

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL/BLACKROCK U.S. AGGREGATE BOND INDEX CIT; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name: SEI TRUST COMPANY; 2b Employer Identification Number (EIN): 20-5699010; 2c Plan Sponsor's telephone number: 610-676-2369; 2d Business code

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

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

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

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

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.	<small>OMB No. 1210-0110</small> 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/BLACKROCK U.S. AGGREGATE BOND INDEX 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>20-5699010</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:	<u>U.S. DEBT INDEX FUND F</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
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)	
<u>94-3291425-001</u>	<u>C</u>	<u>402445000</u>	
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

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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d Entity code

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

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

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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)	
<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	401(K) PLAN AND EMPLOYEES TRUST OF HASTINGS IRRIGATION PIPE CO.	
b	Name of plan sponsor	HASTINGS IRRIGATION PIPE CO.	c EIN-PN 47-0371670-002
a	Plan name	401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTCO, INC.	
b	Name of plan sponsor	TIGHTCO, INC.	c EIN-PN 57-0934530-001
a	Plan name	401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EQUIX, INC.	c EIN-PN 47-2794108-001
a	Plan name	AAA MID-ATLANTIC COMMISSIONED SALESMEN'S PENSION PLAN	
b	Name of plan sponsor	AAA CLUB ALLIANCE INC	c EIN-PN 23-0758010-002
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	ACCESS VG, LLC 401(K) PLAN	
b	Name of plan sponsor	ACCESS VG LLC.	c EIN-PN 87-0432299-002
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	ALLAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLAN INDUSTRIES, INC.	c EIN-PN 22-2647098-001
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
b	Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-004
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE	
b	Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-003
a	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	
b	Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLERGY PARTNERS PLLC	c EIN-PN 56-1249571-001
a	Plan name	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 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	APEX COLOR 401(K) PLAN	
b	Name of plan sponsor	APEX COLOR	c EIN-PN 59-1346610-001
a	Plan name	ASTRO 401(K) PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY FOR RADIATION ONCOLOGY	c EIN-PN 42-0943164-001
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	BENECARD 401(K) PLAN	
b	Name of plan sponsor	BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001

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 BIG L CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BIG L CORPORATION	c EIN-PN 38-1798532-002
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 BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	
b	Name of plan sponsor BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	c EIN-PN 95-3519963-002
a	Plan name BROOKS EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor BROOKS EQUIPMENT COMPANY, INC.	c EIN-PN 88-0161234-002
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-020
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-030
a	Plan name C.D. MOODY CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C.D. MOODY CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1778748-001
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 BIOLOGICAL SUPPLY COMPANY SAVINGS AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor CAROLINA BIO SUPPLY	c EIN-PN 56-0364367-001
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 CARROLL COMPANIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CARROLL COMPANIES, INC.	c EIN-PN 56-1087247-001

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	CASE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	CASE FOODS, INC.	c EIN-PN 52-1702529-001
a	Plan name	CASH-WA DISTRIBUTING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASH WA DISTRIBUTING COMPANY OF KEA	c EIN-PN 47-0499172-002
a	Plan name	CCWD OPEB TRUST	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 47-6386712-999
a	Plan name	CCWD RET PLAN-MAP ACCOUNT	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 94-6000489-999
a	Plan name	CEDAR RIVER CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CEDAR RIVER CONTRACTING	c EIN-PN 42-1433596-001
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	CHARLOTTE REGIONAL BUSINESS ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor	CHARLOTTE REGIONAL BUSINESS ALLIANCE	c EIN-PN 56-0173610-002
a	Plan name	CHERRINGTON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CHERRINGTON INC.	c EIN-PN 87-0383997-001
a	Plan name	CKE SAVINGS PLAN	
b	Name of plan sponsor	CKE RESTAURANTS HOLDINGS, INC.	c EIN-PN 90-0941003-001
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

