

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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) P

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 the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>PRINCIPAL LDI SHORT DURATION SEPARATE ACCOUNT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>127</u></p>
<p>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>PRINCIPAL LIFE INSURANCE COMPANY</u></p> <p><u>711 HIGH STREET</u> <u>DES MOINES, IA 50392-1000</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>42-0127290</u></p> <p>2c Plan Sponsor's telephone number <u>515-362-1107</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2025</u>	<u>DARIN MCWILLIAMS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH STREET DES MOINES, IA 50392-1000	3b Administrator's EIN 42-0127290 3c Administrator's telephone number 515-362-1107																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
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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 LDI SHORT DURATION SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>127</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>42-0127290</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:		
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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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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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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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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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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d Entity code

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

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

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 TN AMERICAS HOLDINGS, INC. DEFINED BENEFIT PLAN - ERWIN PLANT EMPLOYEES	
b	Name of plan sponsor TN GEORGIA, INC.	c EIN-PN 58-1884128-009
a	Plan name DARLING INGREDIENTS INC. HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor DARLING INGREDIENTS INC.	c EIN-PN 36-2495346-008
a	Plan name DARLING INGREDIENTS RETIREMENT INCOME PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor DARLING INGREDIENTS INC.	c EIN-PN 36-2495346-031
a	Plan name PARR INSTRUMENT COMPANY RETIREMENT PLAN	
b	Name of plan sponsor PARR INSTRUMENT COMPANY	c EIN-PN 36-1602910-001
a	Plan name SMC GLOBAL HOLDINGS, INC. RETIREMENT INCOME PLAN A	
b	Name of plan sponsor SMC GLOBAL HOLDINGS, INC.	c EIN-PN 25-0929301-002
a	Plan name BOOTH AMERICAN COMPANY PENSION PLAN	
b	Name of plan sponsor BOOTH AMERICAN COMPANY	c EIN-PN 38-0826060-001
a	Plan name ELEMENTIS SPECIALTIES, INC. CHARLESTON PLANT PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor ELEMENTIS SPECIALTIES, INC.	c EIN-PN 05-0495836-001
a	Plan name AMERICAN CHROME AND CHEMICALS, INC. CORPUS CHRISTI PLANT PENSION PLAN	
b	Name of plan sponsor AMERICAN CHROME AND CHEMICALS, INC.	c EIN-PN 42-1557978-004
a	Plan name LITTLE VILLAGE SCHOOL DEFINED BENEFIT PLAN	
b	Name of plan sponsor HAGEDORN LITTLE VILLAGE SCHOOL	c EIN-PN 11-2222807-001
a	Plan name RETIREMENT PLAN OF COLE S QUALITY FOODS, INC. FOR EMPLOYEES IN A BARGAINING UNIT	
b	Name of plan sponsor COLE S QUALITY FOODS, INC.	c EIN-PN 38-1291439-002
a	Plan name BC BANK, INC. PENSION PLAN	
b	Name of plan sponsor BC BANK, INC.	c EIN-PN 55-0519325-001
a	Plan name STANDARD-KNAPP, INC. AMENDED AND RESTATED HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor STANDARD-KNAPP, INC.	c EIN-PN 06-1119214-005

