

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>PRINCIPAL/MFS VALUE CIT</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	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) <u>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456</u>	2b Employer Identification Number (EIN) <u>45-6648640</u>
	2c Plan Sponsor's telephone number <u>610-676-2369</u>
	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	<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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 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) <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	9b 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)

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

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

A Name of plan <u>PRINCIPAL/MFS VALUE CIT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>45-6648640</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND A

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

c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5467000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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d Entity code

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d Entity code

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d Entity code

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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:

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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.)		
a	Plan name 401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTICO, INC.	
b	Name of plan sponsor TIGHTICO, 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
a	Plan name ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLERGY PARTNERS PLLC	c EIN-PN 56-1249571-001

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 ALVINE AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALVINE AND ASSOCIATES, INC.	c EIN-PN 47-0469868-001
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 ANCHORAGE FRACTURE AND ORTHOPEDIC CLINIC, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor ANCHORAGE FRACTURE AND ORTHOPEDIC CLINIC, P.C.	c EIN-PN 20-2070854-002
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 ANDREW & SONS, LLC 401(K) PLAN	
b	Name of plan sponsor ANDREW & SONS LLC	c EIN-PN 13-4121233-001
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 ANTHONYS RESTAURANTS PROFIT SHARING PLAN	
b	Name of plan sponsor ANTHONYS	c EIN-PN 91-0889684-001
a	Plan name APEX COLOR 401(K) PLAN	
b	Name of plan sponsor APEX COLOR	c EIN-PN 59-1346610-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
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	ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	ARROW SHED, LLC	c EIN-PN 27-1885904-001
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	ATEK COMPANIES SAVINGS PLAN	
b	Name of plan sponsor	ATEK COMPANIES, INC.	c EIN-PN 47-5196837-003
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	BELL PUMP SERVICE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELL PUMP SERVICE COMPANY, INC.	c EIN-PN 06-0620791-001
a	Plan name	BENECARD 401(K) PLAN	
b	Name of plan sponsor	BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001
a	Plan name	BEST WESTERN INTERNATIONAL, INC. 401(K) INVESTMENT PLAN & TRUST	
b	Name of plan sponsor	BEST WESTERN INTERNATIONAL INC	c EIN-PN 86-0138899-002
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	BORDER STATES ELECTRIC SUPPLY 401(K) PLAN	
b	Name of plan sponsor	BORDER STATES INDUSTRIES, INC.	c EIN-PN 45-0275004-003
a	Plan name	BRANCHPATTERN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRANCHPATTERN, INC.	c EIN-PN 47-0751360-002
a	Plan name	BRAUNSTEIN & STEWART PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAUNSTEIN & STEWART A PROF CORP	c EIN-PN 95-2690123-001

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 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 W DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CW DRIVER CONTRACTORS	c EIN-PN 95-0692430-001
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
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CEC MOTOR & UTILITY SERVICES, LLC. 401(K) PLAN	
b	Name of plan sponsor	CEC MOTOR & UTILITY SERVICES, LLC..	c EIN-PN 27-5084842-001
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	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
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 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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COLUMBIA CORRUGATED BOX CO., INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	COLUMBIA CORRUGATED BOX	c EIN-PN 93-0565177-002
a	Plan name	COMMERCIAL TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL TIRE, INC.	c EIN-PN 82-0289818-001
a	Plan name	CONSTANGY, BROOKS, SMITH & PROPHETE, LLP	
b	Name of plan sponsor	CONSTANGY, BROOKS, SMITH & PROPHETE, LLP	c EIN-PN 58-0616335-002
a	Plan name	CORBION AMERICA HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CSM AMERICA INC.	c EIN-PN 13-3198381-001
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	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
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	DANIELS CADILLAC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIELS BMW	c EIN-PN 23-1601170-001
a	Plan name	DAVIS, BROWN, KOEHN, SHORS & ROBERTS P.C. RETIREMENT PLAN	
b	Name of plan sponsor	DAVIS, BROWN, KOEHN, SHORS & ROBERTS	c EIN-PN 42-1343884-001

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 DAY & ZIMMERMANN RETIREMENT PLAN	
b	Name of plan sponsor DAY & ZIMMERMANN GROUP, INC.	c EIN-PN 23-3024522-013
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 DICON FIBEROPTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DICON FIBEROPTICS, INC.	c EIN-PN 94-3006185-001
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 DODSON BROS. EXTERMINATING CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DODSON BROTHERS EXTERMINATING CO., INC.	c EIN-PN 54-0624996-001
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
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 ELECTRO MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ELECTRO MANAGEMENT CORP	c EIN-PN 42-1197181-002

