

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
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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 ☒ a DFE (specify) C
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PRINCIPAL/MULTI-MANAGER SMALL CAP CIT
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SEI TRUST COMPANY 1 FREEDOM VALLEY DRIVE OAKS, PA 19456
2b	Employer Identification Number (EIN) 45-6648658
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	HEATHER BILLERA
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	401(K) PLAN AND EMPLOYEES TRUST OF HASTINGS IRRIGATION PIPE CO.
b	Name of plan sponsor	HASTINGS IRRIGATION PIPE CO.
c	EIN-PN	47-0371670-002
a	Plan name	401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTCO, INC.
b	Name of plan sponsor	TIGHTCO, INC.
c	EIN-PN	57-0934530-001
a	Plan name	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF EYE ASSOCIATES OF NEW MEXICO, LTD.
b	Name of plan sponsor	EYE ASSOCIATES OF NEW MEXICO
c	EIN-PN	85-0246856-002
a	Plan name	AAA MINNEAPOLIS 401(K) SAVINGS PLAN
b	Name of plan sponsor	AAA MINNEAPOLIS
c	EIN-PN	41-0134600-002
a	Plan name	ABILL REALTY CORP. PROFIT-SHARING PLAN
b	Name of plan sponsor	ABILL REALTY CORP.
c	EIN-PN	22-1768133-001
a	Plan name	ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ADAMS GROUP
c	EIN-PN	94-2200898-003
a	Plan name	ADVANCED DEFENSE CONCEPTS, INC. 401(K) PLAN
b	Name of plan sponsor	ADVANCED DEFENSE CONCEPTS, INC.
c	EIN-PN	54-1969151-002
a	Plan name	ALINABAL, INC. RETIREMENT PLAN
b	Name of plan sponsor	ALINABAL, INC.
c	EIN-PN	13-3009406-001
a	Plan name	ALLAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ALLAN INDUSTRIES, INC.
c	EIN-PN	22-2647098-001
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE
b	Name of plan sponsor	ALLEGIS GROUP, INC.
c	EIN-PN	52-1304931-004
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE
b	Name of plan sponsor	ALLEGIS GROUP, INC.
c	EIN-PN	52-1304931-003
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO
b	Name of plan sponsor	ALLEGIS GROUP, INC.
c	EIN-PN	52-1304931-002

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.)			
a	Plan name	ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLERGY PARTNERS PLLC	c EIN-PN 56-1249571-001
a	Plan name	AMERICAN ASSOCIATION OF INSURANCE SERVICES EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	AMERICAN ASSOCIATION OF INSURANCE SERVICES	c EIN-PN 36-2021360-001
a	Plan name	AMERICAN OPTICAL/M&R INDUSTRIES THRIFT PLAN	
b	Name of plan sponsor	VISTA CAPITAL LLC	c EIN-PN 51-0529512-002
a	Plan name	AMERICAN TRUETZSCHLER, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TRUETZSCHLER, INC.	c EIN-PN 56-0932757-001
a	Plan name	AMPACET CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	AMPACET CORP.	c EIN-PN 13-2546877-002
a	Plan name	ANCIRA ENTERPRISES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ANCIRA ENTERPRISES	c EIN-PN 74-2299389-001
a	Plan name	ANDEX INDUSTRIES INC & ANTHONY & CO. RETIREMENT PLAN	
b	Name of plan sponsor	ANDEX INDUSTRIES, INC.	c EIN-PN 38-1652680-001
a	Plan name	ANIAK LIGHT & POWER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIAK LIGHT & POWER COMPANY, INC.	c EIN-PN 92-0072174-002
a	Plan name	APEX COLOR 401(K) PLAN	
b	Name of plan sponsor	APEX COLOR	c EIN-PN 59-1346610-001
a	Plan name	AQUATEX WATER CONDITIONING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AQUATEX WATER CONDITIONING INC	c EIN-PN 76-0110237-001
a	Plan name	ARIZONA CARDINALS FOOTBALL CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ARIZONA CARDINALS FOOTBALL CLUB	c EIN-PN 43-1173111-011
a	Plan name	ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	ARROW SHED, LLC	c EIN-PN 27-1885904-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASSOCIATION OF THE UNITED STATES ARMY, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	ASSOCIATION OF THE UNITED STATES ARMY, INC.	c EIN-PN 53-0193361-001
a	Plan name	BAYLEY CONSTRUCTION PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	BAYLEY CONSTRUCTION	c EIN-PN 91-1764930-001
a	Plan name	BENECARD 401(K) PLAN	
b	Name of plan sponsor	BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001
a	Plan name	BOLLMAN HAT COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	BOLLMAN HAT COMPANY	c EIN-PN 23-1922616-002
a	Plan name	BRAUNSTEIN & STEWART PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAUNSTEIN & STEWART A PROF CORP	c EIN-PN 95-2690123-001
a	Plan name	BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	
b	Name of plan sponsor	BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	c EIN-PN 95-3519963-002
a	Plan name	BROOKS EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	BROOKS EQUIPMENT COMPANY, INC.	c EIN-PN 88-0161234-002
a	Plan name	BUFFALO CRUSHED STONE PENSION PLAN FOR HOURLY RATED EMPLOYEES	
b	Name of plan sponsor	NEW ENTERPRISE STONE & LIME CO., INC.	c EIN-PN 23-1374051-001
a	Plan name	BUILDERS PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS PRODUCTS INC	c EIN-PN 74-1227450-001
a	Plan name	BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-020
a	Plan name	BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-030
a	Plan name	C.D. MOODY CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C.D. MOODY CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1778748-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CALIFORNIA DENTAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA DENTAL ASSOCIATION	c EIN-PN 95-2822367-002
a	Plan name	CAROLINA ICE PALACE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAROLINA ICE PALACE, LLC	c EIN-PN 58-2317013-001
a	Plan name	CASE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	CASE FOODS, INC.	c EIN-PN 52-1702529-001
a	Plan name	CCWD OPEB TRUST	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 47-6386712-999
a	Plan name	CCWD RET PLAN-MAP ACCOUNT	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 94-6000489-999
a	Plan name	CENTENNIAL PLASTICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CENTENNIAL PLASTICS, INC	c EIN-PN 47-0841062-001
a	Plan name	CENTURY DIRECT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CENTURY DIRECT, LLC	c EIN-PN 11-3583330-002
a	Plan name	CHARLOTTE PIPE & FOUNDRY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHARLOTTE PIPE & FOUNDRY CO.	c EIN-PN 56-0174030-002
a	Plan name	CHARLOTTE REGIONAL BUSINESS ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor	CHARLOTTE REGIONAL BUSINESS ALLIANCE	c EIN-PN 56-0173610-002
a	Plan name	CHESTER COUNTY NATURAL GAS AUTHORITY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	CHESTER COUNTY NATURAL GAS AUTHORITY	c EIN-PN 57-6008075-999
a	Plan name	CITATION BOX AND PAPER CO. PROFIT SHARING PLAN AND RETIREMENT TRUST	
b	Name of plan sponsor	CITATION BOX & PAPER CO.	c EIN-PN 36-2201785-001
a	Plan name	CITY OF ARLINGTON PST/DIP	
b	Name of plan sponsor	CITY OF ARLINGTON	c EIN-PN 75-6000450-999

