVICES, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>IOWA BANKERS INSURANCE &amp; SERVICES I</b>	<b>c</b> EIN-PN <b>42-0984998-002</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	IPL RETIREMENT PLAN FOR BARGAINING UNIT EES	
<b>b</b>	Name of plan sponsor	INTERSTATE POWER AND LIGHT COMPANY	<b>c</b> EIN-PN 42-0331370-001
<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.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	J.J. WHITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J.J. WHITE, INCORPORATED	<b>c</b> EIN-PN 23-1216160-001
<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	JEFFERIES GROUP, INC. EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	JEFFERIES GROUP LLC	<b>c</b> EIN-PN 95-4719745-002
<b>a</b>	Plan name	JELD-WEN, INC. RESTATED PENSION PLAN	
<b>b</b>	Name of plan sponsor	JELD-WEN, INC.	<b>c</b> EIN-PN 93-0496342-001
<b>a</b>	Plan name	KEMPER CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KEMPER CORPORATION	<b>c</b> EIN-PN 95-4255452-003
<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	KENT CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	KENT CORPORATION	<b>c</b> EIN-PN 42-0279585-002

<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	KEY SAFETY SYSTEMS, INC. KNOXVILLE PENSION PLAN	
<b>b</b>	Name of plan sponsor	KEY SAFETY SYSTEMS, INC.	<b>c</b> EIN-PN 59-3468917-002
<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	KNIFE RIVER CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	KNIFE RIVER HOLDING COMPANY	<b>c</b> EIN-PN 92-1008893-003
<b>a</b>	Plan name	KRUGER PULP AND PAPER SALES, INC PENSION PLAN	
<b>b</b>	Name of plan sponsor	KRUGER PULP AND PAPER SALES INC.	<b>c</b> EIN-PN 02-0260404-005
<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	K-VA-T 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K-VA-T FOOD STORES, INC.	<b>c</b> EIN-PN 55-0421484-003
<b>a</b>	Plan name	LACROSSE FOOTWEAR, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	LACROSSE FOOTWEAR, INC.	<b>c</b> EIN-PN 39-1446816-002
<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	LAND O' LAKES, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAND O'LAKES	<b>c</b> EIN-PN 41-0365145-001
<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>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	LAS VEGAS VALLEY WATER DISTRICT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAS VEGAS VALLEY WATER DISTRICT	<b>c</b> EIN-PN 88-6000363-999
<b>a</b>	Plan name	LEGGETT AND PLATT INC PENSION PLAN	
<b>b</b>	Name of plan sponsor	LEGGETT & PLATT, INCORPORATED	<b>c</b> EIN-PN 44-0324630-001
<b>a</b>	Plan name	LES SCHWAB PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LES SCHWAB WAREHOUSE CENTER INC.	<b>c</b> EIN-PN 93-0470437-333
<b>a</b>	Plan name	LESTER RETIREMENT BUILDER SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LESTER BUILDING SYSTEMS, LLC	<b>c</b> EIN-PN 20-1262938-001
<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	LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	LIFEPOINT HEALTH, INC.	<b>c</b> EIN-PN 20-1538254-005
<b>a</b>	Plan name	LIFEPOINT MARQUETTE PENSION PLAN	
<b>b</b>	Name of plan sponsor	LEGACY LIFEPOINT HEALTH INC	<b>c</b> EIN-PN 20-1538254-002
<b>a</b>	Plan name	LINDT & SPRUNGLI NORTH AMERICA, INC. AND RUSSELL STOVER CHOCOLATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL STOVER CANDIES, INC.	<b>c</b> EIN-PN 43-1243415-002
<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	LOOP LLC EMPLOYEES' CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LOOP LLC	<b>c</b> EIN-PN 72-1335490-003
<b>a</b>	Plan name	LOOP LLC EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOOP LLC	<b>c</b> EIN-PN 72-1335490-001
<b>a</b>	Plan name	LOS ANGELES PHILHARMONIC ASSOC AND MUSICIAN UNION, LOCAL 47, AMERICAN FEDERATION OF MUSICIANS PENSION TRUST	
<b>b</b>	Name of plan sponsor	LA PHILHARMONIC ASSOC. & MUSICIAN UNION LOCAL 47, AMR. FED. OF MUSICIA	<b>c</b> EIN-PN 95-1696734-002

