

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 S&P MIDCAP 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): 52-2265235; 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.	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/BLACKROCK S&P MIDCAP 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>52-2265235</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>BLACKROCK MIDCAP EQUITY INDEX FD 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>94-3272818-001</u>	<u>C</u>	<u>709876000</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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 401(K) PLAN AND EMPLOYEES TRUST OF HASTINGS IRRIGATION PIPE CO.	
b	Name of plan sponsor HASTINGS IRRIGATION PIPE CO.	c EIN-PN 47-0371670-002
a	Plan name 401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTCO, INC.	
b	Name of plan sponsor TIGHTCO, INC.	c EIN-PN 57-0934530-001
a	Plan name 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF EYE ASSOCIATES OF NEW MEXICO, LTD.	
b	Name of plan sponsor EYE ASSOCIATES OF NEW MEXICO	c EIN-PN 85-0246856-002
a	Plan name 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EQUIX, INC.	c EIN-PN 47-2794108-001
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 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 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

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	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
a	Plan name	ALTECH RECYCLING, LLC 401(K) PLAN	
b	Name of plan sponsor	ALTECH RECYCLING, LLC	c EIN-PN 84-5098055-001
a	Plan name	ALTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GOLDSTEIN GROUP, INC.	c EIN-PN 48-1291659-002
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	AMERICA II CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICA II CORP	c EIN-PN 59-3270107-001
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 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMPACET CORPORATION	c EIN-PN 13-2546877-003
a	Plan name	AMPACET CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	AMPACET CORP.	c EIN-PN 13-2546877-002

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 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 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
a	Plan name APS HEALTHCARE PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor APS HEALTHCARE	c EIN-PN 66-0567825-001
a	Plan name AQUATEX WATER CONDITIONING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor AQUATEX WATER CONDITIONING INC	c EIN-PN 76-0110237-001
a	Plan name ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor ARROW SHED, LLC	c EIN-PN 27-1885904-001
a	Plan name ARSEMENT, REDD & MORELLA, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor ARSEMENT, REDD & MORELLA, LLC	c EIN-PN 72-1287807-001
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 ASTRO 401(K) PLAN	
b	Name of plan sponsor AMERICAN SOCIETY FOR RADIATION ONCOLOGY	c EIN-PN 42-0943164-001

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 ATEK COMPANIES SAVINGS PLAN	
b	Name of plan sponsor ATEK COMPANIES, INC.	c EIN-PN 47-5196837-003
a	Plan name AZAR EYE CLINIC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor AZAR & AZAR INSTRUMENTS, INC.	c EIN-PN 72-0767412-001
a	Plan name AZTEC IMPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AZTEC IMPORTS, INC.	c EIN-PN 34-1322648-001
a	Plan name B.V. HEDRICK GRAVEL & SAND COMPANY SALARY DEFERRAL & PROFIT SHARING PLAN	
b	Name of plan sponsor BV HEDRICK GRAVEL & SAND COMPANY	c EIN-PN 56-0257665-002
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 BEALLS EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor BEALLS INC.	c EIN-PN 59-0243800-001
a	Plan name BENECARD 401(K) PLAN	
b	Name of plan sponsor BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001
a	Plan name BOLLMAN HAT COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor BOLLMAN HAT COMPANY	c EIN-PN 23-1922616-002
a	Plan name BONTEN MEDIA GROUP INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SINCLAIR BROADCAST GROUP, INC.	c EIN-PN 52-1494660-005
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 BRADLEY DIXIE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor BRADLEY DIXIE COMPANIES	c EIN-PN 58-0958295-001
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)	
<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	BRESCOME BARTON, INC. RETIREMENT & SAVINGS PLAN FOR LIQUOR SALES UNION LOCAL 2-D	
b	Name of plan sponsor	BRESCOME BARTON, INC.	c EIN-PN 06-0676916-001
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	BROWN-DAWSON-FLICK FUNERAL HOME, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROWN-DAWSON-FLICK FUNERAL HOME, INC.	c EIN-PN 26-2735458-003
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	BULLDOG VENTURES, LTD. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE MERCHANTS, LLC	c EIN-PN 20-5779029-001
a	Plan name	BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-020
a	Plan name	BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-030
a	Plan name	C.D. MOODY CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C.D. MOODY CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1778748-001
a	Plan name	CALBAG METALS COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	CALBAG METALS COMPANY	c EIN-PN 93-0466199-001
a	Plan name	CALIENTE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	CALIENTE CONSTRUCTION, INC.	c EIN-PN 86-0697201-001
a	Plan name	CALIFORNIA DENTAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA DENTAL ASSOCIATION	c EIN-PN 95-2822367-002