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	COASTAL CHILDRENS CLINIC, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	COASTAL CHILDRENS CLINIC, P.A.	c EIN-PN 74-1662481-002
a	Plan name	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	COMPREHENSIVE DECOMMISSIONING INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	COMPREHENSIVE DECOMMISSIONING INTERNATIONAL 401(K) PLA	c EIN-PN 83-0628420-001
a	Plan name	CONCRETE BLOCK EMPLOYERS PENSION PLAN	
b	Name of plan sponsor	CONCRETE BLOCK	c EIN-PN 95-4179665-001
a	Plan name	CORVESTA, INC. NEW COMPARABILITY CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	CORVESTA, INC.	c EIN-PN 02-0594515-001
a	Plan name	COUNTY OF VENTURA RETIREMENT PLAN	
b	Name of plan sponsor	VENTURA COUNTY	c EIN-PN 95-6000944-999
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	D & C EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	DILLON SUPPLY COMPANY	c EIN-PN 56-0201300-002
a	Plan name	DANIELS CADILLAC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIELS BMW	c EIN-PN 23-1601170-001
a	Plan name	DECKER TRUCK LINE, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DECKER TRUCK LINE INC	c EIN-PN 42-0860957-001
a	Plan name	DEFERRED SALARY PROFIT SHARING THRIFT PLAN FOR EMPLOYEES OF SCIENCE & TECHNOLOGY	
b	Name of plan sponsor	SCIENCE & TECHNOLOGY CORPORATION	c EIN-PN 54-1144165-001

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 DEGENKOLB ENGINEERS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor DEGENKOLB ENGINEERS	c EIN-PN 94-1432527-002
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 DETROIT ENTERTAINMENT LLC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor DETROIT ENTERTAINMENT, L.L.C.	c EIN-PN 38-3362971-001
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 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 DOBBS COMPANIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREMIER DISTRIBUTING COMPANY	c EIN-PN 85-0301940-001
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 EAR, NOSE & THROAT SPECIALTYCARE OF MINNESOTA, P.A. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor ENT SPECIALTYCARE OF MN, P.A.	c EIN-PN 41-0951475-001
a	Plan name ELECTRO MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ELECTRO MANAGEMENT CORP	c EIN-PN 42-1197181-002
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

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 EMPLOYEES 401(K) PLAN OF NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY, INC.	
b	Name of plan sponsor NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY	c EIN-PN 56-0586973-002
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) PLAN OF THE NORTH CAROLINA FARM BUREAU FEDERATION, INC.	
b	Name of plan sponsor NORTH CAROLINA FARM BUREAU FEDERATION, INC.	c EIN-PN 56-0340590-002
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 ERICKSON COMMUNITY 401(K) PLAN	
b	Name of plan sponsor ERICKSON COMMUNITY	c EIN-PN 52-1874053-002
a	Plan name FGI 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FGI INDUSTRIES INC.	c EIN-PN 22-2860846-001
a	Plan name FLORIDA PLYWOODS INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FLORIDA PLYWOODS, INC.	c EIN-PN 59-0762651-001
a	Plan name 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 GARY M SCHWARZ, DDS MSD PA, 401(K) PSP	
b	Name of plan sponsor GARY M SCHWARTZ, DDS, MSD, PA	c EIN-PN 20-0280987-001
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 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

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	GOVERNMENTAL RETIREE HEALTH BENEFIT PLAN	
b	Name of plan sponsor	LOS RIOS COMMUNITY COLLEGE DISTRICT	c EIN-PN 94-1576340-999
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
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	HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-003
a	Plan name	HARVEY COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor	TIDEWATER TRANSIT CO. INC.	c EIN-PN 56-0515560-002
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	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	HOLTEC INTERNATIONAL PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HOLTEC INTERNATIONAL	c EIN-PN 20-4598433-001
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	INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN	
b	Name of plan sponsor	INGLES MARKETS, INCORPORATED	c EIN-PN 56-0846267-001

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 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 J. S. HOVNIANIAN & SONS, LLC 401(K) PLAN	
b	Name of plan sponsor J. S. HOVNIANIAN & SONS, LLC	c EIN-PN 22-3842774-001
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 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 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 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 KRUGER PULP AND PAPER SALES, INC PENSION PLAN	
b	Name of plan sponsor KRUGER PULP AND PAPER SALES INC.	c EIN-PN 02-0260404-005
a	Plan name K-VA-T 401(K) PLAN	
b	Name of plan sponsor K-VA-T FOOD STORES, INC.	c EIN-PN 55-0421484-003

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	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	LACROSSE FOOTWEAR, INC. PENSION PLAN	
b	Name of plan sponsor	LACROSSE FOOTWEAR, INC.	c EIN-PN 39-1446816-002
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
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	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	LOGISTICS AND ENVIRONMENTAL SOLUTIONS CORP. (DBA LESCO) 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LOGISTICS & ENVIRONMENTAL SUPORT SERVICES CORPORATION	c EIN-PN 63-1071824-001
a	Plan name	LOOP LLC EMPLOYEES' CASH BALANCE PLAN	
b	Name of plan sponsor	LOOP LLC	c EIN-PN 72-1335490-003
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	MAINTAINCO/STARLIFT PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAINTAINCO, INC.	c EIN-PN 22-1628030-001