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.)			
a	Plan name	CITY OF DELANO PENSION	
b	Name of plan sponsor	CITY OF DELANO	c EIN-PN 95-6000702-999
a	Plan name	CITY OF IRVINE DEF BEN PENSION PL DB	
b	Name of plan sponsor	CITY OF IRVINE	c EIN-PN 95-2759391-999
a	Plan name	CITY OF MARQUETTE POLICE & FIRE	
b	Name of plan sponsor	CITY OF MARQUETTE	c EIN-PN 38-6113682-999
a	Plan name	CITY OF SPRINGFIELD, OREGON RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF SPRINGFIELD	c EIN-PN 93-6002558-999
a	Plan name	CLOUD CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CLOUD CONSTRUCTION COMPANY, INC.	c EIN-PN 74-0935687-001
a	Plan name	CNPPD EMPLOYEES RETIREMENT PLAN DB	
b	Name of plan sponsor	CENTRAL NEBRASKA PUBLIC POWER DISTRICT	c EIN-PN 47-6000076-999
a	Plan name	COASTAL CHILDRENS CLINIC, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	COASTAL CHILDRENS CLINIC, P.A.	c EIN-PN 74-1662481-002
a	Plan name	CONCRETE BLOCK EMPLOYERS PENSION PLAN	
b	Name of plan sponsor	CONCRETE BLOCK	c EIN-PN 95-4179665-001
a	Plan name	CORNHUSKER INTL TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORNHUSKER INTL TRUCKS, INC. 401(K) PLAN	c EIN-PN 47-0604747-001
a	Plan name	CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY DEFINED BENEFIT PLAN & TRUST	
b	Name of plan sponsor	REGIONAL TRANSPORTATION AUTHORITY	c EIN-PN 74-2390259-999
a	Plan name	COUNTY OF VENTURA RETIREMENT PLAN	
b	Name of plan sponsor	VENTURA COUNTY	c EIN-PN 95-6000944-999
a	Plan name	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.	c EIN-PN 54-2122693-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	CRESCENT ELECTRIC SUPPLY COMPANY 401(K) PLAN
b	Name of plan sponsor	CRESCENT ELECTRIC SUPPLY COMPANY
c	EIN-PN	42-0201220-002
a	Plan name	CROSBY TUGS 401(K) PLAN
b	Name of plan sponsor	CROSBY TUGS, LLC
c	EIN-PN	72-0914194-001
a	Plan name	CYPRESS LAWN CEMETERY ASSN RETIREMENT PLAN
b	Name of plan sponsor	CYPRESS LAWN CEMETERY ASSOCIATION
c	EIN-PN	94-0416370-001
a	Plan name	DAKOTA SUPPLY GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	DAKOTA SUPPLY GROUP, INC.
c	EIN-PN	45-0421041-002
a	Plan name	DANIELS CADILLAC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DANIELS BMW
c	EIN-PN	23-1601170-001
a	Plan name	DELTA LIFE INSURANCE COMPANY 401(K) PLAN
b	Name of plan sponsor	DELTA LIFE INSURANCE COMPANY
c	EIN-PN	58-0838961-001
a	Plan name	DEWBERRY 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	DEWBERRY
c	EIN-PN	13-0746510-001
a	Plan name	DIAGNOSTIC PHYSICIANS GROUP PC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DIAGNOSTIC PHYSICIANS GROUP PC
c	EIN-PN	47-2261224-001
a	Plan name	DIMENSION-POLYANT, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	GAMMA HOLDING USA
c	EIN-PN	06-1310091-001
a	Plan name	DNA GROUP, INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	DNA GROUP, INC.
c	EIN-PN	22-2834616-001
a	Plan name	DOUGHERTY COUNTY DEFINED BENEFIT RETIREMENT PLAN
b	Name of plan sponsor	DOUGHERTY COUNTY
c	EIN-PN	58-6000817-999
a	Plan name	E.F. BELK & SON, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	E.F. BELK & SON, INC.
c	EIN-PN	56-0986325-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EAR, NOSE & THROAT SPECIALTYCARE OF MINNESOTA, P.A. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ENT SPECIALTYCARE OF MN, P.A.	c EIN-PN 41-0951475-001
a	Plan name	EBERHART BROTHERS, INC. 401(K) SAVING PLAN	
b	Name of plan sponsor	EBERHART BROTHERS, INC.	c EIN-PN 13-2964196-001
a	Plan name	EMERALD PACKAGING, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMERALD PACKAGING, INC.	c EIN-PN 94-1557703-002
a	Plan name	EMPLOYEES' 401(K) PLAN OF RGC RESOURCES, INC.	
b	Name of plan sponsor	RGC RESOURCES, INC.	c EIN-PN 54-1909697-001
a	Plan name	ENGINE POWER SOURCE, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	ENGINE POWER SOURCE, INC.	c EIN-PN 56-1527828-001
a	Plan name	EPCOR WATER (USA), INC. PENSION PLAN	
b	Name of plan sponsor	EPCOR WATER (USA), INC.	c EIN-PN 46-0525312-001
a	Plan name	ERICKSON COMMUNITY 401(K) PLAN	
b	Name of plan sponsor	ERICKSON COMMUNITY	c EIN-PN 52-1874053-002
a	Plan name	FGI 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FGI INDUSTRIES INC.	c EIN-PN 22-2860846-001
a	Plan name	FKC INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	FKC INTERNATIONAL INC.	c EIN-PN 20-0222244-001
a	Plan name	FLORIDA PLYWOODS INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	FLORIDA PLYWOODS, INC.	c EIN-PN 59-0762651-001
a	Plan name	FORSYTH COUNTY DEFINED BENEFIT PLAN	
b	Name of plan sponsor	FORSYTH COUNTY GOVERNMENT	c EIN-PN 58-6000828-999
a	Plan name	FYFFES NORTH AMERICA INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	FYFFES NORTH AMERICA INC	c EIN-PN 59-1304116-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	G.E. HUEBNER CONCRETE CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	G.E. HUEBNER CONCRETE, INC.	c EIN-PN 74-1926465-001
a	Plan name	GCHI RETIREMENT PLAN	
b	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	c EIN-PN 57-0997411-006
a	Plan name	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION	c EIN-PN 87-6118245-001
a	Plan name	GER INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GER INDUSTRIES, INC.	c EIN-PN 13-2793835-001
a	Plan name	GLENDDIVE MEDICAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLENDDIVE MEDICAL CENTER	c EIN-PN 81-6016016-002
a	Plan name	GMI 401(K) PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-004
a	Plan name	GOVERNMENTAL RETIREE HEALTH BENEFIT PLAN	
b	Name of plan sponsor	LOS RIOS COMMUNITY COLLEGE DISTRICT	c EIN-PN 94-1576340-999
a	Plan name	GREINER BIO-ONE NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GREINER BIO-ONE NORTH AMERICA, INC.	c EIN-PN 52-2041193-001
a	Plan name	GROUP USA, INC. 401(K) PLAN	
b	Name of plan sponsor	GROUP USA, INC.	c EIN-PN 22-2702612-001
a	Plan name	GUNNISON FIREMENS PENSION FUND	
b	Name of plan sponsor	CITY OF GUNNISON	c EIN-PN 84-6000673-999
a	Plan name	HALLSTAR SERVICES CORP. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-002
a	Plan name	HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-003