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 CARDINAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARDINAL GLASS INDUSTRIES, INC.	c EIN-PN 41-1989305-002
a	Plan name CARLISLE FOODSERVICE PRODUCTS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CARLISLE FOODSERVICE PRODUCTS INC.	c EIN-PN 31-1075965-002
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 CARROLL COMPANIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CARROLL COMPANIES, INC.	c EIN-PN 56-1087247-001
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 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 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ST. PAUL AND MINNEAPOLIS 401(K) PLAN	
b	Name of plan sponsor CATHOLIC CHARITIES OF ST. PAUL AND MINNEAPOLIS	c EIN-PN 41-1302487-004
a	Plan name CCP NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor CCP NORTH AMERICA, INC.	c EIN-PN 98-0512710-001
a	Plan name CCWD OPEB TRUST	
b	Name of plan sponsor CONTRA COSTA WATER DISTRICT	c EIN-PN 47-6386712-999
a	Plan name CCWD RET PLAN-MAP ACCOUNT	
b	Name of plan sponsor CONTRA COSTA WATER DISTRICT	c EIN-PN 94-6000489-999
a	Plan name 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

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 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 CHARTER PROPERTIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHARTER PROPERTIES, INC.	c EIN-PN 56-0953735-002
a	Plan name CHERRINGTON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CHERRINGTON INC.	c EIN-PN 87-0383997-001
a	Plan name 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 CHEVRON FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor CHEVRON FEDERAL CREDIT UNION	c EIN-PN 94-0878385-003
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 LANSING DC PLAN	
b	Name of plan sponsor CITY OF LANSING	c EIN-PN 38-6004628-999
a	Plan name CITY OF MARQUETTE POLICE & FIRE	
b	Name of plan sponsor CITY OF MARQUETTE	c EIN-PN 38-6113682-999

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CITY OF SPRINGFIELD, OREGON RETIREMENT PLAN	
b	Name of plan sponsor CITY OF SPRINGFIELD	c EIN-PN 93-6002558-999
a	Plan name CITY VENTURES COMMUNITIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY VENTURES COMMUNITIES, LLC	c EIN-PN 90-0609362-001
a	Plan name CLARK NEXSEN, INC. 401(K) PLAN	
b	Name of plan sponsor CLARK, NEXSEN, OWEN, BARBIERI & GIBSON	c EIN-PN 54-0613222-001
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
a	Plan name CNPPD EMPLOYEES RETIREMENT PLAN DB	
b	Name of plan sponsor CENTRAL NEBRASKA PUBLIC POWER DISTRICT	c EIN-PN 47-6000076-999
a	Plan name COASTAL CHILDRENS CLINIC, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL CHILDRENS CLINIC, P.A.	c EIN-PN 74-1662481-002
a	Plan name COMMERCIAL CREDIT GROUP INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL CREDIT GROUP INC.	c EIN-PN 20-1409176-001
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 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 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

