

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>PRINCIPAL/BLACKROCK RUSSELL 2000 INDEX CIT</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456</u>	2b Employer Identification Number (EIN) <u>52-2265233</u>
	2c Plan Sponsor's telephone number <u>610-676-2369</u>
	2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>PRINCIPAL/BLACKROCK RUSSELL 2000 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>52-2265233</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>RUSSELL 2000 INDEX FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>94-3318704-001</u>	<u>C</u>	<u>191757000</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)

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

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	401(K) PLAN AND EMPLOYEES TRUST OF HASTINGS IRRIGATION PIPE CO.	
b Name of plan sponsor	HASTINGS IRRIGATION PIPE CO.	c EIN-PN 47-0371670-002
a Plan name	401(K) PLAN FOR HOURLY EMPLOYEES OF TIGHTCO, INC.	
b Name of plan sponsor	TIGHTCO, INC.	c EIN-PN 57-0934530-001
a Plan name	401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	EQUIX, INC.	c EIN-PN 47-2794108-001
a Plan name	AAA MINNEAPOLIS 401(K) SAVINGS PLAN	
b Name of plan sponsor	AAA MINNEAPOLIS	c EIN-PN 41-0134600-002
a Plan name	ACCESS VG, LLC 401(K) PLAN	
b Name of plan sponsor	ACCESS VG LLC.	c EIN-PN 87-0432299-002
a Plan name	ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ADAMS GROUP	c EIN-PN 94-2200898-003
a Plan name	ADVANCED DEFENSE CONCEPTS, INC. 401(K) PLAN	
b Name of plan sponsor	ADVANCED DEFENSE CONCEPTS, INC.	c EIN-PN 54-1969151-002
a Plan name	ALLAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ALLAN INDUSTRIES, INC.	c EIN-PN 22-2647098-001
a Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-004
a Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-003
a Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	
b Name of plan sponsor	ALLEGIS GROUP, INC.	c EIN-PN 52-1304931-002
a Plan name	ALLERGY PARTNERS MANAGMENT LLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ALLERGY PARTNERS PLLC	c EIN-PN 56-1249571-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	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 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
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	ANNUITY FUND OF THE POLICE BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK	
b	Name of plan sponsor	PATROLMENS BENEVOLENT ASSOCIATION	c EIN-PN 13-6302673-999
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

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	ASTRO 401(K) PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY FOR RADIATION ONCOLOGY	c EIN-PN 42-0943164-001
a	Plan name	ATEK COMPANIES SAVINGS PLAN	
b	Name of plan sponsor	ATEK COMPANIES, INC.	c EIN-PN 47-5196837-003
a	Plan name	BAYLEY CONSTRUCTION PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	BAYLEY CONSTRUCTION	c EIN-PN 91-1764930-001
a	Plan name	BENECARD 401(K) PLAN	
b	Name of plan sponsor	BENECARD SERVICES, INC.	c EIN-PN 22-2998772-001
a	Plan name	BETTER BRANDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER BRANDS, INC.	c EIN-PN 57-0376838-002
a	Plan name	BIG L CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BIG L CORPORATION	c EIN-PN 38-1798532-002
a	Plan name	BOLLMAN HAT COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	BOLLMAN HAT COMPANY	c EIN-PN 23-1922616-002
a	Plan name	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	BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	
b	Name of plan sponsor	BRICKLAYERS LOCAL NO. 11 OF CALIF PENSION TRUST	c EIN-PN 95-3519963-002
a	Plan name	BROOKS EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	BROOKS EQUIPMENT COMPANY, INC.	c EIN-PN 88-0161234-002
a	Plan name	BUCK CONSULTANTS RETIREMENT PLAN	
b	Name of plan sponsor	BUCK GLOBAL, LLC	c EIN-PN 13-3954297-003

