

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>PRINCIPAL/FEDERATED TOTAL RETURN BOND CIT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>  <b>1c</b> Effective date of plan
<b>2a</b> 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) <u>SEI TRUST COMPANY</u>  <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456</u>	<b>2b</b> Employer Identification Number (EIN) <u>46-6584317</u>  <b>2c</b> Plan Sponsor's telephone number <u>610-676-2369</u>  <b>2d</b> 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.

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PRINCIPAL/FEDERATED TOTAL RETURN BOND CIT</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>46-6584317</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>41-6292499-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6712000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF EYE ASSOCIATES OF NEW MEXICO, LTD.	
<b>b</b>	Name of plan sponsor EYE ASSOCIATES OF NEW MEXICO	<b>c</b> EIN-PN 85-0246856-002
<b>a</b>	Plan name ABILL REALTY CORP. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor ABILL REALTY CORP.	<b>c</b> EIN-PN 22-1768133-001
<b>a</b>	Plan name 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 ANDEX INDUSTRIES INC & ANTHONY & CO. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ANDEX INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1652680-001
<b>a</b>	Plan name ANIAK LIGHT & POWER COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANIAK LIGHT & POWER COMPANY, INC.	<b>c</b> EIN-PN 92-0072174-002
<b>a</b>	Plan name AQUATEX WATER CONDITIONING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AQUATEX WATER CONDITIONING INC	<b>c</b> EIN-PN 76-0110237-001
<b>a</b>	Plan name ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor ARROW SHED, LLC	<b>c</b> EIN-PN 27-1885904-001
<b>a</b>	Plan name 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 BRAUNSTEIN & STEWART PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAUNSTEIN & STEWART A PROF CORP	<b>c</b> EIN-PN 95-2690123-001
<b>a</b>	Plan name BUFFALO CRUSHED STONE PENSION PLAN FOR HOURLY RATED EMPLOYEES	
<b>b</b>	Name of plan sponsor NEW ENTERPRISE STONE & LIME CO., INC.	<b>c</b> EIN-PN 23-1374051-001
<b>a</b>	Plan name BUILDERS PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUILDERS PRODUCTS INC	<b>c</b> EIN-PN 74-1227450-001
<b>a</b>	Plan name CHARTER PROPERTIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHARTER PROPERTIES, INC.	<b>c</b> EIN-PN 56-0953735-002

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 CHESTER COUNTY NATURAL GAS AUTHORITY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor CHESTER COUNTY NATURAL GAS AUTHORITY	<b>c</b> EIN-PN 57-6008075-999
<b>a</b>	Plan name CITATION BOX AND PAPER CO. PROFIT SHARING PLAN AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor CITATION BOX & PAPER CO.	<b>c</b> EIN-PN 36-2201785-001
<b>a</b>	Plan name CITY OF ARLINGTON PST/DIP	
<b>b</b>	Name of plan sponsor CITY OF ARLINGTON	<b>c</b> EIN-PN 75-6000450-999
<b>a</b>	Plan name CITY OF DELANO PENSION	
<b>b</b>	Name of plan sponsor CITY OF DELANO	<b>c</b> EIN-PN 95-6000702-999
<b>a</b>	Plan name CITY OF MARQUETTE POLICE & FIRE	
<b>b</b>	Name of plan sponsor CITY OF MARQUETTE	<b>c</b> EIN-PN 38-6113682-999
<b>a</b>	Plan name CITY OF SPRINGFIELD, OREGON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY OF SPRINGFIELD	<b>c</b> EIN-PN 93-6002558-999
<b>a</b>	Plan name CNPPD EMPLOYEES RETIREMENT PLAN DB	
<b>b</b>	Name of plan sponsor CENTRAL NEBRASKA PUBLIC POWER DISTRICT	<b>c</b> EIN-PN 47-6000076-999
<b>a</b>	Plan name CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY DEFINED BENEFIT PLAN & TRUST	
<b>b</b>	Name of plan sponsor REGIONAL TRANSPORTATION AUTHORITY	<b>c</b> EIN-PN 74-2390259-999
<b>a</b>	Plan name COVINA VALLEY UROLOGIC MEDICAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.	<b>c</b> EIN-PN 54-2122693-001
<b>a</b>	Plan name CROSBY TUGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CROSBY TUGS, LLC	<b>c</b> EIN-PN 72-0914194-001
<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 DIMENSION-POLYANT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GAMMA HOLDING USA	<b>c</b> EIN-PN 06-1310091-001