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 LUMBER INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE LUMBER INDUSTRY PENSION FUND	<b>c</b> EIN-PN 94-6065003-001
<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 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 MANIER & HEROD, A TENNESSEE PROFESSIONAL CORP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANIER & HEROD, A TENNESSEE PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 62-1040990-001
<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 MAX BAER PRODUCTIONS, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAX BAER PRODUCTIONS, LTD.	<b>c</b> EIN-PN 95-2816568-002
<b>a</b>	Plan name MAXITRANSFERS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAXITRANSFERS CORPORATION	<b>c</b> EIN-PN 58-2563969-001
<b>a</b>	Plan name MAYVILLE ENGINEERING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYVILLE ENGINEERING CO., INC.	<b>c</b> EIN-PN 39-0944729-003
<b>a</b>	Plan name MCCORMICK PENSION PLAN	
<b>b</b>	Name of plan sponsor MCCORMICK & COMPANY, INC	<b>c</b> EIN-PN 52-0408290-003
<b>a</b>	Plan name MCWANE HOURLY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCWANE INC.	<b>c</b> EIN-PN 63-0139000-024
<b>a</b>	Plan name MCWANE MASTER TRUST	
<b>b</b>	Name of plan sponsor MCWANE, INC	<b>c</b> EIN-PN 63-0139000-017
<b>a</b>	Plan name MCWANE SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor MCWANE, INC	<b>c</b> EIN-PN 63-0139000-006

<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	MDU RESOURCES GROUP, INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor	MDU RESOURCES GROUP, INC.	<b>c</b> EIN-PN 30-1133956-003
<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	MERCHANT & GOULD P.C. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MERCHANT GOULD SMITH EDELL WELTER &	<b>c</b> EIN-PN 41-0991388-003
<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	MIDSOUTH BANCORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDSOUTH BANCORPORATION	<b>c</b> EIN-PN 63-0906823-002
<b>a</b>	Plan name	MINNEAPOLIS CLINIC EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	MINNEAPOLIS CLINIC OF NEUROLOGY LTD	<b>c</b> EIN-PN 41-0999094-003
<b>a</b>	Plan name	MITSUBISHI MOTORS NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI MOTORS NORTH AMERICA, INC.	<b>c</b> EIN-PN 95-3673256-002
<b>a</b>	Plan name	MMPS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN MEDICAL PHYSICIAN SPECIALISTS, P.C.	<b>c</b> EIN-PN 87-0565773-001
<b>a</b>	Plan name	MODINE MANUFACTURING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MODINE MANUFACTURING COMPANY	<b>c</b> EIN-PN 39-0482000-024
<b>a</b>	Plan name	MOELLER ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOELLER MFG. COMPANY LLC	<b>c</b> EIN-PN 38-1723023-005
<b>a</b>	Plan name	MONEYGRAM INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONEYGRAM INTERNATIONAL, INC.	<b>c</b> EIN-PN 16-1690064-002
<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 MONTANA CONTRACTORS ASSOC, INC. MONEY PURCHASE RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor ADMIN COMMITTEE, MONTANA CONTRACTORS ASSOC BIRDWELL BUILDER	<b>c</b> EIN-PN 81-0448832-001
<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 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 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 MTO CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor MUNGER, TOLLES & OLSEN LLP	<b>c</b> EIN-PN 95-2156481-004
<b>a</b>	Plan name MUNSON LAKES PENSION PLAN	
<b>b</b>	Name of plan sponsor MUNSON LAKES NUTRITION LLC	<b>c</b> EIN-PN 41-1840501-001
<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 NAMASCO CORPORATION RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DI	
<b>b</b>	Name of plan sponsor KLOECKNER NAMASCO HOLDINGS CORPORATION	<b>c</b> EIN-PN 11-3353275-003
<b>a</b>	Plan name NAMASCO DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KLOECKNER NAMASCO HOLDINGS CORPORATION	<b>c</b> EIN-PN 11-3353275-001
<b>a</b>	Plan name ND PAPER PENSION PLAN FOR BARGAINED HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor ND PAPER, INC.	<b>c</b> EIN-PN 47-2267105-001