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 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 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 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
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 CARMAX, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARMAX, INC.	c EIN-PN 54-1821055-003
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 CAROLINA TURKEYS EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor BUTTERBALL, LLC	c EIN-PN 56-1458630-001
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 CARSON ESTATE TRUST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE CARSON COMPANIES	c EIN-PN 95-0608030-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CASE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	CASE FOODS, INC.	c EIN-PN 52-1702529-001
a	Plan name	CASH-WA DISTRIBUTING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASH WA DISTRIBUTING COMPANY OF KEA	c EIN-PN 47-0499172-002
a	Plan name	CCWD OPEB TRUST	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 47-6386712-999
a	Plan name	CCWD RET PLAN-MAP ACCOUNT	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 94-6000489-999
a	Plan name	CEDAR RIVER CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CEDAR RIVER CONTRACTING	c EIN-PN 42-1433596-001
a	Plan name	CENTENNIAL PLASTICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CENTENNIAL PLASTICS, INC	c EIN-PN 47-0841062-001
a	Plan name	CENTURY DIRECT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CENTURY DIRECT, LLC	c EIN-PN 11-3583330-002
a	Plan name	CHARLOTTE PIPE & FOUNDRY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHARLOTTE PIPE & FOUNDRY CO.	c EIN-PN 56-0174030-002
a	Plan name	CHARLOTTE REGIONAL BUSINESS ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor	CHARLOTTE REGIONAL BUSINESS ALLIANCE	c EIN-PN 56-0173610-002
a	Plan name	CHERRINGTON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CHERRINGTON INC.	c EIN-PN 87-0383997-001
a	Plan name	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	CITY OF IRVINE DEF BEN PENSION PL DB	
b	Name of plan sponsor	CITY OF IRVINE	c EIN-PN 95-2759391-999

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 LANSING DC PLAN	
b Name of plan sponsor	CITY OF LANSING	c EIN-PN 38-6004628-999
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	COLE KEPRO INTERNATIONAL, LLC	
b Name of plan sponsor	COLE KEPRO INTERNATIONAL, LLC	c EIN-PN 27-0868825-001
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	CONCRETE BLOCK EMPLOYERS PENSION PLAN	
b Name of plan sponsor	CONCRETE BLOCK	c EIN-PN 95-4179665-001
a Plan name	CORVESTA, INC. NEW COMPARABILITY CASH OR DEFERRED PROFIT SHARING PLAN	
b Name of plan sponsor	CORVESTA, INC.	c EIN-PN 02-0594515-001
a Plan name	COUNTY OF VENTURA RETIREMENT PLAN	
b Name of plan sponsor	VENTURA COUNTY	c EIN-PN 95-6000944-999
a Plan name	COVENANT CARE 401(K) PLAN	
b Name of plan sponsor	COVENANT CARE CALIFORNIA INC	c EIN-PN 33-0631540-001

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	COWANGATES, PC EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COWANGATES, PC	c EIN-PN 54-1398928-003
a	Plan name	CRESCENT ELECTRIC SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	CRESCENT ELECTRIC SUPPLY COMPANY	c EIN-PN 42-0201220-002
a	Plan name	CROSBY TUGS 401(K) PLAN	
b	Name of plan sponsor	CROSBY TUGS, LLC	c EIN-PN 72-0914194-001
a	Plan name	D & C EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	DILLON SUPPLY COMPANY	c EIN-PN 56-0201300-002
a	Plan name	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
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

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	DEWBERRY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DEWBERRY	c EIN-PN 13-0746510-001
a	Plan name	DIAGNOSTIC PHYSICIANS GROUP PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAGNOSTIC PHYSICIANS GROUP PC	c EIN-PN 47-2261224-001
a	Plan name	DICON FIBEROPTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DICON FIBEROPTICS, INC.	c EIN-PN 94-3006185-001
a	Plan name	DNA GROUP, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DNA GROUP, INC.	c EIN-PN 22-2834616-001
a	Plan name	DOBBS COMPANIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PREMIER DISTRIBUTING COMPANY	c EIN-PN 85-0301940-001
a	Plan name	DODSON BROS. EXTERMINATING CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DODSON BROTHERS EXTERMINATING CO., INC.	c EIN-PN 54-0624996-001
a	Plan name	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	EMPLOYEES' 401(K) PLAN OF RGC RESOURCES, INC.	
b	Name of plan sponsor	RGC RESOURCES, INC.	c EIN-PN 54-1909697-001
a	Plan name	EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN OF U.S. AIR CONDITIONING DISTRIBUTORS	
b	Name of plan sponsor	US AIRCONDITIONING DISTRIBUTORS, LLC	c EIN-PN 26-0852920-001
a	Plan name	ENGINE POWER SOURCE, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	ENGINE POWER SOURCE, INC.	c EIN-PN 56-1527828-001
a	Plan name	ERICKSON COMMUNITY 401(K) PLAN	
b	Name of plan sponsor	ERICKSON COMMUNITY	c EIN-PN 52-1874053-002