<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	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	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	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	G.E. HUEBNER CONCRETE CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G.E. HUEBNER CONCRETE, INC.	<b>c</b> EIN-PN 74-1926465-001
<b>a</b>	Plan name	GCHI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	<b>c</b> EIN-PN 57-0997411-006
<b>a</b>	Plan name	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	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	GUNNISON FIREMENS PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF GUNNISON	<b>c</b> EIN-PN 84-6000673-999
<b>a</b>	Plan name	HALLSTAR SERVICES CORP. HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	<b>c</b> EIN-PN 20-0924709-002
<b>a</b>	Plan name	HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	<b>c</b> EIN-PN 20-0924709-003
<b>a</b>	Plan name	HARRISON INTERESTS, LTD. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARRISON INTERESTS, LTD.	<b>c</b> EIN-PN 74-2062734-001

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 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 HERBERT BRAUNSTEIN MD & ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor ARROWHEAD PATHOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 95-2690123-002
<b>a</b>	Plan name HOLES OF SAN ANTONIO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOLES OF SAN ANTONIO, INC.	<b>c</b> EIN-PN 74-2113095-001
<b>a</b>	Plan name INGRAM WALLIS & COMPANY EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INGRAM WALLIS & COMPANY	<b>c</b> EIN-PN 74-2073801-002
<b>a</b>	Plan name ISPC, P.A. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISPC, P.A.	<b>c</b> EIN-PN 36-4510829-001
<b>a</b>	Plan name 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

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 JOHN A. KNUTSON & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN A. KNUTSON & COMPANY	<b>c</b> EIN-PN 41-0879566-001
<b>a</b>	Plan name KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor KENOSHA BEEF INTERNATIONAL, LTD.	<b>c</b> EIN-PN 39-0994777-003
<b>a</b>	Plan name KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES' PENSION PLAN FOR NON-UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor KENOSHA BEEF INTERNATIONAL, LTD.	<b>c</b> EIN-PN 39-0994777-001
<b>a</b>	Plan name KEYSTONE CEMENT COMPANY RETIREMENT FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor GIANT CEMENT HOLDING, INC.	<b>c</b> EIN-PN 20-2268581-002
<b>a</b>	Plan name KURT S. ADLER, INC EMPLOYEES PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KURT S. ADLER, INC	<b>c</b> EIN-PN 13-5654539-001
<b>a</b>	Plan name LAKEWOOD CEMETERY ASSOCIATION PENSION PLAN	
<b>b</b>	Name of plan sponsor LAKEWOOD CEMETERY ASSOCIATION	<b>c</b> EIN-PN 41-0364020-001
<b>a</b>	Plan name LANGFORD TOOL & DRILL CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANGFORD TOOL & DRILL	<b>c</b> EIN-PN 41-0808861-001
<b>a</b>	Plan name LAREDO TRANSIT MANAGEMENT, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LAREDO TRANSIT MANAGEMENT, INC.	<b>c</b> EIN-PN 02-0668666-002
<b>a</b>	Plan name LARSEN, MELVIN PSP	
<b>b</b>	Name of plan sponsor LARSEN, MELVIN	<b>c</b> EIN-PN 92-0112791-999
<b>a</b>	Plan name LEROY SPRINGS & COMPANY, INC. 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEROY SPRINGS & COMPANY, INC.	<b>c</b> EIN-PN 57-0344121-002
<b>a</b>	Plan name LIBERTY LINES TRANSIT, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor LIBERTY LINES TRANSIT, INC.	<b>c</b> EIN-PN 13-3096342-001
<b>a</b>	Plan name LOOP LLC EMPLOYEES' CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor LOOP LLC	<b>c</b> EIN-PN 72-1335490-003

