

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: U.S. REIT FUND; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name: PRINCIPAL GLOBAL INVESTORS TRUST COMPANY; 2b Employer Identification Number (EIN): 82-2725212; 2c Plan Sponsor's telephone number: 503-484-9300; 2d Business code

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

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

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

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  PRINCIPAL GLOBAL INVESTORS TRUST COMPANY  5885 MEADOWS ROAD, SUITE 820 LAKE OSWEGO, OR 97035	<b>3b</b> Administrator's EIN 93-0573993  <b>3c</b> Administrator's telephone number 503-484-9300																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>	0	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>U.S. REIT FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>82-2725212</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: GOVERNMENT SHORT TERM INVESTMENT FD

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

<b>c</b> EIN-PN <u>04-0025081-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36547491</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.)	
<b>a</b> Plan name	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF GIRL SCOUTS WESTERN PENNSY	
<b>b</b> Name of plan sponsor	GIRL SCOUTS WESTERN PENNSYLVANIA	<b>c</b> EIN-PN 25-1126094-001
<b>a</b> Plan name	AI SOLUTIONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AI SOLUTIONS, INC.	<b>c</b> EIN-PN 25-1725554-001
<b>a</b> Plan name	AMECO EMPLOYEES' SAVINGS INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	AMERICAN EQUIPMENT CO, INC.	<b>c</b> EIN-PN 57-0541745-001
<b>a</b> Plan name	AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	<b>c</b> EIN-PN 53-0217164-002
<b>a</b> Plan name	AMERICAN PRINTING HOUSE FOR THE BLIND 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERICAN PRINTING HOUSE FOR THE BLIND	<b>c</b> EIN-PN 61-0444640-003
<b>a</b> Plan name	APEX SYSTEMS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	APEX SYSTEMS, LLC	<b>c</b> EIN-PN 54-1773546-001
<b>a</b> Plan name	API GROUP, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	API GROUP, INC.	<b>c</b> EIN-PN 41-1858188-001
<b>a</b> Plan name	API GROUP, INC. SAFE HARBOR 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	API GROUP, INC.	<b>c</b> EIN-PN 41-1858188-003
<b>a</b> Plan name	ARIZONA PIPELINE COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	ARIZONA PIPELINE COMPANY	<b>c</b> EIN-PN 95-3336040-002
<b>a</b> Plan name	ASGN INCORPORATED 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 95-4023433-001
<b>a</b> Plan name	ASML US EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ASML US, LLC	<b>c</b> EIN-PN 77-0568140-001
<b>a</b> Plan name	AUXIS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	AUXIS, LLC	<b>c</b> EIN-PN 45-2860845-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AVIATION CAPITAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVIATION CAPITAL GROUP LLC	<b>c</b> EIN-PN 06-1395411-001
<b>a</b>	Plan name	BECKNELL PAYMENT SERVICES L.L.C. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	BECKNELL PAYMENT SERVICES, L.L.C.	<b>c</b> EIN-PN 45-2846294-001
<b>a</b>	Plan name	BLACKHAWK ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLACKHAWK INSPECTION & CONSULTING, INC.	<b>c</b> EIN-PN 37-1324859-001
<b>a</b>	Plan name	BOGNAR AND COMPANY, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINERAL SERVICES, INC.	<b>c</b> EIN-PN 51-0367960-001
<b>a</b>	Plan name	BRADFORD WHITE CORPORATION 401(K) PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	BRADFORD WHITE CORPORATION	<b>c</b> EIN-PN 23-2384646-012
<b>a</b>	Plan name	BRADFORD WHITE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRADFORD WHITE CORPORATION	<b>c</b> EIN-PN 23-2384646-011
<b>a</b>	Plan name	BRUCE OAKLEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRUCE OAKLEY, INC.	<b>c</b> EIN-PN 71-0483822-002
<b>a</b>	Plan name	CAMINO REAL COMMUNITY SERVICES 401(A) PLAN	
<b>b</b>	Name of plan sponsor	CAMINO REAL COMMUNITY SERVICES	<b>c</b> EIN-PN 74-2951754-001
<b>a</b>	Plan name	CAMPBELL TRANSPORTATION COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL TRANSPORTATION COMPANY, INC.	<b>c</b> EIN-PN 25-1256056-003
<b>a</b>	Plan name	CARRIER PROCESS EQUIPMENT GROUP, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARRIER PROCESS EQUIPMENT GROUP, INC.	<b>c</b> EIN-PN 81-2418317-003
<b>a</b>	Plan name	CES ACQUISITION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CES ACQUISITION, LLC	<b>c</b> EIN-PN 85-0921241-003
<b>a</b>	Plan name	CHRISTIAN CARE COMMUNITIES INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN CARE COMMUNITIES, INC.	<b>c</b> EIN-PN 61-0445828-001