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	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	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	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	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	GARY M SCHWARZ, DDS MSD PA, 401(K) PSP	
b	Name of plan sponsor	GARY M SCHWARTZ, DDS, MSD, PA	c EIN-PN 20-0280987-001
a	Plan name	GEOLOGICS CORPORATION 401L(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEOLOGICS CORPORATION	c EIN-PN 52-1638914-001
a	Plan name	GER INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GER INDUSTRIES, INC.	c EIN-PN 13-2793835-001

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 GLEDIVE MEDICAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLEDIVE MEDICAL CENTER	c EIN-PN 81-6016016-002
a	Plan name GOVERNMENTAL RETIREE HEALTH BENEFIT PLAN	
b	Name of plan sponsor LOS RIOS COMMUNITY COLLEGE DISTRICT	c EIN-PN 94-1576340-999
a	Plan name GRAHAM HOSPITAL THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor GRAHAM HOSPITAL	c EIN-PN 37-0673506-002
a	Plan name GRAND ISLAND CLINIC, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GRAND ISLAND CLINIC INC	c EIN-PN 47-0176330-001
a	Plan name GROUP USA, INC. 401(K) PLAN	
b	Name of plan sponsor GROUP USA, INC.	c EIN-PN 22-2702612-001
a	Plan name 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 HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-003
a	Plan name HARVEY COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor TIDEWATER TRANSIT CO. INC.	c EIN-PN 56-0515560-002
a	Plan name HAZEN RESEARCH, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAZEN RESEARCH, INC.	c EIN-PN 84-0511412-002
a	Plan name HEALTH TRUST 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CARE CAPITAL PROPERTIES, INC.	c EIN-PN 30-1006088-001
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

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	INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN	
b	Name of plan sponsor	INGLES MARKETS, INCORPORATED	c EIN-PN 56-0846267-001
a	Plan name	IOWA BANKERS INSURANCE AND SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	IOWA BANKERS INSURANCE & SERVICES I	c EIN-PN 42-0984998-002
a	Plan name	IPR HEALTHCARE SYSTEM, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IPR HEALTHCARE SYSTEM, INC	c EIN-PN 76-0492632-001
a	Plan name	J. S. HOVNIANIAN & SONS, LLC 401(K) PLAN	
b	Name of plan sponsor	J. S. HOVNIANIAN & SONS, LLC	c EIN-PN 22-3842774-001
a	Plan name	JOHANNA BEVERAGE CO., LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 20-8256706-001
a	Plan name	JOHANNA FOODS, INC. LACTO DIVISION SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	JOHANNA FOODS, INC.	c EIN-PN 22-2973062-006
a	Plan name	JOHN 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

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	KAMPGROUNDS OF AMERICA, INC. SALARY REDUCTION PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KAMPGROUNDS OF AMERICA INC	c EIN-PN 81-0292967-005
a	Plan name	KENNEDY AND GRAVEN CHARTERED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KENNEDY AND GRAVEN CHARTERED	c EIN-PN 41-1225694-008
a	Plan name	KERN OIL & REFINING COMPANY PENSION	
b	Name of plan sponsor	KERN OIL & REFINING COMPANY	c EIN-PN 33-0011506-828
a	Plan name	KLINGSPOR ABRASIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KLINGSPOR ABRASIVES, INC.	c EIN-PN 56-1252941-001
a	Plan name	KOLACHE FACTORY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	KOLACHE FACTORY, INC.	c EIN-PN 76-0206525-001
a	Plan name	KRUGER PULP AND PAPER SALES, INC PENSION PLAN	
b	Name of plan sponsor	KRUGER PULP AND PAPER SALES INC.	c EIN-PN 02-0260404-005
a	Plan name	K-VA-T 401(K) PLAN	
b	Name of plan sponsor	K-VA-T FOOD STORES, INC.	c EIN-PN 55-0421484-003
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
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	LEANIN' TREE INC. 401(K) PLAN	
b	Name of plan sponsor	LEANIN TREE, INC.	c EIN-PN 84-1130457-002

