

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 LARGE CAP GROWTH 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>52-2265232</u> |
| | 2c Plan Sponsor's telephone number <u>610-676-2369</u> |
| | 2d Business code (see instructions) |

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

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

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

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

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

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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) |
|---|---|

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. |
|---|--|---|

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 LARGE CAP GROWTH 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>52-2265232</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) |
|---------------|--|

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>RUSSELL 1000 GROWTH 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>94-3330725-001</u> | <u>C</u> | <u>207784000</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

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

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

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

c EIN-PN

d Entity code

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

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d Entity code

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) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor EQUIX, INC. | c EIN-PN 47-2794108-001 |
| 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 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 ANCIRA ENTERPRISES EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor ANCIRA ENTERPRISES | c EIN-PN 74-2299389-001 |
| 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 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 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 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 |

| 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 | CALBAG METALS COMPANY PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CALBAG METALS COMPANY | c EIN-PN 93-0466199-001 |
| 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 | 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 | CENTURY DIRECT, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | CENTURY DIRECT, LLC | c EIN-PN 11-3583330-002 |
| a | Plan name | CHERRINGTON, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CHERRINGTON INC. | c EIN-PN 87-0383997-001 |
| a | Plan name | CITY OF IRVINE DEF BEN PENSION PL DB | |
| b | Name of plan sponsor | CITY OF IRVINE | c EIN-PN 95-2759391-999 |
| 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 OCALA - WF LARGE CAP GRW IND | |
| b | Name of plan sponsor | CITY OF OCALA | c EIN-PN 59-6000392-999 |
| a | Plan name | COMMANDER, NAVY INSTALLATIONS COMMAND NON-APPROPRIATED FUND 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | COMMANDER, NAVY INSTALLATIONS COMMAND | c EIN-PN 52-0813349-999 |

| 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 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 COWANGATES, PC EMPLOYEES SAVINGS PLAN | |
| b | Name of plan sponsor COWANGATES, PC | c EIN-PN 54-1398928-003 |
| 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 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 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 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 |

| 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 | 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 | FARIBAULT FOODS, INC. PENSION PLAN |
| b | Name of plan sponsor | FARIBAULT FOODS, INC. |
| c | EIN-PN | 41-0246215-001 |
| 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 | 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 | HOLTEC INTERNATIONAL PROFIT SHARING PLAN AND TRUST |
| b | Name of plan sponsor | HOLTEC INTERNATIONAL |
| c | EIN-PN | 20-4598433-001 |
| a | Plan name | INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN |
| b | Name of plan sponsor | INGLES MARKETS, INCORPORATED |
| c | EIN-PN | 56-0846267-001 |
| 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 | KRUGER PULP AND PAPER SALES, INC PENSION PLAN |
| b | Name of plan sponsor | KRUGER PULP AND PAPER SALES INC. |
| c | EIN-PN | 02-0260404-005 |
| a | Plan name | K-VA-T 401(K) PLAN |
| b | Name of plan sponsor | K-VA-T FOOD STORES, INC. |
| c | EIN-PN | 55-0421484-003 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | LACROSSE FOOTWEAR, INC. PENSION PLAN | |
| b | Name of plan sponsor | LACROSSE FOOTWEAR, INC. | c EIN-PN 39-1446816-002 |
| a | Plan name | LESTER RETIREMENT BUILDER SAVINGS PLAN | |
| b | Name of plan sponsor | LESTER BUILDING SYSTEMS, LLC | c EIN-PN 20-1262938-001 |
| a | Plan name | 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 | 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 | 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 | MAXITRANSFERS CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | MAXITRANSFERS CORPORATION | c EIN-PN 58-2563969-001 |
| a | Plan name | MICRO CONTROL 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MICRO CONTROL COMPANY | c EIN-PN 41-1275162-001 |
| a | Plan name | MIDSOUTH BANCORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MIDSOUTH BANCORPORATION | c EIN-PN 63-0906823-002 |
| 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 | MOELLER ENTERPRISES 401(K) PLAN | |
| b | Name of plan sponsor | MOELLER MFG. COMPANY LLC | c EIN-PN 38-1723023-005 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name MORRISON-MAIERLE, INC. 401(K) PLAN | |
| b | Name of plan sponsor MORRISON-MAIERLE, INC. | c EIN-PN 81-0217149-002 |
| 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 NAMASCO DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor KLOECKNER NAMASCO HOLDINGS CORPORATION | c EIN-PN 11-3353275-001 |
| 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 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 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 O'RIELLY MOTOR COMPANY & AFFILIATES EMPLOYEE INVESTMENT/SAVINGS PLAN | |
| b | Name of plan sponsor O'RIELLY MOTOR COMPANY & AFFILIATES | c EIN-PN 86-0077638-002 |
| a | Plan name PACWEST MACHINERY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PACWEST MACHINERY LLC | c EIN-PN 47-5633567-001 |
| a | Plan name 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 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 |

| 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 SALARIED EMPLOYEES OF TIMBER PRODUCTS COMPANY & AFFILIATES | |
| b | Name of plan sponsor TIMBER PRODUCTS CO | c EIN-PN 36-2639465-002 |
| 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 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 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 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 RCS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor RETAIL CONSTRUCTION SERVICES, INC. | c EIN-PN 41-1330800-002 |
| 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 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 RICK ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor RICK ENGINEERING COMPANY | c EIN-PN 95-1859899-004 |

| 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 | 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 | 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 | 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 | SOUTHWIRE COMPANY HOURLY PENSION PLAN | |
| b | Name of plan sponsor | SOUTHWIRE COMPANY, LLC | c EIN-PN 58-2020515-013 |
| 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 | 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 | 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 |

| 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 GRINNELL MUTUAL RETIREMENT PLAN | |
| b | Name of plan sponsor GRINNELL MUTUAL REINSURANCE CO | c EIN-PN 42-0245990-002 |
| 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 TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN | |
| b | Name of plan sponsor TIMBER PRODUCTS CO | c EIN-PN 36-2639465-003 |
| 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 TULSA SURGICAL ARTS PC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor TULSA SURGICAL ARTS PC | c EIN-PN 73-1541191-001 |
| 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 |

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan PRINCIPAL/BLACKROCK LARGE CAP GROWTH 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) 52-2265232 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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) | 4292000 | 216000 |
| 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) | 214087000 | 207784000 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 218379000 | 208000000 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 4321000 | 252000 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 4321000 | 252000 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 214058000 | 207748000 |

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) | | 64374000 |
| (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 | | 64374000 |

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) | 26000 | |
| (11) Other expenses | 2i(11) | 103000 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 148000 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 148000 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 64226000 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 14155000 |
| (2) From this plan | 2l(2) | | 84691000 |

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 _____.