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.)		
a	Plan name	HARRISON INTERESTS, LTD. RETIREMENT PLAN
b	Name of plan sponsor	HARRISON INTERESTS, LTD.
c	EIN-PN	74-2062734-001
a	Plan name	HARRISON, MORELAND, WEBBER & SIMPLOT, P.C. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	HARRISON MORELAND, WEBBER & SIMPLOT PC
c	EIN-PN	42-1177483-002
a	Plan name	HASTINGS FIREFIGHTER PEN - PRE 1984
b	Name of plan sponsor	CITY OF HASTINGS, NE
c	EIN-PN	47-6006221-999
a	Plan name	HASTINGS POLICE PRE-1984 PEN TRUST
b	Name of plan sponsor	CITY OF HASTINGS, NE
c	EIN-PN	47-6006221-999
a	Plan name	HAZEN RESEARCH, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HAZEN RESEARCH, INC.
c	EIN-PN	84-0511412-002
a	Plan name	HEALTH PLAN OF SAN MATEO D/B PL DB
b	Name of plan sponsor	HEALTH PLAN OF SAN MATEO
c	EIN-PN	94-3020555-999
a	Plan name	HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN
b	Name of plan sponsor	HEARTHSIDE BANK
c	EIN-PN	61-0305840-002
a	Plan name	HENRY MODELL & CO., INC. EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	MODELLS, INC.
c	EIN-PN	13-5518048-001
a	Plan name	HERBERT BRAUNSTEIN MD & ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN
b	Name of plan sponsor	ARROWHEAD PATHOLOGY MEDICAL GROUP
c	EIN-PN	95-2690123-002
a	Plan name	HERCULES INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	HERCULES INDUSTRIES, INC.
c	EIN-PN	84-0516481-002
a	Plan name	HILLSIDE WAREHOUSE & TRUCKING CO., INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HILLSIDE WAREHOUSE & TRUCKING CO INC
c	EIN-PN	22-2063735-001
a	Plan name	HOLES OF SAN ANTONIO, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	HOLES OF SAN ANTONIO, INC.
c	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.)			
a	Plan name	HOME HEALTH RESOURCES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HOME HEALTH RESOURCES, INC.	c EIN-PN 76-0494537-001
a	Plan name	HUSQVARNA PENSION PLAN	
b	Name of plan sponsor	HUSQVARNA CONSUMER OUTDOOR PRODUCTS N.A., INC.	c EIN-PN 20-3600732-003
a	Plan name	INGRAM WALLIS & COMPANY EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	INGRAM WALLIS & COMPANY	c EIN-PN 74-2073801-002
a	Plan name	IPR HEALTHCARE SYSTEM, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IPR HEALTHCARE SYSTEM, INC	c EIN-PN 76-0492632-001
a	Plan name	ISPC, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ISPC, P.A.	c EIN-PN 36-4510829-001
a	Plan name	J. S. HOVNANIAN & SONS, LLC 401(K) PLAN	
b	Name of plan sponsor	J. S. HOVNANIAN & SONS, LLC	c EIN-PN 22-3842774-001
a	Plan name	J.G. BOSWELL COMPANY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	J.G. BOSWELL COMPANY	c EIN-PN 95-0563800-002
a	Plan name	JACK BUELL EMPLOYEE BENEFIT TRUST	
b	Name of plan sponsor	JMF COMPANY, INC. DBA JACK BUELL TRUCKING	c EIN-PN 82-0299482-001
a	Plan name	JAMES LEARNER DO PLLC 401K PLAN	
b	Name of plan sponsor	JAMES LEARNER DO PLLC	c EIN-PN 36-9502293-001
a	Plan name	JOHANNA BEVERAGE CO., LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 20-8256706-001
a	Plan name	JOHANNA FOODS, INC. LACTO DIVISION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 22-2973062-006
a	Plan name	JOHN A. KNUTSON & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. KNUTSON & COMPANY	c EIN-PN 41-0879566-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	JOHN C. ERNST & CO., INC. SALARY SAVINGS PLAN
b	Name of plan sponsor	JOHN C. ERNST & CO., INC.
c	EIN-PN	22-1867091-001
a	Plan name	KAMPGROUNDS OF AMERICA, INC. SALARY REDUCTION PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	KAMPGROUNDS OF AMERICA INC
c	EIN-PN	81-0292967-005
a	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES PENSION PLAN
b	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.
c	EIN-PN	39-0994777-003
a	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES' PENSION PLAN FOR NON-UNION EMPLOYEES
b	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.
c	EIN-PN	39-0994777-001
a	Plan name	KEYSTONE CEMENT COMPANY RETIREMENT FOR HOURLY EMPLOYEES
b	Name of plan sponsor	GIANT CEMENT HOLDING, INC.
c	EIN-PN	20-2268581-002
a	Plan name	KLINGSPOR ABRASIVES, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	KLINGSPOR ABRASIVES, INC.
c	EIN-PN	56-1252941-001
a	Plan name	KOLACHE FACTORY, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	KOLACHE FACTORY, INC.
c	EIN-PN	76-0206525-001
a	Plan name	KOLBE & KOLBE MILLWORK CO., INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	KOLBE & KOLBE MILLWORK CO INC
c	EIN-PN	39-1193314-002
a	Plan name	KURT S. ADLER, INC EMPLOYEES PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	KURT S. ADLER, INC
c	EIN-PN	13-5654539-001
a	Plan name	KWIK KAFE VENDING COMPANY, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	KWIK KAFE VENDING COMPANY, INC.
c	EIN-PN	54-0755362-002
a	Plan name	LAKEWOOD CEMETERY ASSOCIATION PENSION PLAN
b	Name of plan sponsor	LAKEWOOD CEMETERY ASSOCIATION
c	EIN-PN	41-0364020-001
a	Plan name	LANGFORD TOOL & DRILL CO. PROFIT SHARING PLAN
b	Name of plan sponsor	LANGFORD TOOL & DRILL
c	EIN-PN	41-0808861-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAREDO TRANSIT MANAGEMENT, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	LAREDO TRANSIT MANAGEMENT, INC.	c EIN-PN 02-0668666-002
a	Plan name	LARSEN, MELVIN PSP	
b	Name of plan sponsor	LARSEN, MELVIN	c EIN-PN 92-0112791-999
a	Plan name	LIBERTY LINES TRANSIT, INC. PENSION PLAN	
b	Name of plan sponsor	LIBERTY LINES TRANSIT, INC.	c EIN-PN 13-3096342-001
a	Plan name	LINDQUIST MACHINE CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	LINDQUIST MACHINE CORPORATION	c EIN-PN 39-1288747-001
a	Plan name	LINDT & SPRUNGLI NORTH AMERICA, INC. AND RUSSELL STOVER CHOCOLATES, LLC 401(K) PLAN	
b	Name of plan sponsor	RUSSELL STOVER CANDIES, INC.	c EIN-PN 43-1243415-002
a	Plan name	LOOP LLC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	LOOP LLC	c EIN-PN 72-1335490-001
a	Plan name	MAC PAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAC PAPERS, INC.	c EIN-PN 59-1059698-001
a	Plan name	MACKAY COMMUNICATIONS, INC. EMPLOYEE RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-001
a	Plan name	MACKAY COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-002
a	Plan name	MAINTAINCO/STARLIFT PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAINTAINCO, INC.	c EIN-PN 22-1628030-001
a	Plan name	MANHATTAN BROADCASTING COMPANY OF MANHATTAN, KANSAS PROFIT SHARING TRUST	
b	Name of plan sponsor	MANHATTAN BROADCASTING CO	c EIN-PN 48-0538710-001
a	Plan name	MANUFACTURERS RESERVE SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MANUFACTURERS RESERVE SUPPLY, INC.	c EIN-PN 22-1090400-002