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>MANHATTAN BROADCASTING COMPANY OF MANHATTAN, KANSAS PROFIT SHARING TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MANHATTAN BROADCASTING CO</b>	<b>c</b> EIN-PN <b>48-0538710-001</b>
<b>a</b>	Plan name <b>MATRIX MACHINE, INC. PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MATRIX MACHINE, INC.</b>	<b>c</b> EIN-PN <b>86-0363560-001</b>
<b>a</b>	Plan name <b>ME WEST CASTINGS PENSION PLAN FOR TEMPE BARGAINING UNIT EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>ME GLOBAL INC.</b>	<b>c</b> EIN-PN <b>62-1870545-001</b>
<b>a</b>	Plan name <b>MOELLER ENTERPRISES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOELLER MFG. COMPANY LLC</b>	<b>c</b> EIN-PN <b>38-1723023-005</b>
<b>a</b>	Plan name <b>MONEYTREE, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONEYTREE, INC.</b>	<b>c</b> EIN-PN <b>91-1218621-001</b>
<b>a</b>	Plan name <b>MORAVIAN CHURCH NORTHERN PROVINCE AMENDED AND RESTATED 403(B)(9) PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MORAVIAN CHURCH NORTHERN PROVINCE</b>	<b>c</b> EIN-PN <b>24-0826166-999</b>
<b>a</b>	Plan name <b>MOSBACHER ENERGY COMPANY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOSBACHER ENERGY CO</b>	<b>c</b> EIN-PN <b>74-1948846-001</b>
<b>a</b>	Plan name <b>MOSBACHER PROPERTIES GROUP, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOSBACHER PROPERTIES GROUP, LLC</b>	<b>c</b> EIN-PN <b>13-3980840-002</b>
<b>a</b>	Plan name <b>MOUNTAINVIEW PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOUNTAINVIEW NURSING HOME</b>	<b>c</b> EIN-PN <b>57-0360090-001</b>
<b>a</b>	Plan name <b>MURRAY CALLOWAY COUNTY HOSPITAL AND CONVALESCENT DIVISION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MURRAY-CALLOWAY COUNTY HOSPITAL</b>	<b>c</b> EIN-PN <b>61-0620567-999</b>
<b>a</b>	Plan name <b>NATIONAL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>35-1452196-002</b>
<b>a</b>	Plan name <b>NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS EMPLOYEES' SAVINGS &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS</b>	<b>c</b> EIN-PN <b>22-1487266-002</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	NEWCO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NEWCO, INC.	<b>c</b> EIN-PN 84-0533758-002
<b>a</b>	Plan name	NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NODAK INSURANCE COMPANY	<b>c</b> EIN-PN 45-0216631-004
<b>a</b>	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEIDA TRIBE OF INDIANS OF WISCONSIN	<b>c</b> EIN-PN 39-6081138-004
<b>a</b>	Plan name	PACIFIC VIEW COMPANIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC VIEW COMPANIES, INC.	<b>c</b> EIN-PN 95-2002255-001
<b>a</b>	Plan name	PENSION PLAN FOR 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	PILOT CORPORATION OF AMERICA EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PILOT CORPORATION OF AMERICA	<b>c</b> EIN-PN 11-2277015-002
<b>a</b>	Plan name	PINEHURST RESORT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PINEHURST, LLC	<b>c</b> EIN-PN 75-1945201-001
<b>a</b>	Plan name	RADIATION ONCOLOGY ASSOC., CHTD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RADIATION ONCOLOGY ASSOC., CHTD	<b>c</b> EIN-PN 88-0217865-001
<b>a</b>	Plan name	RET PLN FOR EMPL OF MNA	
<b>b</b>	Name of plan sponsor	METROPOLITAN NASHVILLE AIRPORT AUTHORITY	<b>c</b> EIN-PN 62-0819271-999
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROCK HILL COCA-COLA BOTTLING COMPANY	
<b>b</b>	Name of plan sponsor	ROCK HILL COCA-COLA BOTTLING COMPANY	<b>c</b> EIN-PN 57-0236040-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROYAL GORGE COMPANY OF COLORADO	
<b>b</b>	Name of plan sponsor	ROYAL GORGE COMPANY OF COLORADO	<b>c</b> EIN-PN 75-0922562-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF THE LIBERTY NATIONAL BANK IN PARIS	
<b>b</b>	Name of plan sponsor THE LIBERTY NATIONAL BANK IN PARIS	<b>c</b> EIN-PN 75-0393555-001
<b>a</b>	Plan name RETIREMENT PLAN FOR HOURLY EMPLOYEES OF TEXAS LEHIGH CEMENT COMPANY LP	
<b>b</b>	Name of plan sponsor TEXAS-LEHIGH CEMENT COMPANY	<b>c</b> EIN-PN 75-2109658-002
<b>a</b>	Plan name RETIREMENT PLAN FOR THE BOTTLING EMPLOYEES OF SWIRE PACIFIC HOLDINGS INC. AND ITS AFFILIATES	
<b>b</b>	Name of plan sponsor SWIRE HOLDINGS INC AND ITS AFFILIATES	<b>c</b> EIN-PN 87-0424812-001
<b>a</b>	Plan name RETIREMENT PLAN OF JERAS CORPORATION	
<b>b</b>	Name of plan sponsor JERAS CORP	<b>c</b> EIN-PN 23-1163960-001
<b>a</b>	Plan name RETIREMENT PLAN OF LOUISIANA PIGMENT COMPANY, L.P.	
<b>b</b>	Name of plan sponsor LOUISIANA PIGMENT COMPANY LP	<b>c</b> EIN-PN 72-1249283-002
<b>a</b>	Plan name REVISED RANSOM & RANDOLPH PENSION PLAN	
<b>b</b>	Name of plan sponsor RANSOM & RANDOLPH, LLC	<b>c</b> EIN-PN 85-4287075-007
<b>a</b>	Plan name ROBINSON TOWNSHIP POLICE DB TRUST	
<b>b</b>	Name of plan sponsor ROBINSON TOWNSHIP	<b>c</b> EIN-PN 25-6002657-999
<b>a</b>	Plan name SEATON PUBLISHING COMPANY, INC. OF MANHATTAN, KANSAS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEATON PUBLISHING INC	<b>c</b> EIN-PN 48-0507216-001
<b>a</b>	Plan name SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHERIDAN NEWSPAPERS, INC.	<b>c</b> EIN-PN 83-0161919-001
<b>a</b>	Plan name SIERRA CLUB 1081 PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor SIERRA CLUB	<b>c</b> EIN-PN 94-1153307-001
<b>a</b>	Plan name SILVER BOW CONSTRUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SILVER BOW CONSTRUCTION, INC.	<b>c</b> EIN-PN 92-0048332-001
<b>a</b>	Plan name SLOUGH EQUIPMENT COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLOUGH EQUIPMENT COMPANY	<b>c</b> EIN-PN 75-1588907-001