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	COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor	COVENANT CARE CALIFORNIA INC	c EIN-PN 33-0631540-001
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	COWANGATES, PC EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COWANGATES, PC	c EIN-PN 54-1398928-003
a	Plan name	CREGGER CO., INC 401(K)	
b	Name of plan sponsor	CREGGER COMPANY, INC.	c EIN-PN 57-0673420-001
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	CUMBERLAND GRAVEL AND SAND COMPANY SALARY DEFERRAL AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BV HEDRICK GRAVEL & SAND COMPANY	c EIN-PN 56-0513208-002
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	D & C EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	DILLON SUPPLY COMPANY	c EIN-PN 56-0201300-002
a	Plan name	D.P. NICOLI, INC.	
b	Name of plan sponsor	D.P. NICOLI, INC.	c EIN-PN 93-0820835-002
a	Plan name	DAKOTA SUPPLY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	DAKOTA SUPPLY GROUP, INC.	c EIN-PN 45-0421041-002
a	Plan name	DANIELS CADILLAC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIELS BMW	c EIN-PN 23-1601170-001

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	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
a	Plan name	DEFINED BENEFIT PLAN FOR UNITED WAY OF NEW YORK CITY
b	Name of plan sponsor	UNITED WAY OF NEW YORK CITY
c	EIN-PN	13-2617681-001
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	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	DIVERSIFIED ADJUSTMENT SERVICE 401(K) PLAN
b	Name of plan sponsor	DIVERSIFIED ADJUSTMENT SERVICE, INC.
c	EIN-PN	41-1389763-001
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

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 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 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
a	Plan name EMPIRE MERCHANTS, LLC 401(K) PLAN	
b	Name of plan sponsor EMPIRE MERCHANTS, LLC	c EIN-PN 20-5431037-001
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 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

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	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	ERSTAD & RIEMER, P.A. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ERSTAD & RIEMER P A	c EIN-PN 41-1673278-001
a	Plan name	EYEBOBS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EYEBOBS LLC	c EIN-PN 47-3286642-001
a	Plan name	FABIAN VANCOTT RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	FABIAN & CLENDENIN	c EIN-PN 87-0373839-001
a	Plan name	FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES SVGS AND RET PLAN	
b	Name of plan sponsor	FAMILY CARE PARTNERS OF NORTHEAST FLORIDA	c EIN-PN 54-2113873-001
a	Plan name	FARIBAULT FOODS, INC. PENSION PLAN	
b	Name of plan sponsor	FARIBAULT FOODS, INC.	c EIN-PN 41-0246215-001
a	Plan name	FARM & CREDIT SERVICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FARM & CREDIT SERVICE, INC.	c EIN-PN 81-0454354-001
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
a	Plan name	FORSYTH COUNTY DEFINED BENEFIT PLAN	
b	Name of plan sponsor	FORSYTH COUNTY GOVERNMENT	c EIN-PN 58-6000828-999

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FRONT PORCH RETIREMENT PLAN	
b	Name of plan sponsor	FRONT PORCH COMMUNITIES AND SERVICES	c EIN-PN 95-4538269-001
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	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	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	GCHI RETIREMENT PLAN	
b	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	c EIN-PN 57-0997411-006
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	GESS CO. EMPLOYEES THRIFT PLAN	
b	Name of plan sponsor	GESS CO.	c EIN-PN 20-2003430-002
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	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 GRIMMWAY ENTERPRISES, INC. 401(K) PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor GRIMMWAY ENTERPRISES, INC.	c EIN-PN 77-0325482-003
a	Plan name GRINNELL MUTUAL SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor GRINNELL MUTUAL REINSURANCE COMPANY	c EIN-PN 42-0245990-003
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 H W CULP LUMBER CO. INC 401K	
b	Name of plan sponsor H W CULP LUMBER COMPANY	c EIN-PN 56-0193850-002
a	Plan name HAERING PRECISION 401K RETIREMENT PLAN	
b	Name of plan sponsor HAERING PRECISION	c EIN-PN 47-2965416-001
a	Plan name HALLSTAR SERVICES CORP INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-004
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 HARVEY COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor TIDEWATER TRANSIT CO. INC.	c EIN-PN 56-0515560-002