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.)		
a	Plan name	MARSHALL E. CAMPBELL CO 401K PROFIT SHARING
b	Name of plan sponsor	MARSHALL E CAMPELL COMPANY
c	EIN-PN	38-0396632-001
a	Plan name	MARTIN'S FAMOUS PASTRY SHOPPE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MARTINS FAMOUS PASTRY SHOPPE, INC.
c	EIN-PN	25-1291977-001
a	Plan name	MATRIX MACHINE, INC. PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	MATRIX MACHINE, INC.
c	EIN-PN	86-0363560-001
a	Plan name	MBDA INCORPORATED EMPLOYEES SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	MBDA INCORPORATED
c	EIN-PN	36-3778090-002
a	Plan name	ME WEST CASTINGS PENSION PLAN FOR TEMPE BARGAINING UNIT EMPLOYEES
b	Name of plan sponsor	ME GLOBAL INC.
c	EIN-PN	62-1870545-001
a	Plan name	MEGEN CONSTRUCTION COMPANY, INC. 401(K) SALARY REDUCTION PLAN
b	Name of plan sponsor	MEGEN CONSTRUCTION COMPANY, INC.
c	EIN-PN	31-1397782-001
a	Plan name	MID RIVERS TELEPHONE COOPERATIVE INC EMPLOYEES SAV
b	Name of plan sponsor	MID-RIVERS TELEPHONE COOPERATIVE IN
c	EIN-PN	81-0239277-003
a	Plan name	MIDWEST HARDWOOD CORPORATION 401(K) PLAN
b	Name of plan sponsor	MIDWEST HARDWOOD CORPORATION
c	EIN-PN	41-1432572-001
a	Plan name	MISSION NEIGHBORHOOD HEALTH CENTER 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MISSION NEIGHBORHOOD HEALTH CENTER
c	EIN-PN	94-2284365-001
a	Plan name	MONEYTREE, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	MONEYTREE, INC.
c	EIN-PN	91-1218621-001
a	Plan name	MORAVIAN CHURCH NORTHERN PROVINCE AMENDED AND RESTATED 403(B)(9) PENSION PLAN
b	Name of plan sponsor	MORAVIAN CHURCH NORTHERN PROVINCE
c	EIN-PN	24-0826166-999
a	Plan name	MORRISON-MAIERLE, INC. 401(K) PLAN
b	Name of plan sponsor	MORRISON-MAIERLE, INC.
c	EIN-PN	81-0217149-002

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.)		
a	Plan name MOSBACHER ENERGY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor MOSBACHER ENERGY CO	c EIN-PN 74-1948846-001
a	Plan name MOSBACHER PROPERTIES GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor MOSBACHER PROPERTIES GROUP, LLC	c EIN-PN 13-3980840-002
a	Plan name MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP.	c EIN-PN 14-1623557-005
a	Plan name MOUNTAINVIEW PENSION PLAN	
b	Name of plan sponsor MOUNTAINVIEW NURSING HOME	c EIN-PN 57-0360090-001
a	Plan name MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MSCI INC.	c EIN-PN 13-4038723-001
a	Plan name MURATA MACHINERY USA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURATA MACHINERY USA	c EIN-PN 23-2575678-001
a	Plan name MURRAY CALLOWAY COUNTY HOSPITAL AND CONVALESCENT DIVISION RETIREMENT PLAN	
b	Name of plan sponsor MURRAY-CALLOWAY COUNTY HOSPITAL	c EIN-PN 61-0620567-999
a	Plan name NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS	c EIN-PN 53-0188893-002
a	Plan name NATIONAL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL CONSTRUCTION INC	c EIN-PN 35-1452196-002
a	Plan name NATIONAL INDEMNITY COMPANY EMPLOYEE RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NATIONAL INDEMNITY COMPANY	c EIN-PN 47-0355979-001
a	Plan name NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS EMPLOYEES' SAVINGS & 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS	c EIN-PN 22-1487266-002
a	Plan name NEW MEXICO OIL & GAS ASSOCIATION DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor NEW MEXICO OIL & GAS ASSOCIATION	c EIN-PN 85-0056996-003