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 PENSION AGREEMENT BETWEEN AKRO-MILS AND USWA LOCAL 1761-02	
b	Name of plan sponsor MYERS INDUSTRIES, INC.	c EIN-PN 34-0778636-002
a	Plan name H. D. HUDSON LEGACY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor H. D. HUDSON MANUFACTURING COMPANY	c EIN-PN 36-1243360-009
a	Plan name WEBB CHEMICAL SERVICE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor WEBB CHEMICAL SERVICE CORPORATION	c EIN-PN 38-2021884-001
a	Plan name MONADNOCK PAPER MILLS, INC. RETIREMENT PLAN	
b	Name of plan sponsor MONADNOCK PAPER MILLS, INC.	c EIN-PN 02-0215853-003
a	Plan name WESTERN INDUSTRIES, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor WESTERN INDUSTRIES, INC.	c EIN-PN 39-0808688-002
a	Plan name ADVENT ADVISORY GROUP LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor ADVENT ADVISORY GROUP LLC	c EIN-PN 20-8592341-001
a	Plan name HEBE LLC CASH BALANCE PLAN	
b	Name of plan sponsor HEBE LLC	c EIN-PN 82-4853169-002
a	Plan name ERVIN INDUSTRIES, INC. PENSION PLAN FOR SALARIED, NON-UNION EMPLOYEES	
b	Name of plan sponsor ERVIN INDUSTRIES, INC.	c EIN-PN 38-0522445-004
a	Plan name DEL-CO WATER COMPANY, INC. PENSION PLAN TRUST	
b	Name of plan sponsor DEL-CO WATER COMPANY, INC.	c EIN-PN 31-0749383-001
a	Plan name MAKINO INC. PENSION PLAN	
b	Name of plan sponsor MAKINO INC.	c EIN-PN 31-0352460-119
a	Plan name UNITED DAIRY INC SALARIED EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor UNITED DAIRY INC	c EIN-PN 34-1141090-002
a	Plan name FARMER BROS. CO. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor FARMER BROS. CO.	c EIN-PN 95-0725980-006

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 ELEMENTIS GLOBAL CAREER REWARD PLAN	
b	Name of plan sponsor ELEMENTIS GLOBAL LLC	c EIN-PN 51-0357741-011
a	Plan name ELEMENTIS CHEMICALS INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor ELEMENTIS CHEMICAL INC.	c EIN-PN 51-0259017-001
a	Plan name ELEMENTIS SPECIALTIES, INC. ST. LOUIS PLANT PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor ELEMENTIS SPECIALTIES, INC.	c EIN-PN 05-0495836-003
a	Plan name CROZER-KEYSTONE HEALTH SYSTEM EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PROSPECT CROZER, LLC	c EIN-PN 61-1778286-001
a	Plan name MALTEUROP NORTH AMERICA INC. HOURLY PENSION PLAN	
b	Name of plan sponsor MALTEUROP NORTH AMERICA INC.	c EIN-PN 75-3269114-001
a	Plan name TEXAS FARM PRODUCTS HOLDING COMPANY DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor TEXAS FARM PRODUCTS COMPANY	c EIN-PN 75-0604330-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF A.M. CASTLE AND CO.	
b	Name of plan sponsor A.M. CASTLE AND CO.	c EIN-PN 36-0879160-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.	
b	Name of plan sponsor EASTER SEALS, INC.	c EIN-PN 36-2171729-001
a	Plan name YONKERS RACING CORPORATION PENSION PLAN	
b	Name of plan sponsor YONKERS RACING CORPORATION	c EIN-PN 83-2428409-001
a	Plan name PENSION PLAN FOR THE EMPLOYEES OF APPALACHIAN ELECTRONIC INSTRUMENTS, INC.	
b	Name of plan sponsor APPALACHIAN ELECTRONIC INSTRUMENTS, INC.	c EIN-PN 55-0384909-001
a	Plan name SOFTHEON INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor SOFTHEON, INC.	c EIN-PN 11-3580784-001
a	Plan name GO ENERGISTICS CASH BALANCE PLAN	
b	Name of plan sponsor GO ENERGISTICS, LLC	c EIN-PN 27-5382972-002