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	LESTER RETIREMENT BUILDER SAVINGS PLAN	
b	Name of plan sponsor	LESTER BUILDING SYSTEMS, LLC	c EIN-PN 20-1262938-001
a	Plan name	LINDQUIST MACHINE CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	LINDQUIST MACHINE CORPORATION	c EIN-PN 39-1288747-001
a	Plan name	LINDT & SPRUNGLI NORTH AMERICA, INC. AND RUSSELL STOVER CHOCOLATES, LLC 401(K) PLAN	
b	Name of plan sponsor	RUSSELL STOVER CANDIES, INC.	c EIN-PN 43-1243415-002
a	Plan name	LOGISTICS AND ENVIRONMENTAL SOLUTIONS CORP. (DBA LESCO) 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LOGISTICS & ENVIRONMENTAL SUPORT SERVICES CORPORATION	c EIN-PN 63-1071824-001
a	Plan name	MAC PAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAC PAPERS, INC.	c EIN-PN 59-1059698-001
a	Plan name	MACKAY COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-002
a	Plan name	MAG INSTRUMENT INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAG INSTRUMENT INC	c EIN-PN 95-2912384-001
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	MANIER & HEROD, A TENNESSEE PROFESSIONAL CORP PROFIT SHARING PLAN	
b	Name of plan sponsor	MANIER & HEROD, A TENNESSEE PROFESSIONAL CORPORATION	c EIN-PN 62-1040990-001
a	Plan name	MANUFACTURERS RESERVE SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MANUFACTURERS RESERVE SUPPLY, INC.	c EIN-PN 22-1090400-002
a	Plan name	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

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 MAX DAETWYLER CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX DAETWYLER CORPORATION	c EIN-PN 11-2370031-001
a	Plan name MAXITRANSFERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor MAXITRANSFERS CORPORATION	c EIN-PN 58-2563969-001
a	Plan name MCKMAHON TRUCK CENTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MACK TRUCK SALES OF CHARLOTTE, INC.	c EIN-PN 56-1784884-001
a	Plan name MEGEN CONSTRUCTION COMPANY, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor MEGEN CONSTRUCTION COMPANY, INC.	c EIN-PN 31-1397782-001
a	Plan name 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
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 MINNEAPOLIS CLINIC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor MINNEAPOLIS CLINIC OF NEUROLOGY, LTD.	c EIN-PN 41-0999094-001
a	Plan name MINNETRONIX, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MINNETRONIX, INC.	c EIN-PN 41-1828303-001

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	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	MORRISON-MAIERLE, INC. 401(K) PLAN	
b	Name of plan sponsor	MORRISON-MAIERLE, INC.	c EIN-PN 81-0217149-002
a	Plan name	MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOUNTAINSIDE FARMS, A DIVISION OF WORCESTER CREAMERIES CORP.	c EIN-PN 14-1623557-005
a	Plan name	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	NAMASCO DEFINED BENEFIT PLAN	
b	Name of plan sponsor	KLOECKNER NAMASCO HOLDINGS CORPORATION	c EIN-PN 11-3353275-001
a	Plan name	NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS	c EIN-PN 53-0188893-002
a	Plan name	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
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

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 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 O'RIELLY MOTOR COMPANY & AFFILIATES EMPLOYEE INVESTMENT/SAVINGS PLAN	
b	Name of plan sponsor O'RIELLY MOTOR COMPANY & AFFILIATES	c EIN-PN 86-0077638-002
a	Plan name PARTRIDGE WELL DRILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor PARTRIDGE WELL DRILLING COMPANY, INC.	c EIN-PN 59-1564237-001
a	Plan name PBBS EQUIPMENT CORP EMPLOYEES PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor PBBS EQUIPMENT CORPORATION	c EIN-PN 39-0888681-001
a	Plan name PBI PERFORMANCE PRODUCTS, INC. HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PBI PERFORMANCE PRODUCTS, INC.	c EIN-PN 20-1977207-002
a	Plan name 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 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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES - MICHIGAN PLAN	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 38-2796098-001
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF TIMBER PRODUCTS COMPANY	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF TIMBER PRODUCTS COMPANY & AFFILIATES	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-002
a	Plan name	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	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	PHYSICIANS CARE OF VIRGINIA, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PHYSICIANS CARE OF VIRGINIA, P.C.	c EIN-PN 54-1769283-001
a	Plan name	PIMA MEDICAL INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	PIMA MEDICAL INSTITUTE	c EIN-PN 86-0260863-001
a	Plan name	PL SUBSIDIARY, INC. 401(K) PLAN	
b	Name of plan sponsor	PL SUBSIDIARY, INC.	c EIN-PN 56-1571891-001
a	Plan name	PLUMB SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLUMB SUPPLY COMPANY	c EIN-PN 20-5528317-002
a	Plan name	POARCH BAND OF CREEK INDIANS 401-K GOVERNMENT PLAN	
b	Name of plan sponsor	POARCH BAND OF CREEK INDIANS	c EIN-PN 63-0705119-999
a	Plan name	POLYDECK SCREEN CORPORATION 401(K) PLAN	
b	Name of plan sponsor	POLYDECK SCREEN CORPORATION	c EIN-PN 57-0673179-001