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.)			
a	Plan name	NEWCO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NEWCO, INC.	c EIN-PN 84-0533758-002
a	Plan name	NEWTON INSTRUMENT COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEWTON INSTRUMENT COMPANY	c EIN-PN 56-0636072-001
a	Plan name	NOTT COMPANY RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	NOTT COMPANY	c EIN-PN 41-0452050-001
a	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ONEIDA TRIBE OF INDIANS OF WISCONSIN	c EIN-PN 39-6081138-004
a	Plan name	PACIFIC VIEW COMPANIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC VIEW COMPANIES, INC.	c EIN-PN 95-2002255-001
a	Plan name	PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	PARTRIDGE WELL DRILLING COMPANY, INC.	c EIN-PN 59-1564237-001
a	Plan name	PBA EMPLOYEES AND FUND OFFICE STAFF PENSION PLAN	
b	Name of plan sponsor	PATROLMENS BENEVOLENT ASSOCIATION	c EIN-PN 13-5308915-333
a	Plan name	PBI PERFORMANCE PRODUCTS, INC. HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PBI PERFORMANCE PRODUCTS, INC.	c EIN-PN 20-1977207-002
a	Plan name	PEACHTREE PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	PEACHTREE PACKAGING, INC.	c EIN-PN 74-2033278-001
a	Plan name	PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC	
b	Name of plan sponsor	DELANEY TELECOM, INC	c EIN-PN 23-2388066-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF OUR LADY OF PERPETUAL HELP HOME	
b	Name of plan sponsor	OUR LADY OF PERPETUAL HELP HOME	c EIN-PN 58-0566234-999
a	Plan name	PENSION PLAN FOR EMPLOYEES OF SHINTECH INC. AND CERTAIN AFFILIATES	
b	Name of plan sponsor	SHINTECH INCORPORATED	c 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.)			
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES - MICHIGAN PLAN	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 38-2796098-001
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF TIMBER PRODUCTS COMPANY	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF TIMBER PRODUCTS COMPANY & AFFILIATES	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-002
a	Plan name	PENSION PLAN FOR THE EMPLOYEES OF THE SYNOD OF THE PACIFIC	
b	Name of plan sponsor	SYNOD OF THE PACIFIC	c EIN-PN 23-7217973-001
a	Plan name	PENSION PLAN FOR THE SERVICE EMPLOYEES' LOCAL NO. 1 S.E.I.U.	
b	Name of plan sponsor	SERVICE EMPLOYEES LOCAL NO. 1	c EIN-PN 36-0899855-004
a	Plan name	PENSKE MOTOR GROUP 401K PLAN	
b	Name of plan sponsor	PENSKE MOTOR GROUP	c EIN-PN 45-4060873-001
a	Plan name	PEOPLES BANK OF GRACEVILLE PROFIT SHARING PLAN	
b	Name of plan sponsor	PEOPLES BANK OF GRACEVILLE	c EIN-PN 59-1510993-001
a	Plan name	PERFORMANCE GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENSKE RACING SOUTH, INC.	c EIN-PN 22-3024255-002
a	Plan name	PHOENIX TUBE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX TUBE COMPANY, INC.	c EIN-PN 22-2330200-001
a	Plan name	PILOT CORPORATION OF AMERICA EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	PILOT CORPORATION OF AMERICA	c EIN-PN 11-2277015-002
a	Plan name	PIMA MEDICAL INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	PIMA MEDICAL INSTITUTE	c EIN-PN 86-0260863-001
a	Plan name	PL SUBSIDIARY, INC. 401(K) PLAN	
b	Name of plan sponsor	PL SUBSIDIARY, INC.	c EIN-PN 56-1571891-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name POARCH BAND OF CREEK INDIANS 401-K GOVERNMENT PLAN		
b	Name of plan sponsor POARCH BAND OF CREEK INDIANS	c	EIN-PN 63-0705119-999
a	Plan name POLYDECK SCREEN CORPORATION 401(K) PLAN		
b	Name of plan sponsor POLYDECK SCREEN CORPORATION	c	EIN-PN 57-0673179-001
a	Plan name PORKY PRODUCTS, INC. EMPLOYEES PROFIT SHARING AND 401(K) PLAN		
b	Name of plan sponsor PORKY PRODUCTS	c	EIN-PN 13-1956931-001
a	Plan name PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN		
b	Name of plan sponsor PREMIER HOME HEALTH CARE SERVICES, INC.	c	EIN-PN 13-3452656-001
a	Plan name PROFESSIONAL SERVICES GROUP PENSION PLAN FOR BRIDGEPORT EMPLOYEES		
b	Name of plan sponsor WASCO, LLC VEOLIA NORTH AMERICA	c	EIN-PN 33-0266015-021
a	Plan name PROFIT SHARING PLAN FOR EMMET, MARVIN & MARTIN LLP		
b	Name of plan sponsor EMMET, MARVIN & MARTIN LLP	c	EIN-PN 13-5054210-002
a	Plan name QUALIFIED RETIREMENT PLAN FOR J.J. ASSOCIATES, INC.		
b	Name of plan sponsor J.J. ASSOCIATES, INC.	c	EIN-PN 91-1257897-001
a	Plan name RADIATION ONCOLOGY ASSOC., CHTD PROFIT SHARING PLAN		
b	Name of plan sponsor RADIATION ONCOLOGY ASSOC., CHTD	c	EIN-PN 88-0217865-001
a	Plan name RCS 401(K) RETIREMENT PLAN		
b	Name of plan sponsor RETAIL CONSTRUCTION SERVICES, INC.	c	EIN-PN 41-1330800-002
a	Plan name REEVE ELECTRIC COMPANY INC. EMPLOYEES 401(K) PLAN & TRUST		
b	Name of plan sponsor REEVE ELECTRIC COMPANY INC.	c	EIN-PN 63-0462902-001
a	Plan name RELIABLE CREDIT ASSOCIATION, INC. PROFIT SHARING AND TRUST		
b	Name of plan sponsor RELIABLE CREDIT ASSOCIATION, INC.	c	EIN-PN 93-0472382-001
a	Plan name RET PLN FOR EMPL OF MNAA		
b	Name of plan sponsor METROPOLITAN NASHVILLE AIRPORT AUTHORITY	c	EIN-PN 62-0819271-999