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 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 EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN OF U.S. AIR CONDITIONING DISTRIBUTORS	
b	Name of plan sponsor US AIRCONDITIONING DISTRIBUTORS, LLC	c EIN-PN 26-0852920-001
a	Plan name EMS-CHEMIE (NORTH AMERICA) INC. RETIREMENT PLAN	
b	Name of plan sponsor EMS-CHEMIE NORTH AMERICA INC.	c EIN-PN 57-0703806-003
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 FENNER DUNLOP (PORT CLINTON) UNION 401(K) PLAN	
b	Name of plan sponsor FENNER DUNLOP (PORT CLINTON) INC.	c EIN-PN 31-1151108-005
a	Plan name FENNER DUNLOP RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor FENNER DUNLOP AMERICAS, INC.	c EIN-PN 58-0255700-001
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

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	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
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	GEOCON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GEOCON INC	c EIN-PN 94-1750457-001
a	Plan name	GEOLOGICS CORPORATION 401L(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEOLOGICS CORPORATION	c EIN-PN 52-1638914-001
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	GLENDIVE MEDICAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLENDIVE 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	GRAHAM HOSPITAL THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor	GRAHAM HOSPITAL	c EIN-PN 37-0673506-002
a	Plan name	GRAND ISLAND CLINIC, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GRAND ISLAND CLINIC INC	c EIN-PN 47-0176330-001

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 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
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

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 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
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 INDUSTRY EMPLOYEES INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor INDUSTRY EMPLOYEES INCENTIVE SAVING	c EIN-PN 95-3075353-333
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 IOWA BANKERS INSURANCE AND SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor IOWA BANKERS INSURANCE & SERVICES I	c EIN-PN 42-0984998-002
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

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 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 B HENDERSON CONSTRUCTION CO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JACK B HENDERSON CONSTRUCTION CO IN	c EIN-PN 85-0200020-003
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 JACK RESNICK & SONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor JACK RESNICK & SONS, INC.	c EIN-PN 13-2575503-002
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 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 JONES COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor JONES MANUFACTURING COMPANY, INC.	c EIN-PN 62-1296826-001
a	Plan name JW MCCLENAHAN CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JW MCCLENAHAN	c EIN-PN 51-0649863-001
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 KEMPER CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KEMPER CORPORATION	c EIN-PN 95-4255452-003

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	KENNEDY AND GRAVEN CHARTERED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KENNEDY AND GRAVEN CHARTERED	c EIN-PN 41-1225694-008
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	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
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	LARKIN HOFFMAN DALY & LINDGREN LTD PROFIT SHARING PLAN	
b	Name of plan sponsor	LARKIN HOFFMAN DALY & LINDGREN LTD	c EIN-PN 41-0953357-001

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	LARSEN, MELVIN PSP	
b	Name of plan sponsor	LARSEN, MELVIN	c EIN-PN 92-0112791-999
a	Plan name	LEANIN' TREE INC. 401(K) PLAN	
b	Name of plan sponsor	LEANIN TREE, INC.	c EIN-PN 84-1130457-002
a	Plan name	LEROY SPRINGS & COMPANY, INC. 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	LEROY SPRINGS & COMPANY, INC.	c EIN-PN 57-0344121-002
a	Plan name	LESTER RETIREMENT BUILDER SAVINGS PLAN	
b	Name of plan sponsor	LESTER BUILDING SYSTEMS, LLC	c EIN-PN 20-1262938-001
a	Plan name	LHB, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LHB, INC.	c EIN-PN 41-0904334-001
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	LONGS DRUGSTORES OF SC INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LONGS DRUGSTORES OF SC, INC.	c EIN-PN 57-0290371-001
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. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-002
a	Plan name	MAG INSTRUMENT INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAG INSTRUMENT INC	c EIN-PN 95-2912384-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
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
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 MCKMAHON TRUCK CENTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MACK TRUCK SALES OF CHARLOTTE, INC.	c EIN-PN 56-1784884-001
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 MEYDENBAUER CENTER RETIREMENT PLAN & TRUST	
b	Name of plan sponsor MEYDENBAUER CONVENTION CENTER	c EIN-PN 91-1491650-999
a	Plan name MICRO CONTROL 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MICRO CONTROL COMPANY	c EIN-PN 41-1275162-001