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.)	
<b>a</b>	Plan name CINCINNATI MINE MACHINERY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CINCINNATI MINE MACHINERY COMPANY	<b>c</b> EIN-PN 31-0240600-003
<b>a</b>	Plan name CLOSUP I INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CLOSUP I, INC.	<b>c</b> EIN-PN 52-1481032-001
<b>a</b>	Plan name COMPREHENSIVE CARE SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE CARE SERVICES, INC.	<b>c</b> EIN-PN 32-0078468-001
<b>a</b>	Plan name CONGRUITY HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONGRUITY HR HOLDING COMPANY, LLC	<b>c</b> EIN-PN 47-4028932-001
<b>a</b>	Plan name CONTAMINATION CONTROL AND CERTIFICATION HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTAMINATION CONTROL AND CERTIFICATION HOLDINGS, INC.	<b>c</b> EIN-PN 81-5120149-001
<b>a</b>	Plan name CONTINUUMCLOUD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONTINUUMCLOUD, LLC	<b>c</b> EIN-PN 87-3831885-001
<b>a</b>	Plan name CONTRACT EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor APEX SYSTEMS, LLC	<b>c</b> EIN-PN 54-1773546-002
<b>a</b>	Plan name CORONADO COAL LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORONADO COAL LLC	<b>c</b> EIN-PN 45-2984211-001
<b>a</b>	Plan name DEAN MCGEE EYE INSTITUTE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEAN MCGEE EYE INSTITUTE	<b>c</b> EIN-PN 73-6109395-001
<b>a</b>	Plan name DEVELOPMENT CORPORATION FOR ISRAEL 401K PLAN	
<b>b</b>	Name of plan sponsor DEVELOPMENT CORPORATION FOR ISRAEL	<b>c</b> EIN-PN 13-5639495-006
<b>a</b>	Plan name DHX -DEPENDABLE HAWAIIAN EXPRESS, INC./ OUR BEST ASSETS. INC. 401(K) P	
<b>b</b>	Name of plan sponsor OUR BEST ASSETS, INC.	<b>c</b> EIN-PN 74-3197486-001
<b>a</b>	Plan name ECS FEDERAL ENHANCED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ECS FEDERAL, LLC	<b>c</b> EIN-PN 59-3176720-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ECS FEDERAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECS FEDERAL, LLC	<b>c</b> EIN-PN 59-3176720-001
<b>a</b>	Plan name	ENSINGER, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENSINGER, INC.	<b>c</b> EIN-PN 25-1513040-001
<b>a</b>	Plan name	EOS ACCOUNTANTS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EOS ACCOUNTANTS LLP	<b>c</b> EIN-PN 22-3462644-001
<b>a</b>	Plan name	EXLSERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXLSERVICE HOLDINGS, INC.	<b>c</b> EIN-PN 94-3326476-001
<b>a</b>	Plan name	FAMILY COMPREHENSIVE & COSMETIC DENTISTRY RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FAMILY COMPREHENSIVE & COSMETIC DENTISTRY	<b>c</b> EIN-PN 20-5893919-001
<b>a</b>	Plan name	FAULKNER/HAYNES & ASSOCIATES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAULKNER/HAYNES & ASSOCIATES, INC.	<b>c</b> EIN-PN 56-1614655-001
<b>a</b>	Plan name	FINASTRA USA SALARY SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINASTRA USA CORPORATION	<b>c</b> EIN-PN 59-3760087-001
<b>a</b>	Plan name	FORS MARSH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORS MARSH GROUP, LLC	<b>c</b> EIN-PN 42-1558869-001
<b>a</b>	Plan name	FRES-CO SYSTEM USA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FRES-CO SYSTEM USA INC.	<b>c</b> EIN-PN 23-2056204-001
<b>a</b>	Plan name	FULGENT THERAPEUTICS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FULGENT THERAPEUTICS LLC	<b>c</b> EIN-PN 32-0400050-001
<b>a</b>	Plan name	G.A. FOOD SERVICES OF PINELLAS COUNTY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G.A. FOOD SERVICES OF PINELLAS COUNTY, INC.	<b>c</b> EIN-PN 59-1485677-001
<b>a</b>	Plan name	GAHAGAN & BRYANT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAHAGAN & BRYANT ASSOCIATES INC	<b>c</b> EIN-PN 11-2555488-002