<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	NEENAH EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	NEENAH, INC.	<b>c</b> EIN-PN 20-1308307-001
<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 FARMS EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWTON FARMS	<b>c</b> EIN-PN 77-0244200-001
<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	NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY	
<b>b</b>	Name of plan sponsor	SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION	<b>c</b> EIN-PN 34-1709242-017
<b>a</b>	Plan name	NORTH MEMORIAL HEALTH CARE PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTH MEMORIAL HEALTH CARE	<b>c</b> EIN-PN 41-0729979-001
<b>a</b>	Plan name	NORTON ROSE FULBRIGHT US LLP PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTON ROSE FULBRIGHT US LLP	<b>c</b> EIN-PN 74-1201087-003
<b>a</b>	Plan name	NOV INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOV INC.	<b>c</b> EIN-PN 76-0475815-001
<b>a</b>	Plan name	NYX, INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NYX, INC.	<b>c</b> EIN-PN 38-2806132-002
<b>a</b>	Plan name	OLD REPUBLIC NATIONAL TITLE HOLDING CO. /TROON MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLD REPUBLIC NATIONAL TITLE HOLDING COMPANY	<b>c</b> EIN-PN 41-1421620-003

<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	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	O'RIELLY MOTOR COMPANY & AFFILIATES EMPLOYEE INVESTMENT/SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	O'RIELLY MOTOR COMPANY & AFFILIATES	<b>c</b> EIN-PN 86-0077638-002
<b>a</b>	Plan name	OSHKOSH CORPORATION EMPLOYEE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	OSHKOSH CORPORATION	<b>c</b> EIN-PN 39-0520270-006
<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	PANDUIT 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PANDUIT CORP	<b>c</b> EIN-PN 36-2601300-001
<b>a</b>	Plan name	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	PARKVIEW HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 35-1972384-001
<b>a</b>	Plan name	PARSONS CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARSONS CORPORATION & SUBSIDIARIES	<b>c</b> EIN-PN 95-3232481-115
<b>a</b>	Plan name	PAUL M. KASROVI, D.D.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAUL M. KASROVI, D.D.S., INC.	<b>c</b> EIN-PN 57-1195917-002
<b>a</b>	Plan name	PBBS EQUIPMENT CORP EMPLOYEES PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PBBS EQUIPMENT CORPORATION	<b>c</b> EIN-PN 39-0888681-001
<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 A.M. CASTLE & CO.	
<b>b</b>	Name of plan sponsor	A.M. CASTLE & CO.	<b>c</b> EIN-PN 36-0879160-001
<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

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 PENSION PLAN FOR EMPLOYEES OF SM ENERGY COMPANY	
<b>b</b>	Name of plan sponsor SM ENERGY COMPANY	<b>c</b> EIN-PN 41-0518430-001
<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 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 PENSION PLAN OF LOCAL 464A	
<b>b</b>	Name of plan sponsor PENSION PLAN OF LOCAL 464A	<b>c</b> EIN-PN 22-6051600-001
<b>a</b>	Plan name PENSION PLAN OF THE EMPLOYERS SHOPMENS LOCAL 516 PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES EMPLOYERS SHOPMENS LOCAL 516 PENSION TRUST	<b>c</b> EIN-PN 93-0656480-001
<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 PETER PAN SEAFOODS, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PSF, INC.	<b>c</b> EIN-PN 91-0556456-001
<b>a</b>	Plan name PHOENIX ART MUSEUM PENSION PLAN	
<b>b</b>	Name of plan sponsor PHOENIX ART MUSEUM	<b>c</b> EIN-PN 86-0072608-001
<b>a</b>	Plan name PLATTE RIVER NETWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLATTE RIVER NETWORKS, INC.	<b>c</b> EIN-PN 33-1021776-002
<b>a</b>	Plan name PLUMB SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PLUMB SUPPLY COMPANY	<b>c</b> EIN-PN 20-5528317-002
<b>a</b>	Plan name PMC BUSINESS PENSION PLAN	
<b>b</b>	Name of plan sponsor LAND NEWCO, INC.	<b>c</b> EIN-PN 86-2641661-001