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.)			
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROCK HILL COCA-COLA BOTTLING COMPANY	
b	Name of plan sponsor	ROCK HILL COCA-COLA BOTTLING COMPANY	c EIN-PN 57-0236040-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROYAL GORGE COMPANY OF COLORADO	
b	Name of plan sponsor	ROYAL GORGE COMPANY OF COLORADO	c EIN-PN 75-0922562-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE LIBERTY NATIONAL BANK IN PARIS	
b	Name of plan sponsor	THE LIBERTY NATIONAL BANK IN PARIS	c EIN-PN 75-0393555-001
a	Plan name	RETIREMENT PLAN FOR HOURLY EMPLOYEES OF TEXAS LEHIGH CEMENT COMPANY LP	
b	Name of plan sponsor	TEXAS-LEHIGH CEMENT COMPANY	c EIN-PN 75-2109658-002
a	Plan name	RETIREMENT PLAN FOR THE BOTTLING EMPLOYEES OF SWIRE PACIFIC HOLDINGS INC. AND ITS AFFILIATES	
b	Name of plan sponsor	SWIRE HOLDINGS INC AND ITS AFFILIATES	c EIN-PN 87-0424812-001
a	Plan name	RETIREMENT PLAN OF JERAS CORPORATION	
b	Name of plan sponsor	JERAS CORP	c EIN-PN 23-1163960-001
a	Plan name	RETIREMENT PLAN OF LOUISIANA PIGMENT COMPANY, L.P.	
b	Name of plan sponsor	LOUISIANA PIGMENT COMPANY LP	c EIN-PN 72-1249283-002
a	Plan name	RETIREMENT SAVINGS PLAN OF WINSTON-SALEM TRANSIT AUTHORITY	
b	Name of plan sponsor	TRANSDEV SERVICES, INC.	c EIN-PN 52-1493194-005
a	Plan name	REVISED RANSOM & RANDOLPH PENSION PLAN	
b	Name of plan sponsor	RANSOM & RANDOLPH, LLC	c EIN-PN 85-4287075-007
a	Plan name	ROBINSON TOWNSHIP POLICE DB TRUST	
b	Name of plan sponsor	ROBINSON TOWNSHIP	c EIN-PN 25-6002657-999
a	Plan name	ROCKY MOUNTAIN CHOCOLATE FACTORY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN CHOCOLATE FACTORY, INC.	c EIN-PN 84-0910696-001
a	Plan name	ROTARY CORPORATION 401(K) PROFIT SAVINGS PLAN	
b	Name of plan sponsor	ROTARY CORPORATION	c EIN-PN 58-0959394-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RP AUTOMOTIVE II RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RP AUTOMOTIVE II, INC.	c EIN-PN 26-2643749-001
a	Plan name	RP AUTOMOTIVE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RP AUTOMOTIVE, INC.	c EIN-PN 90-0389057-001
a	Plan name	SAVINGS PLAN FOR ASSOCIATES OF EMMET, MARVIN & MARTIN, LLP	
b	Name of plan sponsor	EMMET, MARVIN & MARTIN, LLP	c EIN-PN 13-5054210-003
a	Plan name	SAVOR STREET FOODS, INC. RETIREMENT SAVINGS	
b	Name of plan sponsor	SAVOR STREET FOODS, INC.	c EIN-PN 23-2048971-003
a	Plan name	SAWS RETIREE HEALTH TR	
b	Name of plan sponsor	SAN ANTONIO WATER SYSTEM	c EIN-PN 74-2632530-999
a	Plan name	SCOTTMADDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTTMADDEN, INC.	c EIN-PN 56-1445505-001
a	Plan name	SEATON PUBLISHING COMPANY, INC. OF MANHATTAN, KANSAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEATON PUBLISHING INC	c EIN-PN 48-0507216-001
a	Plan name	SEW-EURODRIVE, INC. PROFIT SHARING/401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SEW-EURODRIVE, INC.	c EIN-PN 31-0870891-001
a	Plan name	SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SHERIDAN NEWSPAPERS, INC.	c EIN-PN 83-0161919-001
a	Plan name	SIERRA CLUB 1081 PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor	SIERRA CLUB	c EIN-PN 94-1153307-001
a	Plan name	SILVER BOW CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	SILVER BOW CONSTRUCTION, INC.	c EIN-PN 92-0048332-001
a	Plan name	SLOUGH EQUIPMENT COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	SLOUGH EQUIPMENT COMPANY	c EIN-PN 75-1588907-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SMC INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SOIL AND MATERIAL CONSULTANTS INC	c EIN-PN 36-3094075-001
a	Plan name	SNBL U.S.A. LTD. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SNBL USA, LTD.	c EIN-PN 54-1595945-001
a	Plan name	SOLAR CITY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOLAR CITY, INC.	c EIN-PN 59-2010522-001
a	Plan name	SOUTHEASTERN CONCRETE PRODUCTS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN CONCRETE PRODUCTS COMPANY	c EIN-PN 57-0281727-003
a	Plan name	SOUTHERN OREGON ORTHOPEDICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHERN OREGON ORTHOPEDICS, INC.	c EIN-PN 93-0587572-001
a	Plan name	SOUTHWIRE COMPANY HOURLY PENSION PLAN	
b	Name of plan sponsor	SOUTHWIRE COMPANY, LLC	c EIN-PN 58-2020515-013
a	Plan name	SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN	
b	Name of plan sponsor	SOUTHWORTH-MILTON, INC.	c EIN-PN 02-0258444-004
a	Plan name	ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN	
b	Name of plan sponsor	ST. PETERS HEALTH	c EIN-PN 81-0233121-001
a	Plan name	STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor	MARBIL REALTY CORP.	c EIN-PN 22-1723208-002
a	Plan name	STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor	STANDARD TILE IMPORTS, INC.	c EIN-PN 22-2284706-001
a	Plan name	STANISLAUS FARM SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANISLAUS FARM SUPPLY	c EIN-PN 94-1147776-001
a	Plan name	STEINHAFELS INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	STEINHAFELS INC.	c EIN-PN 39-0975161-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	STEUBEN FOODS SAVINGS PLAN
b	Name of plan sponsor	STEUBEN FOODS INCORPORATED
c	EIN-PN	22-2407431-002
a	Plan name	STEVENS AERSOSPACE AND DEFENSE SYSTEMS, LLC. 401(K) SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	STEVENS AVIATION, INC.
c	EIN-PN	57-0885551-001
a	Plan name	STOEL RIVES LLP CASH BALANCE PLAN
b	Name of plan sponsor	STOEL RIVES LLP
c	EIN-PN	93-0408771-012
a	Plan name	STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST
b	Name of plan sponsor	STRUCTURAL GROUP
c	EIN-PN	52-1071818-001
a	Plan name	SUBARU DISTRIBUTORS CORP RETIREMENT PLAN & TRUST
b	Name of plan sponsor	SUBARU DISTRIBUTORS CORP.
c	EIN-PN	13-2801921-002
a	Plan name	T. D. BROWN OIL CO. OF GADSDEN INC. PROFIT SHARING PLAN
b	Name of plan sponsor	T.D. BROWN OIL CO. OF GADSDEN INC.
c	EIN-PN	63-0819006-001
a	Plan name	TATA CHEMICALS (SODA ASH) PARTNERS HOURLY EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	TATA CHEMICALS (SODA ASH) PARTNERS
c	EIN-PN	22-2802279-004
a	Plan name	TCP PETCOKE CORPORATION 401(K) PLAN
b	Name of plan sponsor	TCP PETCOKE CORPORATION
c	EIN-PN	13-3649267-002
a	Plan name	TCS 401(K) PLAN
b	Name of plan sponsor	TATA AMERICA INTERNATIONAL CORPORATION
c	EIN-PN	13-2805758-001
a	Plan name	TEICHERT, INC. EMPLOYEE STOCK BONUS PLAN
b	Name of plan sponsor	A TEICHERT, INC.
c	EIN-PN	94-0919260-003
a	Plan name	TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN
b	Name of plan sponsor	TENSION ENVELOPE CORPORATION
c	EIN-PN	22-1589367-005
a	Plan name	THE AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY, INC. EMPLOYEES PENSION PLAN
b	Name of plan sponsor	AMERICAN BOARD OF PSYCHIATRY
c	EIN-PN	41-0654864-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	THE ASSURANCE GROUP 401(K) PLAN
b	Name of plan sponsor	THE ASSURANCE GROUP
c	EIN-PN	22-2179111-001
a	Plan name	THE BICYCLE SHOP, INC. PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	BICYCLE SHOP, INC.
c	EIN-PN	92-0071490-001
a	Plan name	THE CAMBAY GROUP MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE CAMBAY GROUP, INC.
c	EIN-PN	82-3703505-001
a	Plan name	THE CHRISTIAN BARTON PROFIT SHARING PLAN
b	Name of plan sponsor	CHRISTIAN & BARTON, LLP
c	EIN-PN	54-0515971-002
a	Plan name	THE DEPOSITORY TRUST & CLEARING CORPORATION RETIREMENT PLAN
b	Name of plan sponsor	THE DEPOSITORY TRUST & CLEARING CORPORATION
c	EIN-PN	13-4086405-003
a	Plan name	THE GILLETTE PEPSI COMPANIES, INC. PROFIT SHARING & SAVINGS PLAN
b	Name of plan sponsor	THE GILLETTE PEPSI COMPANIES, INC.
c	EIN-PN	81-0868207-002
a	Plan name	THE GRADALL COMPANY EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	GRADALL INDUSTRIES, INC
c	EIN-PN	74-2660540-341
a	Plan name	THE INSTINET SAVINGS PLAN
b	Name of plan sponsor	INSTINET
c	EIN-PN	20-3880413-001
a	Plan name	THE INTERTECH GROUP, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	THE INTERTECH GROUP, INC.
c	EIN-PN	57-0834597-004
a	Plan name	THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	JOS A BANK MANUFACTURING
c	EIN-PN	36-3189198-002
a	Plan name	THE MANCINI PACKING COMPANY 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	THE MANCINI PACKING COMPANY
c	EIN-PN	06-0438946-001
a	Plan name	THE MODIFIED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	CENTRAL VALLEY AG
c	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.)			
a	Plan name	THE MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORNING STAR COMPANY	c EIN-PN 94-2421552-003
a	Plan name	THE NORTH WEST COMPANY (INTERNATIONAL) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	THE NORTH WEST COMPANY	c EIN-PN 92-0144184-001
a	Plan name	THE RANDALL GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE RANDALL GROUP, INC.	c EIN-PN 93-1147033-002
a	Plan name	THE RESTATED AG PROCESSING INC RETIREMENT PLAN	
b	Name of plan sponsor	AG PROCESSING INC	c EIN-PN 42-0615016-020
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FIVE STAR COOPERATIVE	c EIN-PN 42-0179380-001
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	PRAIRIE AG COOPERATIVE	c EIN-PN 42-0243950-001
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	LANDUS COOPERATIVE	c EIN-PN 42-0243650-020
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FARMERS COOPERATIVE ELEVATOR	c EIN-PN 42-0243480-001
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	CEDAR COUNTY COOPERATIVE	c EIN-PN 42-0172530-001
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	SILVEREDGE COOPERATIVE	c EIN-PN 39-1900230-001
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	HEARTLAND COOPERATIVE	c EIN-PN 42-0242420-020
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	HAWKEYE COOPERATIVE COMPANY C/O FARMERS WIN COOP	c EIN-PN 42-0782088-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	UNITED FARMERS COOPERATIVE	c EIN-PN 42-0241770-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	GREEN PLAINS GRAIN COMPANY LLC	c EIN-PN 26-2042403-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	STATELINE COOPERATIVE	c EIN-PN 42-1023410-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FCSTONE GROUP, INC.	c EIN-PN 42-1091210-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	NEW VISION COOP	c EIN-PN 41-1916780-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FARMERS UNION COOP TRANSPORT	c EIN-PN 47-0159778-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	GOLD-EAGLE COOPERATIVE	c EIN-PN 42-0243700-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	RIVER VALLEY COOPERATIVE	c EIN-PN 42-0244210-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FARMERS COOPERATIVE COMPANY	c EIN-PN 42-0484570-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	UNITED COOPERATIVE	c EIN-PN 42-1079220-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FARMERS COOPERATIVE COMPANY	c EIN-PN 42-0242040-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor	FARMER DIRECT FOODS, INC.	c 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.)		
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	COOPERATIVE FARMERS ELEVATOR
c	EIN-PN	42-0244070-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	MID IOWA COOP
c	EIN-PN	42-0131810-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	BUCKINGHAM CO-OPERATIVE CO.
c	EIN-PN	42-0925005-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	FARMERS COOPERATIVE SOCIETY
c	EIN-PN	42-0243080-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	FARMERS COOPERATIVE ELEVATOR COMPANY
c	EIN-PN	41-1892592-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	21ST CENTURY COOPERATIVE COMPANY
c	EIN-PN	42-0241690-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	MINNESOTA GRAIN & FEED ASSOCIATION
c	EIN-PN	41-0248640-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	INNOVATIVE AG SERVICES CO.
c	EIN-PN	20-2096489-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	OSAGE COOPERATIVE ELEVATOR
c	EIN-PN	42-0625867-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	FARMERS COOPERATIVE ASSOCIATION
c	EIN-PN	42-1080586-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	FARMERS UNION COOPERATIVE
c	EIN-PN	42-0243030-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	VIAFIELD
c	EIN-PN	42-0243960-020