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	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	HEALTH TRUST 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARE CAPITAL PROPERTIES, INC.	c EIN-PN 30-1006088-001
a	Plan name	HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	HEARTHSIDE BANK	c EIN-PN 61-0305840-002
a	Plan name	HENRY MODELL & CO., INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MODELLS, INC.	c EIN-PN 13-5518048-001
a	Plan name	HERBERT BRAUNSTEIN MD & ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	ARROWHEAD PATHOLOGY MEDICAL GROUP	c EIN-PN 95-2690123-002
a	Plan name	HERCULES INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HERCULES INDUSTRIES, INC.	c EIN-PN 84-0516481-002
a	Plan name	HILLSIDE WAREHOUSE & TRUCKING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HILLSIDE WAREHOUSE & TRUCKING CO INC	c EIN-PN 22-2063735-001
a	Plan name	HOLES OF SAN ANTONIO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HOLES OF SAN ANTONIO, INC.	c EIN-PN 74-2113095-001
a	Plan name	HOLLAND AMERICA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLLAND AMERICA	c EIN-PN 98-0162703-001

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	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	HOUSTONIAN 401(K) PLAN	
b	Name of plan sponsor	HOUSTONIAN CAMPUS LTD	c EIN-PN 26-0466230-001
a	Plan name	HUSQVARNA PENSION PLAN	
b	Name of plan sponsor	HUSQVARNA CONSUMER OUTDOOR PRODUCTS N.A., INC.	c EIN-PN 20-3600732-003
a	Plan name	IDENTISYS INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	IDENTISYS INC.	c EIN-PN 41-1938567-001
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	INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN	
b	Name of plan sponsor	INGLES MARKETS, INCORPORATED	c EIN-PN 56-0846267-001
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	INTAT PRECISION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTAT PRECISION INC.	c EIN-PN 58-1773607-002
a	Plan name	INVESTOR FORCE, INC. 401(K) PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-002
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

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	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. 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	JACK BUELL EMPLOYEE BENEFIT TRUST	
b	Name of plan sponsor	JMF COMPANY, INC. DBA JACK BUELL TRUCKING	c EIN-PN 82-0299482-001
a	Plan name	JAMES LEARNER DO PLLC 401K PLAN	
b	Name of plan sponsor	JAMES LEARNER DO PLLC	c EIN-PN 36-9502293-001
a	Plan name	JAMUL INDIAN VILLAGE DEVELOPMENT CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JAMUL INDIAN VILLAGE DEVELOPMENT CORPORATION	c EIN-PN 47-5387551-001
a	Plan name	JOHANNA BEVERAGE CO., LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 20-8256706-001
a	Plan name	JOHANNA FOODS, INC. LACTO DIVISION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 22-2973062-006
a	Plan name	JOHN A. KNUTSON & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. KNUTSON & COMPANY	c EIN-PN 41-0879566-001
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	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

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 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 KERN OIL & REFINING COMPANY PENSION	
b	Name of plan sponsor KERN OIL & REFINING COMPANY	c EIN-PN 33-0011506-828
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 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 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 K-VA-T 401(K) PLAN	
b	Name of plan sponsor K-VA-T FOOD STORES, INC.	c EIN-PN 55-0421484-003
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. EMPLOYEES' RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor LACROSSE FOOTWEAR INC.	c EIN-PN 93-1446816-003
a	Plan name LACROSSE FOOTWEAR, INC. PENSION PLAN	
b	Name of plan sponsor LACROSSE FOOTWEAR, INC.	c EIN-PN 39-1446816-002