<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	POOL COMPANY RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	POOL COMPANY/NABORS INDUSTRIES INC.	<b>c</b> EIN-PN 76-0306172-003
<b>a</b>	Plan name	POPULUS GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	POPULUS GROUP, LLC	<b>c</b> EIN-PN 38-3659021-001
<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	PPIO NISA COMPLETION PORTFOLIO	
<b>b</b>	Name of plan sponsor	NISA	<b>c</b> EIN-PN 85-8453694-001
<b>a</b>	Plan name	PRIDE MOBILITY PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIDE MOBILITY PRODUCTS CORPORATION	<b>c</b> EIN-PN 23-2443538-001
<b>a</b>	Plan name	PRINCIPAL/AB LARGE CAP GROWTH CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 92-1443848-001
<b>a</b>	Plan name	PRINCIPAL/CAUSEWAY INTERNATIONAL VALUE CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 47-6375784-001
<b>a</b>	Plan name	PRINCIPAL/DODGE & COX INTERMEDIATE BOND CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 47-6566265-001
<b>a</b>	Plan name	PRINCIPAL/FEDERATED TOTAL RETURN BOND CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6584317-001
<b>a</b>	Plan name	PRINCIPAL/MFS VALUE CIT	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 45-6648640-001
<b>a</b>	Plan name	PRINCIPAL/MULTI-MANAGER LIABILITY DRIVEN SOLUTION CIT I	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 30-6225619-001
<b>a</b>	Plan name	PRINCIPAL/MULTI-MANAGER LIABILITY DRIVEN SOLUTION CIT II	
<b>b</b>	Name of plan sponsor	SEI TRUST COMPANY	<b>c</b> EIN-PN 80-6049172-001

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 PRINCIPAL/MULTI-MANAGER LIABILITY DRIVEN SOLUTION CIT III	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 46-7074916-001
<b>a</b>	Plan name PRINCIPAL/MULTI-MANAGER SMALL CAP CIT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 45-6648658-001
<b>a</b>	Plan name PRINCIPAL/T. ROWE PRICE INSTITUTIONAL EQUITY INCOME MANAGED CIT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 46-6586666-001
<b>a</b>	Plan name PRINCIPAL/T. ROWE PRICE INSTITUTIONAL LARGE-CAP GROWTH MANAGED CIT	
<b>b</b>	Name of plan sponsor SEI TRUST COMPANY	<b>c</b> EIN-PN 45-6648614-001
<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 PS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUBLIC STORAGE, INC.	<b>c</b> EIN-PN 95-3551121-001
<b>a</b>	Plan name PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO DEFINED BENEFIT	
<b>b</b>	Name of plan sponsor PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO	<b>c</b> EIN-PN 31-6159380-999
<b>a</b>	Plan name PYXIS LAB INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PYXIS LAB INC	<b>c</b> EIN-PN 46-2163643-001
<b>a</b>	Plan name QUAD/GRAPHICS DIVERSIFIED PLAN	
<b>b</b>	Name of plan sponsor QUAD/GRAPHICS, INC.	<b>c</b> EIN-PN 39-1152983-003
<b>a</b>	Plan name QUAIN AND RAMSTAD CLINIC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDCENTER ONCE	<b>c</b> EIN-PN 45-0226700-003
<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 RCS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RETAIL CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 41-1330800-002

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 REGAL BELOIT AMERICA, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor REGAL BELOIT AMERICA, INC.	<b>c</b> EIN-PN 39-0449780-007
<b>a</b>	Plan name RESEARCH CORPORATION TECHNOLOGIES, INC. TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor RESEARCH CORPORATION TECHNOLOGIES, INC.,	<b>c</b> EIN-PN 86-0572766-003
<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 INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC	
<b>b</b>	Name of plan sponsor YOUNG'S MARKET COMPANY, LLC	<b>c</b> EIN-PN 33-0780329-001
<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 SOUTHWEST SAW	
<b>b</b>	Name of plan sponsor SOUTHWEST SAW CORPORATION	<b>c</b> EIN-PN 74-1465605-001
<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 EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER	
<b>b</b>	Name of plan sponsor WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE	<b>c</b> EIN-PN 13-1740130-001
<b>a</b>	Plan name RETIREMENT PLAN FOR HOURLY EMPLOYEES OF MATHEWS READYMIX LLC	
<b>b</b>	Name of plan sponsor MATHEWS READYMIX LLC	<b>c</b> EIN-PN 94-1271919-001
<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 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

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 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>a</b>	Plan name RICK ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RICK ENGINEERING COMPANY	<b>c</b> EIN-PN 95-1859899-004
<b>a</b>	Plan name RIDGEVIEW CLINICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDGEVIEW CLINICS	<b>c</b> EIN-PN 41-1651783-002
<b>a</b>	Plan name RIDGEVIEW MEDICAL CENTER, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RIDGEVIEW MEDICAL CENTER	<b>c</b> EIN-PN 31-1667875-002
<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 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 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 RYERSON PENSION PLAN	
<b>b</b>	Name of plan sponsor JOSEPH T. RYERSON & SON, INC.	<b>c</b> EIN-PN 36-1717960-001