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 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 SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN	
<b>b</b>	Name of plan sponsor SOUTHWORTH-MILTON, INC.	<b>c</b> EIN-PN 02-0258444-004
<b>a</b>	Plan name ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ST. PETERS HEALTH	<b>c</b> EIN-PN 81-0233121-001
<b>a</b>	Plan name STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor MARBIL REALTY CORP.	<b>c</b> EIN-PN 22-1723208-002
<b>a</b>	Plan name STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor STANDARD TILE IMPORTS, INC.	<b>c</b> EIN-PN 22-2284706-001
<b>a</b>	Plan name STEVENS AEROSPACE AND DEFENSE SYSTEMS LLC 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STEVENS AEROSPACE AND DEFENSE SYSTEMS, LLC	<b>c</b> EIN-PN 82-3002064-001
<b>a</b>	Plan name STOEL RIVES LLP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor STOEL RIVES LLP	<b>c</b> EIN-PN 93-0408771-012
<b>a</b>	Plan name 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 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

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 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 MODIFIED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor CENTRAL VALLEY AG	<b>c</b> EIN-PN 47-0834827-010
<b>a</b>	Plan name THE RANDALL GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE RANDALL GROUP, INC.	<b>c</b> EIN-PN 93-1147033-002
<b>a</b>	Plan name THE RESTATED AG PROCESSING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AG PROCESSING INC	<b>c</b> EIN-PN 42-0615016-020
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor SILVEREDGE COOPERATIVE	<b>c</b> EIN-PN 39-1900230-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor LANDUS COOPERATIVE	<b>c</b> EIN-PN 42-0243650-020
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE ELEVATOR	<b>c</b> EIN-PN 42-0243480-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor CEDAR COUNTY COOPERATIVE	<b>c</b> EIN-PN 42-0172530-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FIVE STAR COOPERATIVE	<b>c</b> EIN-PN 42-0179380-001
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor HEARTLAND COOPERATIVE	<b>c</b> EIN-PN 42-0242420-020
<b>a</b>	Plan name THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor UNITED FARMERS COOPERATIVE	<b>c</b> EIN-PN 42-0241770-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor COOPERATIVE FARMERS ELEVATOR	<b>c</b> EIN-PN 42-0244070-020