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	LAKEWOOD CEMETERY ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	LAKEWOOD CEMETERY ASSOCIATION	c EIN-PN 41-0364020-001
a	Plan name	LAMINEX, INC. 401(K) PLAN	
b	Name of plan sponsor	WAGON ROAD PROPERTIES, INC.	c EIN-PN 57-0902335-001
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	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	LESSEES OF B.V. HEDRICK GRAVEL AND SAND COMPANY SALARY DEFERRAL AND PROFIT SHARI	
b	Name of plan sponsor	BV HEDRICK GRAVEL & SAND COMPANY	c EIN-PN 56-0486000-001
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	LIBERTY LINES TRANSIT, INC. PENSION PLAN	
b	Name of plan sponsor	LIBERTY LINES TRANSIT, INC.	c EIN-PN 13-3096342-001
a	Plan name	LIEBERMAN COMPANIES INC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	LIEBERMAN COMPANIES, INC.	c EIN-PN 41-0905764-002
a	Plan name	LIFETIME BRANDS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIFETIME BRANDS, INC.	c EIN-PN 11-2682486-002
a	Plan name	LINDQUIST MACHINE CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	LINDQUIST MACHINE CORPORATION	c EIN-PN 39-1288747-001

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 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 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 LOOP LLC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor LOOP LLC	c EIN-PN 72-1335490-001
a	Plan name MAC PAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAC PAPERS, INC.	c EIN-PN 59-1059698-001
a	Plan name MACKAY COMMUNICATIONS, INC. EMPLOYEE RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-001
a	Plan name MACKAY COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-002
a	Plan name MAG INSTRUMENT INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAG INSTRUMENT INC	c EIN-PN 95-2912384-001
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 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

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	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	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	MAXITRANSFERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MAXITRANSFERS CORPORATION	c EIN-PN 58-2563969-001
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	MCMAHON 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
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

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	MIDSOUTH BANCORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDSOUTH BANCORPORATION	c EIN-PN 63-0906823-002
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	MINNEAPOLIS CLINIC EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	MINNEAPOLIS CLINIC OF NEUROLOGY LTD	c EIN-PN 41-0999094-003
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	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	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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MOSBACHER ENERGY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	MOSBACHER ENERGY CO	c EIN-PN 74-1948846-001
a	Plan name	MOSBACHER PROPERTIES GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	MOSBACHER PROPERTIES GROUP, LLC	c EIN-PN 13-3980840-002
a	Plan name	MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP.	c EIN-PN 14-1623557-005
a	Plan name	MOUNTAINVIEW PENSION PLAN	
b	Name of plan sponsor	MOUNTAINVIEW NURSING HOME	c EIN-PN 57-0360090-001
a	Plan name	MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-001
a	Plan name	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 CONSTRUCTION RENTALS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL CONSTRUCTION RENTALS, INC.	c EIN-PN 95-2965905-001
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	NATIONAL RELIABLE LENDING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NATIONS RELIABLE LENDING, LLC	c EIN-PN 20-5973457-001

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 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 NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NODAK INSURANCE COMPANY	c EIN-PN 45-0216631-004
a	Plan name NORTHERN ENGINE & SUPPLY CO. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor NORTHERN ENGINE AND SUPPLY COMPANY	c EIN-PN 41-0836288-001
a	Plan name NORTHLAND DEALERS INVESTMENT GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NORTHLAND DEALERS INVESTMENT GROUP	c EIN-PN 41-1978633-001
a	Plan name NOTT COMPANY RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor NOTT COMPANY	c EIN-PN 41-0452050-001
a	Plan name NOVOZYMES NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NOVOZYMES NORTH AMERICA, INC.	c EIN-PN 13-2639630-001
a	Plan name NUECES FARM CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NUECES FARM CENTER, INC..	c EIN-PN 74-1649707-001
a	Plan name ONEIDA NATION ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ONEIDA TRIBE OF INDIANS OF WISCONSIN	c EIN-PN 39-6081138-004
a	Plan name 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

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	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	PACWEST MACHINERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACWEST MACHINERY LLC	c EIN-PN 47-5633567-001
a	Plan name	PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	PARTRIDGE WELL DRILLING COMPANY, INC.	c EIN-PN 59-1564237-001
a	Plan name	PBA EMPLOYEES AND FUND OFFICE STAFF PENSION PLAN	
b	Name of plan sponsor	PATROLMENS BENEVOLENT ASSOCIATION	c EIN-PN 13-5308915-333
a	Plan name	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
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