<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	S.D. WARREN COMPANY EMPLOYEES RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	SAPPI NORTH AMERICA, INC.	<b>c</b> EIN-PN 23-2366983-001
<b>a</b>	Plan name	SALEM HOLDING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SALEM HOLDING CORPORATION	<b>c</b> EIN-PN 56-1740888-001
<b>a</b>	Plan name	SAN BENITO MEDICAL ASSOCIATES, PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAN BENITO MEDICAL ASSOCIATES, PLLC	<b>c</b> EIN-PN 74-2222891-001
<b>a</b>	Plan name	SAPPI FINE PAPER NORTH AMERICA CENTRAL MILLS EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S.D. WARREN COMPANY	<b>c</b> EIN-PN 23-2366983-036
<b>a</b>	Plan name	SAPPI FINE PAPER NORTH AMERICA CUMBERLAND MILLS HOURLY EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S.D. WARREN COMPANY	<b>c</b> EIN-PN 23-2366983-035
<b>a</b>	Plan name	SAPPI FINE PAPER NORTH AMERICA HOURLY INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	SAPPI FINE PAPER NORTH AMERICA	<b>c</b> EIN-PN 23-2366983-006
<b>a</b>	Plan name	SAPPI FINE PAPER NORTH AMERICA SALARIED INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	SAPPI FINE PAPER NORTH AMERICA	<b>c</b> EIN-PN 23-2366983-005
<b>a</b>	Plan name	SAVINGS PLAN FOR THE SUBSIDIARIES OF SOUTHSIDE BANCSHARES, INC.	
<b>b</b>	Name of plan sponsor	SOUTHSIDE BANCSHARES, INC.	<b>c</b> EIN-PN 75-1848732-002
<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	SCOTIABANK PENSION PLAN (UNITED STATES)	
<b>b</b>	Name of plan sponsor	THE BANK OF NOVA SCOTIA	<b>c</b> EIN-PN 13-4941099-001
<b>a</b>	Plan name	SEALY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO MATTRESS COMPANY LICENSING AND COMPONENTS GROUP SEALY, INC.	<b>c</b> EIN-PN 36-1750335-010
<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>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	SEATTLE SYMPHONY PLAYERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE SEATTLE SYMPHONY PLAYERS PENSION PLAN	<b>c</b> EIN-PN 91-1082288-001
<b>a</b>	Plan name	SHAW INDUSTRIES GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHAW INDUSTRIES GROUP, INC.	<b>c</b> EIN-PN 58-1032521-002
<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	SISTERS OF THE ORDER OF ST. BENEDICT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ST. CLOUD HOSPITAL	<b>c</b> EIN-PN 41-0695596-001
<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	SMART & FINAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	SMART & FINAL LLC	<b>c</b> EIN-PN 95-4079584-002
<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 NEVADA CULINARY AND BARTENDERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	SNCB	<b>c</b> EIN-PN 88-6016617-999
<b>a</b>	Plan name	SOUTHERN OREGON ORTHOPEDICS, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN OREGON ORTHOPEDICS, INC.	<b>c</b> EIN-PN 93-0587572-003

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 <b>SOUTHWIRE COMPANY HOURLY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHWIRE COMPANY, LLC</b>	<b>c</b> EIN-PN <b>58-2020515-013</b>
<b>a</b>	Plan name <b>SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHWORTH-MILTON, INC.</b>	<b>c</b> EIN-PN <b>02-0258444-004</b>
<b>a</b>	Plan name <b>ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ST. PETERS HEALTH</b>	<b>c</b> EIN-PN <b>81-0233121-001</b>
<b>a</b>	Plan name <b>STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARBIL REALTY CORP.</b>	<b>c</b> EIN-PN <b>22-1723208-002</b>
<b>a</b>	Plan name <b>STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STANDARD TILE SUPPLY CO., INC.</b>	<b>c</b> EIN-PN <b>22-1520595-001</b>
<b>a</b>	Plan name <b>STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STANDARD TILE ROXBURY CORP.</b>	<b>c</b> EIN-PN <b>22-1723675-001</b>
<b>a</b>	Plan name <b>STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STANDARD TILE IMPORTS, INC.</b>	<b>c</b> EIN-PN <b>22-2284706-001</b>
<b>a</b>	Plan name <b>STANLEY BLACK &amp; DECKER RETIREMENT ACCOUNT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STANLEY BLACK &amp; DECKER, INC.</b>	<b>c</b> EIN-PN <b>06-0548860-009</b>
<b>a</b>	Plan name <b>STANLEY BLACK &amp; DECKER, INC. PENSION MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>STANLEY BLACK &amp; DECKER, INC.</b>	<b>c</b> EIN-PN <b>06-0548860-028</b>
<b>a</b>	Plan name <b>STEINBERG DIAGNOSTIC MEDICAL IMAGING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEINBERG DIAGNOSTIC MEDICAL IMAGING</b>	<b>c</b> EIN-PN <b>88-0232199-001</b>
<b>a</b>	Plan name <b>STEINHAFELS INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEINHAFELS INC.</b>	<b>c</b> EIN-PN <b>39-0975161-001</b>
<b>a</b>	Plan name <b>STOEL RIVES LLP CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STOEL RIVES LLP</b>	<b>c</b> EIN-PN <b>93-0408771-012</b>