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	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	MINNETRONIX, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MINNETRONIX, INC.	c EIN-PN 41-1828303-001
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	MOELLER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	MOELLER MFG. COMPANY LLC	c EIN-PN 38-1723023-005
a	Plan name	MOELLER MANUFACTURING COMPANY AIRCRAFT UNION 401(K) PLAN	
b	Name of plan sponsor	MOELLER MANUFACTURING COMPANY	c EIN-PN 38-1723023-004
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	MORGAN SERVICES, INC. SAVINGS PLUS PLAN	
b	Name of plan sponsor	MORGAN SERVICES INC.	c EIN-PN 36-2904675-040
a	Plan name	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	MORRISON-MAIERLE, INC. 401(K) PLAN	
b	Name of plan sponsor	MORRISON-MAIERLE, INC.	c EIN-PN 81-0217149-002
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

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	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	MUELLER DIE CUT SOLUTIONS, INC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MUELLER DIE CUT SOLUTIONS, INC.	c EIN-PN 22-1541384-002
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 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
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

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 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 PAPER PRODUCTS MARKETING (USA), INC. 401 (K) PLAN	
b	Name of plan sponsor PAPER PRODUCTS MARKETING (USA) INC.	c EIN-PN 93-0794439-001
a	Plan name PARSONS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARSONS CORPORATION & SUBSIDIARIES	c EIN-PN 95-3232481-115
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 PASCUA YAQUI TRIBE ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor PASCUA YAQUI TRIBE ENTERPRISES	c EIN-PN 86-0203228-003
a	Plan name PBBS EQUIPMENT CORP EMPLOYEES PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor PBBS EQUIPMENT CORPORATION	c EIN-PN 39-0888681-001
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	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	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
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

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 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 PROLIFICS, INC. 401(K) PLAN	
b	Name of plan sponsor PROLIFICS CORP	c EIN-PN 11-2497724-001
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 RADIOLOGY CONSULTANTS OF IOWA, PLC 401(K) PLAN	
b	Name of plan sponsor RADIOLOGY CONSULTANTS OF IOWA, PLC	c EIN-PN 42-1480598-001
a	Plan name RAILEX WINE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor RAILEX WINE SERVICES, LLC	c EIN-PN 45-5491596-001
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 REGENCY CENTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REGENCY CENTERS	c EIN-PN 59-3191743-001

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 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 MNA	
b	Name of plan sponsor METROPOLITAN NASHVILLE AIRPORT AUTHORITY	c EIN-PN 62-0819271-999
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 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 ROLEX WATCH U.S.A., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROLEX WATCH U.S.A., INC.	c EIN-PN 13-1574389-001

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	ROTARY CORPORATION 401(K) PROFIT SAVINGS PLAN	
b	Name of plan sponsor	ROTARY CORPORATION	c EIN-PN 58-0959394-001
a	Plan name	ROTELLAS ITALIAN BAKERY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ROTELLAS ITALIAN BAKERY, INC.	c EIN-PN 47-0489748-001
a	Plan name	ROYAL CUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ROYAL CUP, INC.	c EIN-PN 63-0281988-001
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	SEE'S RETIREMENT PLAN	
b	Name of plan sponsor	SEE'S CANDIES, INC.	c EIN-PN 94-0852350-004
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	SHAKER ADVERTISING AGENCY EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SHAKER ADVERTISING AGENCY	c EIN-PN 36-2683937-001
a	Plan name	SHELDONS INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	SHELDONS INC.	c EIN-PN 39-0886011-002

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 SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SHERIDAN NEWSPAPERS, INC.	c EIN-PN 83-0161919-001
a	Plan name SHIMMICK CONSTRUCTION CO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIMMICK CONSTRUCTION CO, INC.	c EIN-PN 94-3107390-001
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
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 SONIFI SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor SONIFI SOLUTIONS, INC.	c EIN-PN 46-0371161-001
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