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	PENSKE MOTOR GROUP 401K PLAN	
b	Name of plan sponsor	PENSKE MOTOR GROUP	c EIN-PN 45-4060873-001
a	Plan name	PEOPLES BANK OF GRACEVILLE PROFIT SHARING PLAN	
b	Name of plan sponsor	PEOPLES BANK OF GRACEVILLE	c EIN-PN 59-1510993-001
a	Plan name	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	PETERSON FAMILY FARMS 401(K) PLAN	
b	Name of plan sponsor	PETERSON FAMILY FARMS	c EIN-PN 77-0464054-001
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	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

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	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	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	PRESTAGE FARMS EMPLOYEE 401(K) PROFIT SHARING PAN	
b	Name of plan sponsor	PRESTAGE FARMS, INC.	c EIN-PN 56-1368357-001
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
a	Plan name	PRIMO REMODELING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMO REMODELING, INC.	c EIN-PN 22-3262979-001
a	Plan name	PRINCESS CRUISES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRINCESS CRUISE LINES, LTD.	c EIN-PN 94-1493329-002
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	QUAKER EQUITIES, LTD. 401(K) PLAN	
b	Name of plan sponsor	QUAKER EQUITIES, LTD.	c EIN-PN 13-3411457-001
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

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	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	RADIATION ONCOLOGY ASSOC., CHTD PROFIT SHARING PLAN	
b	Name of plan sponsor	RADIATION ONCOLOGY ASSOC., CHTD	c EIN-PN 88-0217865-001
a	Plan name	RCS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RETAIL CONSTRUCTION SERVICES, INC.	c EIN-PN 41-1330800-002
a	Plan name	REDSTONE COMPANIES, L.P. 401(K) PLAN	
b	Name of plan sponsor	REDSTONE COMPANIES, L.P.	c EIN-PN 76-0593422-001
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
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 SOUTHWEST SAW	
b	Name of plan sponsor	SOUTHWEST SAW CORPORATION	c EIN-PN 74-1465605-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name RETIREMENT PLAN FOR HOURLY EMPLOYEES OF MATHEWS READYMIX LLC	
b	Name of plan sponsor MATHEWS READYMIX LLC	c EIN-PN 94-1271919-001
a	Plan name RETIREMENT PLAN FOR HOURLY EMPLOYEES OF TEXAS LEHIGH CEMENT COMPANY LP	
b	Name of plan sponsor TEXAS-LEHIGH CEMENT COMPANY	c EIN-PN 75-2109658-002
a	Plan name RETIREMENT PLAN FOR THE BOTTLING EMPLOYEES OF SWIRE PACIFIC HOLDINGS INC. AND ITS AFFILIATES	
b	Name of plan sponsor SWIRE HOLDINGS INC AND ITS AFFILIATES	c EIN-PN 87-0424812-001
a	Plan name RETIREMENT PLAN OF JERAS CORPORATION	
b	Name of plan sponsor JERAS CORP	c EIN-PN 23-1163960-001
a	Plan name RETIREMENT PLAN OF LOUISIANA PIGMENT COMPANY, L.P.	
b	Name of plan sponsor LOUISIANA PIGMENT COMPANY LP	c EIN-PN 72-1249283-002
a	Plan name RETIREMENT SAVINGS PLAN OF WINSTON-SALEM TRANSIT AUTHORITY	
b	Name of plan sponsor TRANSDEV SERVICES, INC.	c EIN-PN 52-1493194-005
a	Plan name REVISED RANSOM & RANDOLPH PENSION PLAN	
b	Name of plan sponsor RANSOM & RANDOLPH, LLC	c EIN-PN 85-4287075-007
a	Plan name 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
a	Plan name ROBERT MADDEN INDUSTRIES, LTD. 401(K) PLAN	
b	Name of plan sponsor ROBERT MADDEN INC	c EIN-PN 75-1666322-001
a	Plan name ROBINSON TOWNSHIP POLICE DB TRUST	
b	Name of plan sponsor ROBINSON TOWNSHIP	c EIN-PN 25-6002657-999