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 SUPERIOR FIBERS, LLC SHAWNEE PLANTDEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor SUPERIOR FIBERS, LLC	c EIN-PN 31-1088252-003
a	Plan name PENSION PLAN FOR CERTAIN HOURLY EMPLOYEES OF PAULO PRODUCTS COMPANY AND AFFILIATES	
b	Name of plan sponsor PAULO PRODUCTS COMPANY	c EIN-PN 43-0618815-003
a	Plan name ACS EMPLOYEES DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor ALASKA CLEAN SEAS	c EIN-PN 92-0163046-001
a	Plan name THE CHALLENGE MACHINERY COMPANY FROZEN DEFINED BENEFIT PLAN	
b	Name of plan sponsor THE CHALLENGE MACHINERY COMPANY	c EIN-PN 38-0411340-002
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF INDUSTRIAL METAL PRODUCTS CORPORATION	
b	Name of plan sponsor INDUSTRIAL METAL PRODUCTS CORPORATION	c EIN-PN 38-0677845-001
a	Plan name ITS, INC. PENSION PLAN	
b	Name of plan sponsor ITS, INC.	c EIN-PN 42-1171146-001
a	Plan name WYKAGYL COUNTRY CLUB, INC. PENSION PLAN	
b	Name of plan sponsor WYKAGYL COUNTRY CLUB, INC.	c EIN-PN 13-1737897-002
a	Plan name HAMILTON CASTER AND MFG. CO. PENSION PLAN	
b	Name of plan sponsor HAMILTON CASTER AND MFG. CO.	c EIN-PN 31-0308370-001
a	Plan name HITACHI ASTEMO FINDLAY INC PENSION	
b	Name of plan sponsor HITACHI ASTEMO FINDLAY, INC.	c EIN-PN 31-1252372-003
a	Plan name BILTRITE RIPLEY OPERATIONS LLC PENSION PLAN	
b	Name of plan sponsor BILTRITE RIPLEY OPERATIONS, INC.	c EIN-PN 20-5624135-001
a	Plan name SUN COMMUNITY FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor SUN COMMUNITY FEDERAL CREDIT UNION	c EIN-PN 95-1879075-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF ADVANCED SILICON MATERIALS, LLC	
b	Name of plan sponsor REC ADVANCED SILICON MATERIALS, LLC	c EIN-PN 20-3097239-002

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	SOUTHCORP USA HOLDINGS, INC. PENSION PLAN	
b	Name of plan sponsor	TREASURY WINE ESTATES	c EIN-PN 94-2227626-010
a	Plan name	SERVICE PIPE AND SUPPLY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SERVICE PIPE AND SUPPLY, INC.	c EIN-PN 35-1152006-001
a	Plan name	SEASONS FEDERAL CREDIT UNION CASH BALANCE RETIREMENT PENSION PLAN	
b	Name of plan sponsor	SEASONS FEDERAL CREDIT UNION	c EIN-PN 06-0677569-002
a	Plan name	BANK OF WIGGINS PENSION PLAN	
b	Name of plan sponsor	BANK OF WIGGINS	c EIN-PN 64-0117320-002
a	Plan name	EEPOD, LLC DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	EEPOD, LLC	c EIN-PN 04-3786902-002
a	Plan name	U.S. AXLE, INC. HOURLY EMPLOYEES PENSION PLAN AND TRUST	
b	Name of plan sponsor	U.S. AXLE, INC.	c EIN-PN 23-2049713-002
a	Plan name	RETIREMENT PLAN OF FIRST COUNTY BANK	
b	Name of plan sponsor	FIRST COUNTY BANK	c EIN-PN 06-0547190-001
a	Plan name	ERVIN INDUSTRIES, INC. PENSION PLAN FOR HOURLY PAID EMPLOYEES	
b	Name of plan sponsor	ERVIN INDUSTRIES, INC.	c EIN-PN 38-0522445-003
a	Plan name	CEMETERY EMPLOYER ASSOCIATION UNION PENSION PLAN	
b	Name of plan sponsor	CEMETERY EMPLOYER ASSOCIATION UNION PENSION P	c EIN-PN 05-0531461-001
a	Plan name	CHARLOTTESVILLE PATHOLOGY ASSOCIATES, PLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	CHARLOTTESVILLE PATHOLOGY ASSOCIATES, PLC	c EIN-PN 54-1686955-003
a	Plan name	WISE FOODS PENSION PLAN	
b	Name of plan sponsor	WISE FOODS, INC.	c EIN-PN 51-0370373-002
a	Plan name	EP-DIRECT RETIREMENT PLAN	
b	Name of plan sponsor	EP DIRECT	c EIN-PN 39-1287457-001