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 MID IOWA COOP	<b>c</b> EIN-PN 42-0131810-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS UNION COOPERATIVE	<b>c</b> EIN-PN 42-0243030-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor VIAFIELD	<b>c</b> EIN-PN 42-0243960-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor GREEN PLAINS GRAIN COMPANY LLC	<b>c</b> EIN-PN 26-2042403-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor STATELINE COOPERATIVE	<b>c</b> EIN-PN 42-1023410-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NEW VISION COOP	<b>c</b> EIN-PN 41-1916780-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor 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 FARMERS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 42-1080586-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE SOCIETY	<b>c</b> EIN-PN 42-0243080-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE ELEVATOR COMPANY	<b>c</b> EIN-PN 41-1892592-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor 21ST CENTURY COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0241690-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor MINNESOTA GRAIN & FEED ASSOCIATION	<b>c</b> EIN-PN 41-0248640-020

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 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 FARMERS UNION COOP TRANSPORT	<b>c</b> EIN-PN 47-0159778-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor GOLD-EAGLE COOPERATIVE	<b>c</b> EIN-PN 42-0243700-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor RIVER VALLEY COOPERATIVE	<b>c</b> EIN-PN 42-0244210-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0484570-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor UNITED COOPERATIVE	<b>c</b> EIN-PN 42-1079220-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE COMPANY	<b>c</b> EIN-PN 42-0242040-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NORTH IOWA COOPERATIVE	<b>c</b> EIN-PN 42-1177465-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NEW COOPERATIVE, INC.	<b>c</b> EIN-PN 42-1009976-020
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor NORTHERN COUNTRY COOPERATIVE	<b>c</b> EIN-PN 42-0539815-020
<b>a</b>	Plan name THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor ASSOCIATED BENEFITS CORPORATION	<b>c</b> EIN-PN 42-1279416-030
<b>a</b>	Plan name THE SPRINGS COMPANY 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE SPRINGS COMPANY	<b>c</b> EIN-PN 57-0145000-001

<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	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	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	UNITED STARS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	UNITED STARS HOLDINGS, INC. DBA UNITED STARS, INC.	<b>c</b> EIN-PN 30-1150438-002
<b>a</b>	Plan name	UNIV OF ID RETIREE H&W TR- MAP	
<b>b</b>	Name of plan sponsor	UNIV OF ID	<b>c</b> EIN-PN 90-6135532-999
<b>a</b>	Plan name	VEOLIA NORTH AMERICA PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	VEOLIA NORTH AMERICA, LLC	<b>c</b> EIN-PN 26-2756568-003
<b>a</b>	Plan name	VICINITY ENERGY PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	VICINITY ENERGY, LLC	<b>c</b> EIN-PN 38-3680309-002
<b>a</b>	Plan name	WHITE MT. APACHE TRIBE GOVERNMENTAL PLAN	
<b>b</b>	Name of plan sponsor	WHITE MOUNTAIN APACHE TRIBE	<b>c</b> EIN-PN 86-0092030-003
<b>a</b>	Plan name	WINTHROP & WEINSTINE, P.A. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WINTHROP & WEINSTINE, P.A.	<b>c</b> EIN-PN 41-1722524-003
<b>a</b>	Plan name	WOLVERINE PIPE LINE COMPANY SAVINGS PLAN FOR EMPLOYEES	
<b>b</b>	Name of plan sponsor	WOLVERINE PIPE LINE COMPANY	<b>c</b> EIN-PN 13-1680453-001
<b>a</b>	Plan name	ZENS MANUFACTURING INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZENS MANUFACTURING INC	<b>c</b> EIN-PN 39-0961829-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRINCIPAL/FEDERATED TOTAL RETURN BOND CIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEI TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>46-6584317</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<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>	2662000	2628000
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	79000	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	192541000	179343000
<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>	78595000	65728000
<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>	3309000	6712000
<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>	34034000	31648000
<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>	2715000	4773000

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	313935000	290832000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	86000	115000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	86000	115000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	313849000	290717000

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	7399000	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	2712000	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		10111000
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2747000	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2747000
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	-261678000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	-260227000	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-6875000	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		230000
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		307000
<b>c</b> Other income .....	<b>2c</b>		2133000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7202000

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	375000	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	201000	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		576000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		576000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6626000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		26797000
(2) From this plan .....	<b>2l(2)</b>		56555000

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