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 RTA EMPLOYEES DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor REGIONAL TRANSPORTATION AUTHORITY	c EIN-PN 74-2390259-999
a	Plan name SALEM HOLDING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SALEM HOLDING CORPORATION	c EIN-PN 56-1740888-001
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 SAVINGS PLAN FOR THE SUBSIDIARIES OF SOUTHSIDE BANCSHARES, INC.	
b	Name of plan sponsor SOUTHSIDE BANCSHARES, INC.	c EIN-PN 75-1848732-002
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 SEATTLE SYMPHONY PLAYERS PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF THE SEATTLE SYMPHONY PLAYERS PENSION PLAN	c EIN-PN 91-1082288-001

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	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	SHEARER'S FOODS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SHEARER'S FOODS, LLC	c EIN-PN 34-1319359-002
a	Plan name	SHELDONS INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	SHELDONS INC.	c EIN-PN 39-0886011-002
a	Plan name	SHELTERLOGIC CORP 401(K) PLAN	
b	Name of plan sponsor	SHELTERLOGIC CORP.	c EIN-PN 45-2872214-001
a	Plan name	SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SHERIDAN NEWSPAPERS, INC.	c EIN-PN 83-0161919-001
a	Plan name	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	SHOWTECH PRODUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	SHOWTECH, INC.	c EIN-PN 75-2738462-001
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

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 SMYTH COMPANIES SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor SMYTH COMPANIES, LLC	c EIN-PN 90-0743685-001
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 CONCRETE MATERIALS, INC. SALARY DEFERRAL & PROFIT SHARING PLAN	
b	Name of plan sponsor BV HEDRICK GRAVEL & SAND COMPANY	c EIN-PN 56-0663876-001
a	Plan name SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN	
b	Name of plan sponsor SNCB	c EIN-PN 88-6016617-999
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 SOUTHERN PIPE & SUPPLY COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHERN PIPE & SUPPLY COMPANY, INC.	c EIN-PN 64-0291778-002
a	Plan name SOUTHWEST DEALER SERVICES 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST DEALER SERVICES 401(K)	c EIN-PN 33-0453377-001
a	Plan name SOUTHWIRE COMPANY HOURLY PENSION PLAN	
b	Name of plan sponsor SOUTHWIRE COMPANY, LLC	c EIN-PN 58-2020515-013
a	Plan name SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN	
b	Name of plan sponsor SOUTHWORTH-MILTON, INC.	c EIN-PN 02-0258444-004

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 SPECTRA TECH MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SPECTRA TECH MANUFACTURING, INC.	c EIN-PN 31-1608128-001
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 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 STOEL RIVES LLP CASH BALANCE PLAN	
b	Name of plan sponsor STOEL RIVES LLP	c EIN-PN 93-0408771-012
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

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 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 SUN PACIFIC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUN PACIFIC SHIPPERS, LP	c EIN-PN 77-0570025-001
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 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

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 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 BRANCH GROUP, INC. & AFFILIATES EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor THE BRANCH GROUP, INC	c EIN-PN 54-6047677-003
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 DAVEY 401KSOP AND ESOP	
b	Name of plan sponsor DAVEY TREE EXPERT CO.	c EIN-PN 34-0176110-004
a	Plan name THE GILLETTE PEPSI COMPANIES, INC. PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor THE GILLETTE PEPSI COMPANIES, INC.	c EIN-PN 81-0868207-002
a	Plan name THE GRADALL COMPANY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor GRADALL INDUSTRIES, INC	c EIN-PN 74-2660540-341
a	Plan name THE GRINNELL MUTUAL RETIREMENT PLAN	
b	Name of plan sponsor GRINNELL MUTUAL REINSURANCE CO	c EIN-PN 42-0245990-002
a	Plan name THE HOUSTONIAN CAMPUS VALUE SHARING PLAN	
b	Name of plan sponsor HOUSTONIAN CAMPUS LLC	c EIN-PN 26-0466230-002
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 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