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	CRYSTAL CRUISES PENSION PLAN
b	Name of plan sponsor	CRYSTAL CRUISES, LLC
c	EIN-PN	95-4156825-001
a	Plan name	ELEMENTIS SPECIALTIES, INC. NEWBERRY SPRINGS PLANT AND HECTOR MINE PENSION PLAN FOR HOURLY
b	Name of plan sponsor	ELEMENTIS SPECIALTIES, INC.
c	EIN-PN	05-0495836-002
a	Plan name	RETIREMENT PLAN FOR BARGAINING-UNIT EMPLOYEES OF ELEMENTIS PIGMENTS INC.
b	Name of plan sponsor	ELEMENTIS GLOBAL LLC
c	EIN-PN	51-0357741-003
a	Plan name	BLACK BUTTE COAL COMPANY PENSION PLAN
b	Name of plan sponsor	BLACK BUTTE COAL COMPANY
c	EIN-PN	47-6090898-001
a	Plan name	GRAND LODGE OF MASONS OR MASONIC HOME, INC. DEFINED BENEFIT PLAN
b	Name of plan sponsor	GRAND LODGE OF MASONS IN MASSACHUSETTS
c	EIN-PN	04-1383607-001
a	Plan name	THE PENSION PLAN OF COMMUNITY ACTION ORGANIZATION OF ERIE COUNTY, INC.
b	Name of plan sponsor	THE COMMUNITY ACTION ORGANIZATION OF ERIE COU
c	EIN-PN	16-0911473-001
a	Plan name	NEWSPAPERS OF NEW ENGLAND, INC. PENSION PLAN
b	Name of plan sponsor	NEWSPAPERS OF NEW ENGLAND, INC.
c	EIN-PN	04-2626570-004
a	Plan name	ATLANTIC INDUSTRIES PENSION PLAN
b	Name of plan sponsor	ATLANTIC CONCRETE PRODUCTS, INC.
c	EIN-PN	23-1706049-003
a	Plan name	CASTLEBERRY S FOOD COMPANY RETIREMENT PLAN
b	Name of plan sponsor	BUMBLE BEE FOODS, LLC
c	EIN-PN	58-1931051-001
a	Plan name	VAN HOOSE CONSTRUCTION CASH BALANCE PLAN
b	Name of plan sponsor	VAN HOOSE CONSTRUCTION
c	EIN-PN	73-1123324-002
a	Plan name	MONADNOCK PENSION PLAN
b	Name of plan sponsor	MONADNOCK PAPER MILLS, INC.
c	EIN-PN	02-0215853-001
a	Plan name	SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC. DEFINED BENEFIT PLAN
b	Name of plan sponsor	SHELTERING ARMS CHILDREN AND FAMILY SERVICES,
c	EIN-PN	13-3709095-001