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 MANIER & HEROD, A TENNESSEE PROFESSIONAL CORP PROFIT SHARING PLAN	
b	Name of plan sponsor MANIER & HEROD, A TENNESSEE PROFESSIONAL CORPORATION	c EIN-PN 62-1040990-001
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 MAPCO 401(K) PLAN	
b	Name of plan sponsor MAPCO EXPRESS, INC.	c EIN-PN 52-2308712-001
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 MAXITRANSFERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor MAXITRANSFERS CORPORATION	c EIN-PN 58-2563969-001
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 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 MICRO CONTROL 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MICRO CONTROL COMPANY	c EIN-PN 41-1275162-001
a	Plan name MID RIVERS TELEPHONE COOPERATIVE INC EMPLOYEES SAV	
b	Name of plan sponsor MID-RIVERS TELEPHONE COOPERATIVE IN	c EIN-PN 81-0239277-003
a	Plan name MIDSOUTH BANCORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDSOUTH BANCORPORATION	c EIN-PN 63-0906823-002
a	Plan name MIDWEST RADIOLOGY, P.A. AND AFFILIATES PROFIT SHARING PLAN	
b	Name of plan sponsor ST. PAUL RADIOLOGY, PA	c EIN-PN 41-0916626-001

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	MINNEAPOLIS CLINIC EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	MINNEAPOLIS CLINIC OF NEUROLOGY LTD	c EIN-PN 41-0999094-003
a	Plan name	MINNWEST CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MINNWEST CORPORATION	c EIN-PN 41-1549950-001
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	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
a	Plan name	MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-001
a	Plan name	MURATA MACHINERY USA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURATA MACHINERY USA	c EIN-PN 23-2575678-001
a	Plan name	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	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	NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NODAK INSURANCE COMPANY	c EIN-PN 45-0216631-004

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 O'RIELLY MOTOR COMPANY & AFFILIATES EMPLOYEE INVESTMENT/SAVINGS PLAN	
b	Name of plan sponsor O'RIELLY MOTOR COMPANY & AFFILIATES	c EIN-PN 86-0077638-002
a	Plan name PACWEST MACHINERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACWEST MACHINERY LLC	c EIN-PN 47-5633567-001
a	Plan name PANERA BREAD COMPANY 401(K) PLAN	
b	Name of plan sponsor PANERA BREAD COMPANY	c EIN-PN 04-2723701-001
a	Plan name PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor PARTRIDGE WELL DRILLING COMPANY, INC.	c EIN-PN 59-1564237-001
a	Plan name 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 PBI PERFORMANCE PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PBI PERFORMANCE PRODUCTS, INC.	c EIN-PN 20-1977207-001
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 PEETS COFFEE & TEA, LLC SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor PEETS COFFEE & TEA INC	c EIN-PN 91-0863396-001
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 PENSKE MOTOR GROUP 401K PLAN	
b	Name of plan sponsor PENSKE MOTOR GROUP	c EIN-PN 45-4060873-001
a	Plan name PEOPLES BANK OF GRACEVILLE PROFIT SHARING PLAN	
b	Name of plan sponsor PEOPLES BANK OF GRACEVILLE	c EIN-PN 59-1510993-001

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	PEPSI-COLA BOTTLING COMPANY OF HICKORY, N.C., INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PEPSI-COLA BOTTLING COMPANY OF HICKORY	c EIN-PN 56-0585594-001
a	Plan name	PERFORMANCE GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENSKE RACING SOUTH, INC.	c EIN-PN 22-3024255-002
a	Plan name	PHOENIX TUBE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX TUBE COMPANY, INC.	c EIN-PN 22-2330200-001
a	Plan name	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	PLUMB SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLUMB SUPPLY COMPANY	c EIN-PN 20-5528317-002
a	Plan name	POARCH BAND OF CREEK INDIANS 401-K GOVERNMENT PLAN	
b	Name of plan sponsor	POARCH BAND OF CREEK INDIANS	c EIN-PN 63-0705119-999
a	Plan name	POLYDECK SCREEN CORPORATION 401(K) PLAN	
b	Name of plan sponsor	POLYDECK SCREEN CORPORATION	c EIN-PN 57-0673179-001
a	Plan name	POOL COMPANY RETIREMENT INCOME PLAN	
b	Name of plan sponsor	POOL COMPANY/NABORS INDUSTRIES INC.	c EIN-PN 76-0306172-003
a	Plan name	POPULUS GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	POPULUS GROUP, LLC	c EIN-PN 38-3659021-001
a	Plan name	PORKY PRODUCTS, INC. EMPLOYEES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PORKY PRODUCTS	c EIN-PN 13-1956931-001
a	Plan name	PRIDE MOBILITY PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIDE MOBILITY PRODUCTS CORPORATION	c EIN-PN 23-2443538-001