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.)	
<b>a</b>	Plan name <b>GAMING AND LEISURE PROPERTIES INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAMING AND LEISURE PROPERTIES, INC.</b>	<b>c</b> EIN-PN <b>46-2116489-001</b>
<b>a</b>	Plan name <b>GORMAN-LAVELLE CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GORMAN-LAVELLE CORPORATION</b>	<b>c</b> EIN-PN <b>34-1585310-001</b>
<b>a</b>	Plan name <b>GREAT LAKES CHEESE CO., INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GREAT LAKES CHEESE CO., INC.</b>	<b>c</b> EIN-PN <b>34-1015620-003</b>
<b>a</b>	Plan name <b>GREGORY INDUSTRIES, INC. RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREGORY INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>34-0818723-001</b>
<b>a</b>	Plan name <b>GROSS RESIDENTIAL 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>I. &amp; M.J. GROSS COMPANY</b>	<b>c</b> EIN-PN <b>34-1696562-001</b>
<b>a</b>	Plan name <b>GUILD MORTGAGE COMPANY PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUILD MORTGAGE COMPANY LLC</b>	<b>c</b> EIN-PN <b>95-2146137-001</b>
<b>a</b>	Plan name <b>HARRISON BEVERAGE CO., INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HARRISON BEVERAGE CO., INC.</b>	<b>c</b> EIN-PN <b>21-0496324-001</b>
<b>a</b>	Plan name <b>HGC 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HGC CONSTRUCTION CO.</b>	<b>c</b> EIN-PN <b>31-1119613-002</b>
<b>a</b>	Plan name <b>HNTB OWNERSHIP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HNTB HOLDINGS LTD.</b>	<b>c</b> EIN-PN <b>56-2422024-003</b>
<b>a</b>	Plan name <b>HNTB RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HNTB HOLDINGS LTD.</b>	<b>c</b> EIN-PN <b>56-2422024-002</b>
<b>a</b>	Plan name <b>HUGHES CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUGHES CORPORATION</b>	<b>c</b> EIN-PN <b>34-0966196-001</b>
<b>a</b>	Plan name <b>IACOBONI SITE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IACOBONI SITE SPECIALIST, INC.</b>	<b>c</b> EIN-PN <b>52-1742871-001</b>

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.)	
<b>a</b>	Plan name <a href="#">INFRASTRUCTURE TECHNOLOGY SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INFRASTRUCTURE TECHNOLOGY SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">51-0439191-001</a>
<b>a</b>	Plan name <a href="#">INLAND KENWORTH, INC. EMPLOYEES' 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INLAND KENWORTH (US) INC. AND INLAND LEASE &amp; RENTAL INC.</a>	<b>c</b> EIN-PN <a href="#">85-0471900-002</a>
<b>a</b>	Plan name <a href="#">INSURANCE MANAGEMENT COMPANY PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSURANCE MANAGEMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">25-1142710-001</a>
<b>a</b>	Plan name <a href="#">INTEGRAL FEDERAL, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTEGRAL FEDERAL, INC.</a>	<b>c</b> EIN-PN <a href="#">52-2081090-001</a>
<b>a</b>	Plan name <a href="#">INTEGRATED SUPPLY NETWORK RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTEGRATED SUPPLY NETWORK, LLC</a>	<b>c</b> EIN-PN <a href="#">45-2675571-001</a>
<b>a</b>	Plan name <a href="#">IRWIN CAR AND EQUIPMENT 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IRWIN CAR AND EQUIPMENT</a>	<b>c</b> EIN-PN <a href="#">25-1718100-001</a>
<b>a</b>	Plan name <a href="#">J.A. JENNINGS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J.A. JENNINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0832499-001</a>
<b>a</b>	Plan name <a href="#">J. W. CHEATHAM, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J. W. CHEATHAM, LLC</a>	<b>c</b> EIN-PN <a href="#">20-1928479-001</a>
<b>a</b>	Plan name <a href="#">JG MEDIA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JG MEDIA, INC.</a>	<b>c</b> EIN-PN <a href="#">20-3119317-001</a>
<b>a</b>	Plan name <a href="#">JOHNSTONE SUPPLY OF TACOMA 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SADLIER ENTERPRISES, INC. DBA JOHNSTONE SUPPLY OF TACOMA</a>	<b>c</b> EIN-PN <a href="#">91-1066236-002</a>
<b>a</b>	Plan name <a href="#">JUSTRITE SAFETY GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JUSTRITE MANUFACTURING COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">36-3950371-001</a>
<b>a</b>	Plan name <a href="#">KAPPUS PLASTIC COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAPPUS PLASTIC COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">22-1909822-001</a>