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	BRETHREN MUTUAL INSURANCE COMPANY EMPLOYEE RETIREMENT PLAN
b	Name of plan sponsor	BRETHREN MUTUAL INSURANCE COMPANY
c	EIN-PN	52-0254590-001
a	Plan name	MONOFRAX, LLC PENSION PLAN FOR REPRESENTED EMPLOYEES OF FALCONER, NEW YORK
b	Name of plan sponsor	MONOFRAX, LLC
c	EIN-PN	20-8250290-003
a	Plan name	ENGINEERED MATERIALS SOLUTIONS PENSION PLAN
b	Name of plan sponsor	EMS ENGINEERED MATERIALS SOLUTIONS, LLC
c	EIN-PN	26-0752055-003
a	Plan name	DISTINCTIVE DENTAL SERVICES CASH BALANCE PLAN
b	Name of plan sponsor	DISTINCTIVE DENTAL SERVICES
c	EIN-PN	45-5490444-002
a	Plan name	NATIONAL MINING ASSOCIATION RETIREMENT PLAN
b	Name of plan sponsor	NATIONAL MINING ASSOCIATION
c	EIN-PN	52-1916480-003
a	Plan name	SUPERIOR FIBERS, LLC DEFINED BENEFIT PLAN AND TRUST
b	Name of plan sponsor	SUPERIOR FIBERS, LLC
c	EIN-PN	31-1088252-001
a	Plan name	THE RETIREMENT PLAN OF MEDINA SAVINGS AND LOAN ASSOCIATION
b	Name of plan sponsor	GENERATIONS BANK
c	EIN-PN	15-0443420-005
a	Plan name	ALM MEDIA, LLC PENSION PLAN
b	Name of plan sponsor	ALM MEDIA, LLC
c	EIN-PN	13-3273851-003
a	Plan name	PENSION PLAN FOR THE EMPLOYEES OF SENECA SAVINGS
b	Name of plan sponsor	SENECA SAVINGS
c	EIN-PN	82-3136976-001
a	Plan name	SPENCER SAVINGS BANK, SLA EMPLOYEES PENSION PLAN
b	Name of plan sponsor	SPENCER SAVINGS BANK, SLA
c	EIN-PN	22-1296609-001
a	Plan name	THE RETIREMENT PLAN OF NORTH SHORE ANIMAL LEAGUE AMERICA, INC.
b	Name of plan sponsor	NORTH SHORE ANIMAL LEAGUE AMERICA, INC.
c	EIN-PN	11-1666852-002
a	Plan name	MOUNT AUBURN CEMETERY RETIREMENT INCOME PLAN
b	Name of plan sponsor	PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN
c	EIN-PN	04-1641320-001

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	LAKESIDE BANK RETIREMENT PLAN	
b	Name of plan sponsor	LAKESIDE BANK	c EIN-PN 36-2583514-001
a	Plan name	CUNNINGHAM WHOLESALE COMPANY, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CUNNINGHAM WHOLESALE COMPANY, INC.	c EIN-PN 56-0194146-001
a	Plan name	GROUP PENSION PLAN FOR THE EMPLOYEES OF ZIPPO MANUFACTURING COMPANY	
b	Name of plan sponsor	ZIPPO MANUFACTURING COMPANY	c EIN-PN 25-0920247-001
a	Plan name	SONESTA INTERNATIONAL HOTELS CORPORATION PENSION PLAN	
b	Name of plan sponsor	SONESTA INTERNATIONAL HOTELS CORPORATION	c EIN-PN 45-3784316-001
a	Plan name	ZIMMERMAN INSURANCE AGENCY, INC.	
b	Name of plan sponsor	ZIMMERMAN INSURANCE AGENCY, INC.	c EIN-PN 47-0471086-001
a	Plan name	HSRP PLAN FOR EPISCOPAL HEALTH SERVICES INC.	
b	Name of plan sponsor	EPISCOPAL HEALTH SERVICES, INC.	c EIN-PN 11-1665825-005
a	Plan name	EASTERN CONNECTICUT HEALTH NETWORK, INC. PENSION PLAN	
b	Name of plan sponsor	PROSPECT ECHN, INC.	c EIN-PN 81-2312893-001
a	Plan name	WATERBURY HOSPITAL CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor	PROSPECT WATERBURY, INC.	c EIN-PN 81-2181470-005
a	Plan name	RETIREMENT PLAN OF COLE S QUALITY FOODS, INC. FOR NON-BARGAINING UNIT	
b	Name of plan sponsor	CQF HOLDCO, INC.	c EIN-PN 38-1291439-001
a	Plan name	VISCOFAN USA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	VISCOFAN USA, INC.	c EIN-PN 63-1196441-007
a	Plan name	R MENT PLAN FOR HRLY EES OF VISCOFAN USA, INC BY THE UNION OF THE NY JOINT BOARD OF UNITE	
b	Name of plan sponsor	VISCOFAN USA, INC.	c EIN-PN 63-1196441-008
a	Plan name	PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.	
b	Name of plan sponsor	EASTER SEALS UCP NORTH CAROLINA AND VIRGINIA, I	c EIN-PN 56-0670676-001