<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	STORY CONSTRUCTION CO RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	STORY CONSTRUCTION CO
<b>c</b>	EIN-PN	42-0992152-001
<b>a</b>	Plan name	STRATEGIC AMERICA, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	STRATEGIC AMERICA, INC.
<b>c</b>	EIN-PN	42-1206760-001
<b>a</b>	Plan name	SUNCOR ENERGY US PENSION PLAN
<b>b</b>	Name of plan sponsor	SUNCOR ENERGY (USA) INC.
<b>c</b>	EIN-PN	51-0403125-003
<b>a</b>	Plan name	SYSCO CORPORATION EMPLOYEES 401K PLAN
<b>b</b>	Name of plan sponsor	SYSCO CORPORATION
<b>c</b>	EIN-PN	74-1648137-015
<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	TCP PETCOKE CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	TCP PETCOKE CORPORATION
<b>c</b>	EIN-PN	13-3649267-002
<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>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 BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BOBRICK CORP
<b>c</b>	EIN-PN	95-2500371-001

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 CRONER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRONER CO	<b>c</b> EIN-PN 94-2513557-002
<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 EMPLOYEE RETIREMENT PLAN OF GROUP HEALTH PLAN	
<b>b</b>	Name of plan sponsor GROUP HEALTH PLAN, INC.	<b>c</b> EIN-PN 41-0797853-001
<b>a</b>	Plan name THE FIDELITY NATIONAL FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIDELITY NATIONAL FINANCIAL, INC.	<b>c</b> EIN-PN 16-1725106-001
<b>a</b>	Plan name THE GILLETTE PEPSI COMPANIES, INC. PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE GILLETTE PEPSI COMPANIES, INC.	<b>c</b> EIN-PN 81-0868207-002
<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 GRINNELL MUTUAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GRINNELL MUTUAL REINSURANCE CO	<b>c</b> EIN-PN 42-0245990-002
<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 JOINT RETIREMENT BOARD FOR CONSERVATIVE JUDAISM, AMUTAH 403(B)(9) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE JOINT RETIREMENT BOARD FOR CONSERVATIVE JUDAISM, AMUTAH	<b>c</b> EIN-PN 31-1711622-999
<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 MARCUS CORP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE MARCUS CORPORATION	<b>c</b> EIN-PN 39-1139844-002
<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

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 PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM	
<b>b</b>	Name of plan sponsor BRONXCARE HEALTH SYSTEM	<b>c</b> EIN-PN 13-1974191-003
<b>a</b>	Plan name THE PENSION PLAN FOR EMPLOYEES OF ST. ANNES MATERNITY HOME	
<b>b</b>	Name of plan sponsor ST. ANNES MATERNITY HOME	<b>c</b> EIN-PN 95-1691306-001
<b>a</b>	Plan name THE PENSION PLAN OF THE UNITED WAY OF THE BAY AREA	
<b>b</b>	Name of plan sponsor UNITED WAY OF THE BAY AREA	<b>c</b> EIN-PN 94-1312348-001
<b>a</b>	Plan name THE PETROLEUM CLUB PENSION PLAN	
<b>b</b>	Name of plan sponsor PETROLEUM CLUB OF HOUSTON	<b>c</b> EIN-PN 74-1098713-001
<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 RASMUSSEN GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RASMUSSEN GROUP INC	<b>c</b> EIN-PN 42-1022912-001
<b>a</b>	Plan name THE RENCO GROUP, INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor THE RENCO GROUP, INC.	<b>c</b> EIN-PN 13-3370264-050
<b>a</b>	Plan name THE RESTATED AG PROCESSING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGP CORN PROCESSING, INC.	<b>c</b> EIN-PN 47-0789272-020
<b>a</b>	Plan name THE RESTATED AG PROCESSING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AG ENVIRONMENTAL PRODUCTS, LLC	<b>c</b> EIN-PN 47-0787544-020
<b>a</b>	Plan name THE RESTATED AG PROCESSING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGP L.C.	<b>c</b> EIN-PN 36-3895667-020
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor PRAIRIE AG COOPERATIVE	<b>c</b> EIN-PN 42-0243950-001
<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