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 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 PROFIT SHARING PLAN FOR EMMET, MARVIN & MARTIN LLP	
b	Name of plan sponsor EMMET, MARVIN & MARTIN LLP	c EIN-PN 13-5054210-002
a	Plan name PROLIFICS, INC. 401(K) PLAN	
b	Name of plan sponsor PROLIFICS CORP	c EIN-PN 11-2497724-001
a	Plan name QUALIFIED RETIREMENT PLAN FOR J.J. ASSOCIATES, INC.	
b	Name of plan sponsor J.J. ASSOCIATES, INC.	c EIN-PN 91-1257897-001
a	Plan name 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 RELIABLE CREDIT ASSOCIATION, INC. PROFIT SHARING AND TRUST	
b	Name of plan sponsor RELIABLE CREDIT ASSOCIATION, INC.	c EIN-PN 93-0472382-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SOUTHWEST SAW	
b	Name of plan sponsor SOUTHWEST SAW CORPORATION	c EIN-PN 74-1465605-001

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 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 SAVINGS PLAN OF WINSTON-SALEM TRANSIT AUTHORITY	
b	Name of plan sponsor TRANSDEV SERVICES, INC.	c EIN-PN 52-1493194-005
a	Plan name RICK ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RICK ENGINEERING COMPANY	c EIN-PN 95-1859899-004
a	Plan name RIDGEVIEW CLINICS 401(K) PLAN	
b	Name of plan sponsor RIDGEVIEW CLINICS	c EIN-PN 41-1651783-002
a	Plan name RIDGEVIEW MEDICAL CENTER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RIDGEVIEW MEDICAL CENTER	c EIN-PN 31-1667875-002
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 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