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 EMPLOYEES OF EASTER SEALS, INC.	
b	Name of plan sponsor EASTER SEALS SOUTHERN CALIFORNIA	c EIN-PN 94-3068149-001
a	Plan name VILLAGE-LOCAL 72 RETAIL CLERKS EES RET. PLAN	
b	Name of plan sponsor VILLAGE SUPER MARKET, INC.	c EIN-PN 22-1576170-003
a	Plan name AZTEC SHOPS, LTD. DEFINED BENEFIT PENSION PLAN - HOURLY EMPLOYEES	
b	Name of plan sponsor AZTEC SHOPS, LTD	c EIN-PN 95-0516240-001
a	Plan name REUTHER MATERIAL COMPANY, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor REUTHER MATERIAL COMPANY, INC.	c EIN-PN 22-1228835-001
a	Plan name JEFFERSON REHABILITATION CENTER, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor JEFFERSON REHABILITATION CENTER, INC.	c EIN-PN 16-1134631-001
a	Plan name ICON CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor HORIZON CREDIT UNION	c EIN-PN 91-0567788-002
a	Plan name MUSKEGON OPERATING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor MUSKEGON OPERATING COMPANY, LLC	c EIN-PN 83-4066833-001
a	Plan name ALL-STATE INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALL-STATE INTERNATIONAL, INC.	c EIN-PN 22-1496795-002
a	Plan name H.H. BENFIELD ELECTRIC SUPPLY CO., INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor H. H. BENFIELD ELECTRIC SUPPLY CO., INC.	c EIN-PN 13-1697547-001
a	Plan name ROTOR CLIP COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor ROTOR CLIP COMPANY, INC.	c EIN-PN 22-3615709-001
a	Plan name ST. CLAIR PULMONARY AND CRITICAL CARE, P.C. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor ST. CLAIR PULMONARY AND CRITICAL CARE, P.C.	c EIN-PN 38-3493385-002
a	Plan name MUTUAL BENEFIT INSURANCE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor MUTUAL BENEFIT INSURANCE COMPANY	c EIN-PN 23-6200024-001

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	NATIONAL GUARDIAN LIFE INSURANCE COMPANY PENSION PLAN FOR EMPLOYEES	
b Name of plan sponsor	NATIONAL GUARDIAN LIFE INSURANCE COMPANY	c EIN-PN 39-0493780-001

a Plan name	GENERATIONS BANK RETIREMENT PLAN	
b Name of plan sponsor	GENERATIONS BANK	c EIN-PN 15-0443420-001

a Plan name	HOWARD MILLER - HEKMAN DEFINED BENEFIT PENSION PLAN	
b Name of plan sponsor	HOWARD MILLER COMPANY	c EIN-PN 38-1258662-001

a Plan name	WHITNEY MUSEUM OF AMERICAN ART RETIREMENT PLAN	
b Name of plan sponsor	WHITNEY MUSEUM OF AMERICAN ART	c EIN-PN 13-1789318-002

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL LDI SHORT DURATION SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 127
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1890894	2062142
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1882260	128073
(2) U.S. Government securities	1c(2)	189101292	163569459
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	5096461	4536711
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

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	197970907	170296385
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2051613	5126190
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2051613	5126190
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	195919294	165170195

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)	0	
(B) U.S. Government securities.....	2b(1)(B)	7890026	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	190707	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8080733
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-168093	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1051036
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		8963676

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		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	8480934	
(6) Bank or trust company trustee/custodial fees	2i(6)	7144	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	43659	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8531737
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8531737

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		431939
l Transfers of assets:			
(1) To this plan	2l(1)		84224845
(2) From this plan	2l(2)		115405883

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 _____.