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 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 STEINBERG DIAGNOSTIC MEDICAL IMAGING 401(K) PLAN	
b	Name of plan sponsor STEINBERG DIAGNOSTIC MEDICAL IMAGING	c EIN-PN 88-0232199-001
a	Plan name STELLAR INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STELLAR INDUSTRIES INC	c EIN-PN 42-1354535-002
a	Plan name STEUBEN FOODS SAVINGS PLAN	
b	Name of plan sponsor STEUBEN FOODS INCORPORATED	c EIN-PN 22-2407431-002
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 STRATEGIC AMERICA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRATEGIC AMERICA, INC.	c EIN-PN 42-1206760-001
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

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 SYMMETRY SURGICAL, INC. 401(K) PLAN	
b	Name of plan sponsor SYMMETRY SURGICAL, INC.	c EIN-PN 47-1523659-001
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 401(K) RETIREMENT SAVINGS PLAN FOR YOH CONTRACT EMPLOYEES	
b	Name of plan sponsor H.L. YOH COMPANY, LLC	c EIN-PN 23-2938400-012
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
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

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 CHRISTIAN BARTON PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN & BARTON, LLP	c EIN-PN 54-0515971-002
a	Plan name	THE COCA-COLA BOTTLERS ASSN. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 58-0198280-002
a	Plan name	THE CYXTERA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CYXTERA MANAGEMENT, INC	c EIN-PN 82-0800913-001
a	Plan name	THE DAVEY 401KSOP AND ESOP	
b	Name of plan sponsor	DAVEY TREE EXPERT CO.	c EIN-PN 34-0176110-004
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 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
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE NATIONAL PEN & ASSOCIATES P/S & SVGS PLAN	
b	Name of plan sponsor	NATIONAL PEN CO. LLC	c EIN-PN 46-0911877-001
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	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	FIVE STAR COOPERATIVE	c EIN-PN 42-0179380-001
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 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
a	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
b	Name of plan sponsor COOPERATIVE FARMERS ELEVATOR	c 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.)	
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 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
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 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

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 SPRINGS COMPANY 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor THE SPRINGS COMPANY	c EIN-PN 57-0145000-001
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 THE WANKE CASCADE PROFIT SHARING PLAN	
b	Name of plan sponsor WANKE CASCADE	c EIN-PN 86-1156612-001
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 TIFFANY & BOSCO, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TIFFANY AND BOSCO P A	c EIN-PN 86-0412236-001
a	Plan name TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN	
b	Name of plan sponsor TIMBER PRODUCTS CO	c EIN-PN 36-2639465-003

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	TIMMONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	TIMMONS GROUP, INC.	c EIN-PN 54-1301413-001
a	Plan name	TISHCON CORP 401(K) PLAN	
b	Name of plan sponsor	TISHCON CORP	c EIN-PN 11-2432386-001
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
a	Plan name	TRANSIT MANAGEMENT OF CHARLOTTE, INC. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	TRANSIT MANAGEMENT OF CHARLOTTE	c EIN-PN 56-1164899-999
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	VEOLIA NORTH AMERICA PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor	VEOLIA NORTH AMERICA, LLC	c EIN-PN 26-2756568-003

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 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 WEBER'S, INC. EMPLOYEES' SAVINGS PLAN & TRUST	
b	Name of plan sponsor WEBERS INN	c EIN-PN 38-1734391-001
a	Plan name WESTERN QUALITY FOODS, LC RETIREMENT PLAN	
b	Name of plan sponsor STREMICKS HERITAGE FOODS, LLC	c EIN-PN 87-0509318-002
a	Plan name WESTIN HOMES AND PROPERTIES LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTIN HOMES AND PROPERTIES LP	c EIN-PN 20-0286051-001
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 WIKOFF COLOR CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor WIKOFF COLOR CORPORATION	c EIN-PN 56-0633683-001
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. 401(K) PLAN & TRUST	
b	Name of plan sponsor WINTHROP & WEINSTINE, P.A.	c EIN-PN 41-1722524-002
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL/MFS VALUE 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) 45-6648640

Part I	Asset and Liability Statement
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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
Assets			
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)	8377000	739000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10000	0
(2) U.S. Government securities	1c(2)	0	5463000
(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)	491678000	459926000
(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)	3985000	5467000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	504050000	471595000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5753000	6402000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5753000	6402000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	498297000	465193000

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)	182000	
(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)		182000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	10921000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10921000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-1080224000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-1130928000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		50704000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2416000	
(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)		19000
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		59410000

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)	1707000	
(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)	338000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2045000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2045000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		57365000
l Transfers of assets:			
(1) To this plan	2l(1)		15847000
(2) From this plan	2l(2)		106316000

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.