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	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	QUALITY OIL COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY OIL COMPANY, LLC	c EIN-PN 56-0369080-002
a	Plan name	RCS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RETAIL CONSTRUCTION SERVICES, INC.	c EIN-PN 41-1330800-002
a	Plan name	REEVE ELECTRIC COMPANY INC. EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor	REEVE ELECTRIC COMPANY INC.	c EIN-PN 63-0462902-001
a	Plan name	RELIABLE CREDIT ASSOCIATION, INC. PROFIT SHARING AND TRUST	
b	Name of plan sponsor	RELIABLE CREDIT ASSOCIATION, INC.	c EIN-PN 93-0472382-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTHWEST SAW	
b	Name of plan sponsor	SOUTHWEST SAW CORPORATION	c EIN-PN 74-1465605-001
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	RICK ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RICK ENGINEERING COMPANY	c EIN-PN 95-1859899-004
a	Plan name	RIDGEVIEW CLINICS 401(K) PLAN	
b	Name of plan sponsor	RIDGEVIEW CLINICS	c EIN-PN 41-1651783-002
a	Plan name	RIDGEVIEW MEDICAL CENTER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RIDGEVIEW MEDICAL CENTER	c EIN-PN 31-1667875-002

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	ROTARY CORPORATION 401(K) PROFIT SAVINGS PLAN
b	Name of plan sponsor	ROTARY CORPORATION
c	EIN-PN	58-0959394-001
a	Plan name	RP AUTOMOTIVE II RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RP AUTOMOTIVE II, INC.
c	EIN-PN	26-2643749-001
a	Plan name	RP AUTOMOTIVE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RP AUTOMOTIVE, INC.
c	EIN-PN	90-0389057-001
a	Plan name	SAVINGS PLAN FOR ASSOCIATES OF EMMET, MARVIN & MARTIN, LLP
b	Name of plan sponsor	EMMET, MARVIN & MARTIN, LLP
c	EIN-PN	13-5054210-003
a	Plan name	SAVOR STREET FOODS, INC. RETIREMENT SAVINGS
b	Name of plan sponsor	SAVOR STREET FOODS, INC.
c	EIN-PN	23-2048971-003
a	Plan name	SAWS RETIREE HEALTH TR
b	Name of plan sponsor	SAN ANTONIO WATER SYSTEM
c	EIN-PN	74-2632530-999
a	Plan name	SCOTTMADDEN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SCOTTMADDEN, INC.
c	EIN-PN	56-1445505-001
a	Plan name	SEATTLE SYMPHONY PLAYERS PENSION PLAN
b	Name of plan sponsor	TRUSTEES OF THE SEATTLE SYMPHONY PLAYERS PENSION PLAN
c	EIN-PN	91-1082288-001
a	Plan name	SEW-EURODRIVE, INC. PROFIT SHARING/401(K) RETIREMENT PLAN
b	Name of plan sponsor	SEW-EURODRIVE, INC.
c	EIN-PN	31-0870891-001
a	Plan name	SMC INC EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	SOIL AND MATERIAL CONSULTANTS INC
c	EIN-PN	36-3094075-001
a	Plan name	SMYTH COMPANIES SAVINGS AND PROFIT SHARING PLAN
b	Name of plan sponsor	SMYTH COMPANIES, LLC
c	EIN-PN	90-0743685-001
a	Plan name	SOUTHERN FARM BUREAU AND ADOPTING COMPANIES 401(K) PLAN
b	Name of plan sponsor	SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY
c	EIN-PN	64-0288243-004

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	SOUTHERN OREGON ORTHOPEDICS, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	SOUTHERN OREGON ORTHOPEDICS, INC.	c EIN-PN 93-0587572-003
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	STEINHAFELS INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	STEINHAFELS INC.	c EIN-PN 39-0975161-001
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	STORY CONSTRUCTION CO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STORY CONSTRUCTION CO	c EIN-PN 42-0992152-001
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
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