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 LEE COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor THE LEE COMPANY	c EIN-PN 06-0639381-002
a	Plan name THE LENOIR MIRROR COMPANY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE LENOIR MIRROR COMPANY	c EIN-PN 56-0296980-001
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
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 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 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 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 RESTATED AG PROCESSING INC RETIREMENT PLAN	
b	Name of plan sponsor AG PROCESSING INC	c EIN-PN 42-0615016-020

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 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
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

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 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
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

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	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
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

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 NORTHERN COUNTRY COOPERATIVE	c EIN-PN 42-0539815-020
a	Plan name THE RESTATED THRIFT/PROFIT SHARING PLAN FOR COOPERATIVES	
b	Name of plan sponsor ASSOCIATED BENEFITS CORPORATION	c EIN-PN 42-1279416-030
a	Plan name THE TYDEN SEAL COMPANY USW RETIREMENT INCOME PLAN	
b	Name of plan sponsor E.J. BROOKS COMPANY	c EIN-PN 22-0793310-002
a	Plan name 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 THERMOWORKS, INC. 401(K) PLAN	
b	Name of plan sponsor THERMOWORKS, INC.	c EIN-PN 87-0570676-001
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 TIMMONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TIMMONS GROUP, INC.	c EIN-PN 54-1301413-001
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

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 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 TRIAL BEHAVIOR CONSULTING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRIAL BEHAVIOR CONSULTING, INC.	c EIN-PN 68-0025066-003
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. 401(K) PLAN	
b	Name of plan sponsor UNITED STARS HOLDINGS, INC.	c EIN-PN 30-1150438-003
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 UNITED STATES AIR FORCE NONAPPROPRIATED FUND EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITED STATES AIR FORCE	c EIN-PN 74-2725638-999
a	Plan name UNIV OF ID RETIREE H&W TR- MAP	
b	Name of plan sponsor UNIV OF ID	c EIN-PN 90-6135532-999
a	Plan name VARIETY WHOLESALERS, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor VARIETY WHOLESALERS, INC.	c EIN-PN 56-0653322-002
a	Plan name VENTAS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VENTAS, INC.	c EIN-PN 61-1055020-001
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 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 WARREN RESOURCES INC. 401(K) PLAN	
b	Name of plan sponsor WARREN RESOURCES, INC.	c EIN-PN 11-3024080-001
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 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 WESTLAKE REALTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor WESTLAKE REALTY GROUP, INC.	c EIN-PN 11-3675140-001
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 WHITE RANCH COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor WHITE RANCH COMPANY	c EIN-PN 95-2735599-002

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	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
a	Plan name	WIRTZ MANUFACTURING COMPANY, INC. HOURLY RATED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	WIRTZ MANUFACTURING CO., INC.	c EIN-PN 38-1491059-003
a	Plan name	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	WRIGHT & MCGILL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WRIGHT & MCGILL CO.	c EIN-PN 84-0357930-001
a	Plan name	XANTERRA PARKS & RESORTS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	XANTERRA PARKS & RESORTS	c EIN-PN 13-2735034-001
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	ZENS MANUFACTURING INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ZENS MANUFACTURING INC	c EIN-PN 39-0961829-002
a	Plan name	ZITO-RUSSELL ARCHITECTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZITO-RUSSELL ARCHITECTS, P.C.	c EIN-PN 20-0688308-002

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

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

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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 S&P MIDCAP 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) 52-2265235

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)	7933000
		681000
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)	772278000
(10) Value of interest in pooled separate accounts	1c(10)	709876000
(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	780211000	710557000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7998000	738000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7998000	738000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	772213000	709819000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(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)		101958000
(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		101958000

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)	74000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	89000	
(11) Other expenses	2i(11)	300000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		463000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		463000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		101495000
l Transfers of assets:			
(1) To this plan	2l(1)		59425000
(2) From this plan	2l(2)		223314000

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 _____.