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 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 NEW LONDON FARMERS COOPERATIVE C/O DAVID SIMMONS	<b>c</b> EIN-PN 42-0436600-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor UNITED SERVICES ASSOCIATION	<b>c</b> EIN-PN 42-0994702-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor HAWKEYE COOPERATIVE COMPANY C/O FARMERS WIN COOP	<b>c</b> EIN-PN 42-0782088-001
<b>a</b>	Plan name THE RESTATED DES MOINES TEACHERS RETIREMENT SYSTEM PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DSM TEACHERS	<b>c</b> EIN-PN 42-6001433-001
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FCSTONE GROUP, INC.	<b>c</b> EIN-PN 42-1091210-020
<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
<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 GOLDEN GROWERS COOPERATIVE	<b>c</b> EIN-PN 27-1312571-020
<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 FARMER DIRECT FOODS, INC.	<b>c</b> EIN-PN 48-1061509-020

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 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 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 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 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 INNOVATIVE AG SERVICES CO.	<b>c</b> EIN-PN 20-2096489-020
<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 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 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 CORNERSTONE FEED, L.C. C/O KEY COOPERATIVE	<b>c</b> EIN-PN 39-1905059-020
<b>a</b>	Plan name THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor TWO RIVERS COOPERATIVE	<b>c</b> EIN-PN 42-0242790-030
<b>a</b>	Plan name THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS WIN COOPERATIVE	<b>c</b> EIN-PN 42-0782088-030

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 THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor URSA FARMERS COOPERATIVE CO.	<b>c</b> EIN-PN 37-0560750-030
<b>a</b>	Plan name THE RETIREMENT PLAN FOR EMPLOYEES OF GUADALUPE-BLANCO RIVER AUTHORITY	
<b>b</b>	Name of plan sponsor GBRA	<b>c</b> EIN-PN 73-1628865-002
<b>a</b>	Plan name THE SEATTLE TIMES PENSION PLAN	
<b>b</b>	Name of plan sponsor SEATTLE TIMES COMPANY	<b>c</b> EIN-PN 91-0403890-002
<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 THE UNIVERSITY HOSPITAL OF AUGUSTA, GEORGIA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE UNIVERSITY HOSPITAL OF AUGUSTA, GEORGIA	<b>c</b> EIN-PN 58-1581103-002
<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 THE WEITZ RETIREMENT AND 401K PLAN	
<b>b</b>	Name of plan sponsor WEITZ COMPANY	<b>c</b> EIN-PN 42-1512625-001
<b>a</b>	Plan name THE WESTERN UNITE HERE AND EMPLOYERS PENSION FUND	
<b>b</b>	Name of plan sponsor THE WESTERN UNITE HERE	<b>c</b> EIN-PN 93-4160766-001
<b>a</b>	Plan name THE WOODBRIDGE GROUP UNITED STATES SALARIED EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor WOODBRIDGE GROUP	<b>c</b> EIN-PN 39-1505258-002
<b>a</b>	Plan name THOMPSON MACHINERY COMMERCE CORPORATION PROFIT SHARING & 401K PLAN	
<b>b</b>	Name of plan sponsor THOMPSON MACHINERY COMMERCE CORPORATION	<b>c</b> EIN-PN 62-1098634-001
<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 TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST	
<b>b</b>	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION	<b>c</b> EIN-PN 04-6784256-001