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.)		
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	NORTH IOWA COOPERATIVE
c	EIN-PN	42-1177465-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	NEW COOPERATIVE, INC.
c	EIN-PN	42-1009976-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	GOLDEN GROWERS COOPERATIVE
c	EIN-PN	27-1312571-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	CORNERSTONE FEED, L.C. C/O KEY COOPERATIVE
c	EIN-PN	39-1905059-020
a	Plan name	THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
b	Name of plan sponsor	NORTHERN COUNTRY COOPERATIVE
c	EIN-PN	42-0539815-020
a	Plan name	THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES
b	Name of plan sponsor	ASSOCIATED BENEFITS CORPORATION
c	EIN-PN	42-1279416-030
a	Plan name	THE TYDEN SEAL COMPANY USW RETIREMENT INCOME PLAN
b	Name of plan sponsor	E.J. BROOKS COMPANY
c	EIN-PN	22-0793310-002
a	Plan name	THERMWELL PRODUCTS CO. EMPLOYEES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THERMWELL PRODUCTS CO., INC.
c	EIN-PN	22-2177331-001
a	Plan name	TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN
b	Name of plan sponsor	TIMBER PRODUCTS CO
c	EIN-PN	36-2639465-003
a	Plan name	TLINGIT & HAIDA INDIAN TRIBES RETIREMENT AND 401(K) PLAN
b	Name of plan sponsor	CENTRAL COUNCIL TLINGIT AND HAIDA INDIAN TRIBES
c	EIN-PN	92-0036505-999
a	Plan name	TOLTZ, KING, DUVALL, ANDERSON & ASSOCIATES, INC. 401(K) FLEXIBLE SAVINGS PLAN
b	Name of plan sponsor	TOLTZ KING DUVALL ANDERSON & ASSOC
c	EIN-PN	41-0579540-001
a	Plan name	TOWN PUMP, ET AL 401(K) PLAN
b	Name of plan sponsor	TOWN PUMP, ET AL
c	EIN-PN	81-0270360-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	TRUCK EQUIPMENT, INC. EMPLOYEE STOCK OWNERSHIP PLAN
b	Name of plan sponsor	TRUCK EQUIPMENT, INC.
c	EIN-PN	42-0955969-002
a	Plan name	TRUMBULL POLICE BENEFIT FUND
b	Name of plan sponsor	TOWN OF TRUMBULL
c	EIN-PN	06-6002110-999
a	Plan name	TWD & ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	TWD & ASSOCIATES
c	EIN-PN	54-1637078-001
a	Plan name	UNITED STARS, INC. PENSION PLAN
b	Name of plan sponsor	UNITED STARS HOLDINGS, INC. DBA UNITED STARS, INC.
c	EIN-PN	30-1150438-002
a	Plan name	UNIV OF ID RETIREE H&W TR- MAP
b	Name of plan sponsor	UNIV OF ID
c	EIN-PN	90-6135532-999
a	Plan name	VARIETY WHOLESALERS, INC. RETIREMENT SAVINGS 401(K) PLAN
b	Name of plan sponsor	VARIETY WHOLESALERS, INC.
c	EIN-PN	56-0653322-002
a	Plan name	VEOLIA NORTH AMERICA PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
b	Name of plan sponsor	VEOLIA NORTH AMERICA, LLC
c	EIN-PN	26-2756568-003
a	Plan name	VICINITY ENERGY PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
b	Name of plan sponsor	VICINITY ENERGY, LLC
c	EIN-PN	38-3680309-002
a	Plan name	VION CORPORATION PROFIT SHARING PLAN
b	Name of plan sponsor	VION CORP.
c	EIN-PN	52-1167763-001
a	Plan name	WALKER INDUSTRIAL PRODUCTS 401(K) PLAN
b	Name of plan sponsor	WALKER INDUSTRIAL PRODUCTS, INC.
c	EIN-PN	11-2421409-001
a	Plan name	WELLBRIDGE 401(K) PLAN AND TRUST
b	Name of plan sponsor	WELLBRIDGE CLUB MANAGEMENT, LLC
c	EIN-PN	26-1717298-001
a	Plan name	WESTERN QUALITY FOODS, LC RETIREMENT PLAN
b	Name of plan sponsor	STREMICKS HERITAGE FOODS, LLC
c	EIN-PN	87-0509318-002