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	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	THE ASSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ASSURANCE GROUP	c EIN-PN 22-2179111-001
a	Plan name	THE CHRISTIAN BARTON PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN & BARTON, LLP	c EIN-PN 54-0515971-002
a	Plan name	THE CRONER COMPANY 401(K) PLAN	
b	Name of plan sponsor	CRONER CO	c EIN-PN 94-2513557-002
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 GILLETTE PEPSI COMPANIES, INC. PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor	THE GILLETTE PEPSI COMPANIES, INC.	c EIN-PN 81-0868207-002
a	Plan name	THE GRINNELL MUTUAL RETIREMENT PLAN	
b	Name of plan sponsor	GRINNELL MUTUAL REINSURANCE CO	c EIN-PN 42-0245990-002
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 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 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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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 PENSION PLAN FOR EMPLOYEES OF ST. ANNES MATERNITY HOME	
b	Name of plan sponsor	ST. ANNES MATERNITY HOME	c EIN-PN 95-1691306-001
a	Plan name	THE PETROLEUM CLUB PENSION PLAN	
b	Name of plan sponsor	PETROLEUM CLUB OF HOUSTON	c EIN-PN 74-1098713-001
a	Plan name	THE PRINCIPAL SELECT SAVINGS PLAN FOR EMPLOYEES	
b	Name of plan sponsor	PRINCIPAL FINANCIAL GROUP, INC.	c EIN-PN 42-1520346-003
a	Plan name	THE RASMUSSEN GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RASMUSSEN GROUP INC	c EIN-PN 42-1022912-001
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 WANKE CASCADE PROFIT SHARING PLAN	
b	Name of plan sponsor	WANKE CASCADE	c EIN-PN 86-1156612-001
a	Plan name	THE WEITZ RETIREMENT AND 401K PLAN	
b	Name of plan sponsor	WEITZ COMPANY	c EIN-PN 42-1512625-001
a	Plan name	THE WOODBRIDGE GROUP UNITED STATES SALARIED EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	WOODBRIDGE GROUP	c EIN-PN 39-1505258-002
a	Plan name	THERMWELL PRODUCTS CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THERMWELL PRODUCTS CO., INC.	c EIN-PN 22-2177331-001
a	Plan name	TIGHTCO, INC. AEROSTRUCTURES DIVISION 401(K) PLAN	
b	Name of plan sponsor	TIGHTCO, INC.	c EIN-PN 57-0934530-002
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

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	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	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	VARIETY WHOLESALERS, INC. RETIREMENT SAVINGS 401(K) PLAN
b	Name of plan sponsor	VARIETY WHOLESALERS, INC.
c	EIN-PN	56-0653322-002
a	Plan name	VINSON PROCESS CONTROLS 401(K) PLAN
b	Name of plan sponsor	VINSON PROCESS CONTROLS
c	EIN-PN	75-2926491-001
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	WARRIOR MET COAL, INC SALARIED 401(K) PLAN
b	Name of plan sponsor	WARRIOR MET COAL, INC
c	EIN-PN	81-0706839-001
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	WESTLAKE REALTY GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	WESTLAKE REALTY GROUP, INC.
c	EIN-PN	11-3675140-001

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	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. CASH BALANCE PLAN	
b	Name of plan sponsor	WINTHROP & WEINSTINE, P.A.	c EIN-PN 41-1722524-003
a	Plan name	WOLVERINE PIPE LINE COMPANY SAVINGS PLAN FOR EMPLOYEES	
b	Name of plan sponsor	WOLVERINE PIPE LINE COMPANY	c EIN-PN 13-1680453-001
a	Plan name	YUMA REGIONAL MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	YUMA REGIONAL MEDICAL CENTER	c EIN-PN 86-6007596-002
a	Plan name	ZIRKLE FRUIT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ZIRKLE FRUIT COMPANY	c EIN-PN 91-0979506-401
a	Plan name	ZITO-RUSSELL ARCHITECTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZITO-RUSSELL ARCHITECTS, P.C.	c EIN-PN 20-0688308-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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.	<small>OMB No. 1210-0110</small> 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/BLACKROCK U.S. AGGREGATE BOND INDEX 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) 20-5699010

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
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)	15958000	1182000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	340015000	402445000
(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)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	355973000 403627000
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	16021000 1250000
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	16021000 1250000
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	339952000 402377000

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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4757000
(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		4757000

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)	56000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	44000	
(11) Other expenses.....	2i(11)	434000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		534000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		534000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4223000
l Transfers of assets:			
(1) To this plan.....	2l(1)		110004000
(2) From this plan	2l(2)		51802000

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 _____.