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	SEATTLE SYMPHONY PLAYERS PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE SEATTLE SYMPHONY PLAYERS PENSION PLAN	c EIN-PN 91-1082288-001
a	Plan name	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	SHELTERLOGIC CORP 401(K) PLAN	
b	Name of plan sponsor	SHELTERLOGIC CORP.	c EIN-PN 45-2872214-001
a	Plan name	SMC INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SOIL AND MATERIAL CONSULTANTS INC	c EIN-PN 36-3094075-001
a	Plan name	SMYTH COMPANIES SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SMYTH COMPANIES, LLC	c EIN-PN 90-0743685-001
a	Plan name	SOUTHEASTERN CONCRETE PRODUCTS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN CONCRETE PRODUCTS COMPANY	c EIN-PN 57-0281727-003
a	Plan name	SOUTHERN OREGON ORTHOPEDICS, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	SOUTHERN OREGON ORTHOPEDICS, INC.	c EIN-PN 93-0587572-003
a	Plan name	STANISLAUS FARM SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANISLAUS FARM SUPPLY	c EIN-PN 94-1147776-001
a	Plan name	STEINBERG DIAGNOSTIC MEDICAL IMAGING 401(K) PLAN	
b	Name of plan sponsor	STEINBERG DIAGNOSTIC MEDICAL IMAGING	c EIN-PN 88-0232199-001
a	Plan name	STEINHAFELS INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	STEINHAFELS INC.	c EIN-PN 39-0975161-001
a	Plan name	STELLAR INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STELLAR INDUSTRIES INC	c EIN-PN 42-1354535-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	STEUBEN FOODS SAVINGS PLAN
b	Name of plan sponsor	STEUBEN FOODS INCORPORATED
c	EIN-PN	22-2407431-002
a	Plan name	STORY CONSTRUCTION CO RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	STORY CONSTRUCTION CO
c	EIN-PN	42-0992152-001
a	Plan name	STRATEGIC AMERICA, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	STRATEGIC AMERICA, INC.
c	EIN-PN	42-1206760-001
a	Plan name	STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST
b	Name of plan sponsor	STRUCTURAL GROUP
c	EIN-PN	52-1071818-001
a	Plan name	SUBARU DISTRIBUTORS CORP RETIREMENT PLAN & TRUST
b	Name of plan sponsor	SUBARU DISTRIBUTORS CORP.
c	EIN-PN	13-2801921-002
a	Plan name	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	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 BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor BOBRICK CORP	c EIN-PN 95-2500371-001
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 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 MANCINI PACKING COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THE MANCINI PACKING COMPANY	c EIN-PN 06-0438946-001
a	Plan name THE MORNING STAR COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MORNING STAR COMPANY	c EIN-PN 94-2421552-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE NORTH WEST COMPANY (INTERNATIONAL) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	THE NORTH WEST COMPANY	c EIN-PN 92-0144184-001
a	Plan name	THE PENSION PLAN FOR EMPLOYEES OF ST. ANNES MATERNITY HOME	
b	Name of plan sponsor	ST. ANNES MATERNITY HOME	c EIN-PN 95-1691306-001
a	Plan name	THE PETROLEUM CLUB PENSION PLAN	
b	Name of plan sponsor	PETROLEUM CLUB OF HOUSTON	c EIN-PN 74-1098713-001
a	Plan name	THE 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 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	TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-003
a	Plan name	TLINGIT & HAIDA INDIAN TRIBES RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	CENTRAL COUNCIL TLINGIT AND HAIDA INDIAN TRIBES	c EIN-PN 92-0036505-999
a	Plan name	TOLTZ, KING, DUVALL, ANDERSON & ASSOCIATES, INC. 401(K) FLEXIBLE SAVINGS PLAN	
b	Name of plan sponsor	TOLTZ KING DUVALL ANDERSON & ASSOC	c EIN-PN 41-0579540-001

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 TOWN PUMP, ET AL 401(K) PLAN	
b	Name of plan sponsor TOWN PUMP, ET AL	c EIN-PN 81-0270360-001
a	Plan name TRANSIT MANAGEMENT OF CHARLOTTE, INC. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor TRANSIT MANAGEMENT OF CHARLOTTE	c EIN-PN 56-1164899-999
a	Plan name 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 TUTHILL CORPORATION SUPPLEMENTAL INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor TUTHILL CORPORATION	c EIN-PN 36-1885005-004
a	Plan name TWD & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TWD & ASSOCIATES	c EIN-PN 54-1637078-001
a	Plan name VARIETY WHOLESALERS, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor VARIETY WHOLESALERS, INC.	c EIN-PN 56-0653322-002
a	Plan name VENTAS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VENTAS, INC.	c EIN-PN 61-1055020-001
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 WALKER, GIROUX & HAHNE, LLC EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor WALKER, GIROUX & HAHNE, LLC	c EIN-PN 41-1359264-001
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

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 WEBER'S, INC. EMPLOYEES' SAVINGS PLAN & TRUST	
b	Name of plan sponsor WEBERS INN	c EIN-PN 38-1734391-001
a	Plan name WESTIN HOMES AND PROPERTIES LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTIN HOMES AND PROPERTIES LP	c EIN-PN 20-0286051-001
a	Plan name WESTLAKE REALTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor WESTLAKE REALTY GROUP, INC.	c EIN-PN 11-3675140-001
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 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 YOKOHAMA TIRE CORPORATION FROZEN NON-CONTRIBUTORY	
b	Name of plan sponsor YOKOHAMA TIRE CORPORATION	c EIN-PN 95-2624417-006
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 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		
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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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL/BLACKROCK RUSSELL 2000 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) 52-2265233

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	2628000
		283000
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)	193084000
(10) Value of interest in pooled separate accounts	1c(10)	191757000
(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	195712000	192040000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2665000	328000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2665000	328000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	193047000	191712000

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)	21095000
(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	21095000

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)	19000
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	23000
(11) Other expenses.....	2i(11)	206000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	248000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	248000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	20847000
l Transfers of assets:		
(1) To this plan.....	2l(1)	39941000
(2) From this plan	2l(2)	62123000

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 _____.