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.)

a Plan name WHITE MT. APACHE TRIBE GOVERNMENTAL PLAN**b** Name of plan sponsor WHITE MOUNTAIN APACHE TRIBE**c** EIN-PN 86-0092030-003**a** Plan name WILCOX FARMS, INC. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor WILCOX FARMS INC**c** EIN-PN 91-0735213-001**a** Plan name WILDWOOD ELECTRONICS INC. PROFIT SHARING PLAN**b** Name of plan sponsor WILDWOOD ELECTRONICS INC.**c** EIN-PN 63-0847110-001**a** Plan name WINTHROP & WEINSTINE, P.A. CASH BALANCE PLAN**b** Name of plan sponsor WINTHROP & WEINSTINE, P.A.**c** EIN-PN 41-1722524-003**a** Plan name WIRTZ MANUFACTURING COMPANY, INC. HOURLY RATED EMPLOYEES PENSION PLAN**b** Name of plan sponsor WIRTZ MANUFACTURING CO., INC.**c** EIN-PN 38-1491059-003**a** Plan name ZENS MANUFACTURING INC PROFIT SHARING PLAN**b** Name of plan sponsor ZENS MANUFACTURING INC**c** EIN-PN 39-0961829-002**a** Plan name ZITO-RUSSELL ARCHITECTS, P.C. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor ZITO-RUSSELL ARCHITECTS, P.C.**c** EIN-PN 20-0688308-002**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

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

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

A Name of plan PRINCIPAL/MULTI-MANAGER SMALL CAP CIT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 45-6648658

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2446000	277000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7000	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	263875000	232341000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5362000	3916000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1249000	310000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	28000	41000

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	272967000	236885000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	6085000	158000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6085000	158000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	266882000	236727000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	3446000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3451000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-264086000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-292286000	
(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)	-1502000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		252000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-106000
c Other income	2c		-3000
d Total income. Add all income amounts in column (b) and enter total	2d		30292000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1467000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	222000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1689000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1689000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28603000
l Transfers of assets:			
(1) To this plan	2l(1)		23757000
(2) From this plan	2l(2)		82515000

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☒ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a			
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.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 _____.