<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	TRANSIT MANAGEMENT OF CHARLOTTE, INC. DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	TRANSIT MANAGEMENT OF CHARLOTTE	<b>c</b> EIN-PN 56-1164899-999
<b>a</b>	Plan name	TREE TOP, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	TREE TOP, INC.	<b>c</b> EIN-PN 91-0720280-001
<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	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	TWIN CITY HOSPITALS MNA PENSION PLAN	
<b>b</b>	Name of plan sponsor	PENSION ASSET COMMITTEE OF TWIN CITY HOSP MNA	<b>c</b> EIN-PN 41-6184922-001
<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	VARIETY WHOLESALERS, INC. RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VARIETY WHOLESALERS, INC.	<b>c</b> EIN-PN 56-0653322-002
<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	VISA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISA INC.	<b>c</b> EIN-PN 26-0267673-334
<b>a</b>	Plan name	WALSH & ASSOC EMPLOYEES 401K PSP	
<b>b</b>	Name of plan sponsor	WALSH & ASSOCIATES INC	<b>c</b> EIN-PN 43-0907728-002
<b>a</b>	Plan name	WARRIOR MET COAL, INC SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARRIOR MET COAL, INC	<b>c</b> EIN-PN 81-0706839-001

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 <u>WAWANESA MUTUAL INSURANCE COMPANY PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WAWANESA MUTUAL INSURANCE CO</u>	<b>c</b> EIN-PN <u>95-2907897-001</u>
<b>a</b>	Plan name <u>WESTIN HOMES AND PROPERTIES LP 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WESTIN HOMES AND PROPERTIES LP</u>	<b>c</b> EIN-PN <u>20-0286051-001</u>
<b>a</b>	Plan name <u>WESTLAKE REALTY GROUP, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WESTLAKE REALTY GROUP, INC.</u>	<b>c</b> EIN-PN <u>11-3675140-001</u>
<b>a</b>	Plan name <u>WHITE MOUNTAIN APACHE TRIBE RETIREMENT SAVINGS AND 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WHITE MOUNTAIN APACHE TRIBE</u>	<b>c</b> EIN-PN <u>86-0092030-006</u>
<b>a</b>	Plan name <u>WHITE RANCH COMPANY PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WHITE RANCH COMPANY</u>	<b>c</b> EIN-PN <u>95-2735599-002</u>
<b>a</b>	Plan name <u>WILLISTON BASIN INSPECTION, INC. SAFEHARBOR 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WILLISTON BASIN INSPECTION, INC.</u>	<b>c</b> EIN-PN <u>45-0419439-001</u>
<b>a</b>	Plan name <u>WINTHROP &amp; WEINSTINE, P.A. CASH BALANCE PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WINTHROP &amp; WEINSTINE, P.A.</u>	<b>c</b> EIN-PN <u>41-1722524-003</u>
<b>a</b>	Plan name <u>WIRTZ MANUFACTURING COMPANY, INC. HOURLY RATED EMPLOYEES PENSION PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WIRTZ MANUFACTURING CO., INC.</u>	<b>c</b> EIN-PN <u>38-1491059-003</u>
<b>a</b>	Plan name <u>WOLVERINE PIPE LINE COMPANY SAVINGS PLAN FOR EMPLOYEES</u>	
<b>b</b>	Name of plan sponsor <u>WOLVERINE PIPE LINE COMPANY</u>	<b>c</b> EIN-PN <u>13-1680453-001</u>
<b>a</b>	Plan name <u>YOKOHAMA TIRE CORPORATION FROZEN NON-CONTRIBUTORY</u>	
<b>b</b>	Name of plan sponsor <u>YOKOHAMA TIRE CORPORATION</u>	<b>c</b> EIN-PN <u>95-2624417-006</u>
<b>a</b>	Plan name <u>YUMA REGIONAL MEDICAL CENTER 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>YUMA REGIONAL MEDICAL CENTER</u>	<b>c</b> EIN-PN <u>86-6007596-002</u>
<b>a</b>	Plan name <u>ZENS MANUFACTURING INC PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>ZENS MANUFACTURING INC</u>	<b>c</b> EIN-PN <u>39-0961829-002</u>

**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	ZURN LLC PENSION PLAN	
<b>b</b> Name of plan sponsor	ZURN LLC	<b>c</b> EIN-PN 04-3722228-007

<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>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>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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SHORT-TERM INVESTMENT FUND A</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>41-6292499</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	11270000      8997000
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	2255755000      1924471000
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2267025000	1933468000
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5907000	5855000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5907000	5855000
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	2261118000	1927613000

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		131099000
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		131099000

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> 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:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>		
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>		
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	1691000	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses .....	<b>2i(11)</b>	398000	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2089000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2089000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		129010000
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		18234467000
<b>(2)</b> From this plan .....	<b>2l(2)</b>		18696982000

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