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.)	
<b>a</b>	Plan name KEYES MOTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEYES MOTORS, INC.	<b>c</b> EIN-PN 95-2539242-001
<b>a</b>	Plan name KEYSTONE ADJUSTABLE CAP CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEYSTONE ADJUSTABLE CAP CO., INC.	<b>c</b> EIN-PN 23-2108925-001
<b>a</b>	Plan name KING MACHINE OF CHARLOTTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICRON PRECISION, LLC	<b>c</b> EIN-PN 56-1892737-001
<b>a</b>	Plan name KORDA/NEMETH ENGINEERING, INC. 401(K) PROFIT SHARING ASSET ACCUMULATIO	
<b>b</b>	Name of plan sponsor KORDA/NEMETH ENGINEERING, INC.	<b>c</b> EIN-PN 31-0922991-002
<b>a</b>	Plan name LABOR FINDERS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LABOR FINDERS INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-1620494-001
<b>a</b>	Plan name LANDS' END, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LANDS END, INC.	<b>c</b> EIN-PN 36-2512786-001
<b>a</b>	Plan name LAWSON PRODUCTS, INC. AND CERTAIN AFFILIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAWSON PRODUCTS, INC.	<b>c</b> EIN-PN 36-2229304-001
<b>a</b>	Plan name LAZEGA & JOHANSON LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAZEGA & JOHANSON LLC	<b>c</b> EIN-PN 75-3246188-001
<b>a</b>	Plan name LEE & RO, INC. 401(K) PROFIT SHARING PLAN #2	
<b>b</b>	Name of plan sponsor LEE & RO, INC.	<b>c</b> EIN-PN 95-3443396-001
<b>a</b>	Plan name LEMIEUX GROUP LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEMIEUX GROUP LP	<b>c</b> EIN-PN 25-1863319-002
<b>a</b>	Plan name LIFE Banc 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LIFE Banc, INC.	<b>c</b> EIN-PN 34-1525159-002
<b>a</b>	Plan name LITANIA SPORTS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITANIA SPORTS GROUP, INC.	<b>c</b> EIN-PN 71-0888369-001

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.)	
<b>a</b>	Plan name L'OREAL CARIBE, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOREAL CARIBE, INC.	<b>c</b> EIN-PN 13-3015420-001
<b>a</b>	Plan name L'OREAL TRAVEL RETAIL AMERICAS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LOREAL TRAVEL RETAIL AMERICAS, INC	<b>c</b> EIN-PN 13-1247390-001
<b>a</b>	Plan name L'OREAL USA, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOREAL USA, INC.	<b>c</b> EIN-PN 22-1539735-003
<b>a</b>	Plan name MAJOR LEAGUE SOCCER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAJOR LEAGUE SOCCER LLC	<b>c</b> EIN-PN 95-4541325-001
<b>a</b>	Plan name MEDICAL INSURANCE EXCHANGE OF CALIFORNIA PENSION PLAN	
<b>b</b>	Name of plan sponsor MEDICAL INSURANCE EXCHANGE OF CALIFORNIA	<b>c</b> EIN-PN 94-2298312-001
<b>a</b>	Plan name MELLOTT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MELLOTT COMPANY, LLC	<b>c</b> EIN-PN 23-1415787-001
<b>a</b>	Plan name MERCALIS INC. 401(K) PROFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MERCALIS INC	<b>c</b> EIN-PN 52-2251120-001
<b>a</b>	Plan name MID-ATLANTIC MACHINERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MID-ATLANTIC MACHINERY, INC.	<b>c</b> EIN-PN 25-1669425-001
<b>a</b>	Plan name MONONGALIA HEALTH SYSTEM 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MONONGALIA HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 55-0621551-002
<b>a</b>	Plan name MORRIS-SHEA BRIDGE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORRIS-SHEA BRIDGE COMPANY, INC.	<b>c</b> EIN-PN 63-0575307-001
<b>a</b>	Plan name NEW YORK LIFE PROGRESS-SHARING INVESTMENT PROGRAM TRUST	
<b>b</b>	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 52-2278711-001
<b>a</b>	Plan name NUGGET COMFORT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NUGGET COMFORT LLC	<b>c</b> EIN-PN 47-1657180-001

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.)	
<b>a</b>	Plan name NYSTROM & ASSOCIATES, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NYSTROM & ASSOCIATES, LTD.	<b>c</b> EIN-PN 41-1700376-001
<b>a</b>	Plan name OHIO STEEL INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor OHIO STEEL INDUSTRIES	<b>c</b> EIN-PN 31-4427476-002
<b>a</b>	Plan name ONYX MANAGEMENT GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ONYX MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 14-1919789-001
<b>a</b>	Plan name OVERLAND SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OVERLAND SOLUTIONS, INC.	<b>c</b> EIN-PN 45-0497543-001
<b>a</b>	Plan name OXFORD DEVELOPMENT COMPANY 401(K) PROFIT SHARING P	
<b>b</b>	Name of plan sponsor OXFORD DEVELOPMENT COMPANY	<b>c</b> EIN-PN 25-1437289-002
<b>a</b>	Plan name PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PACIFIC LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 95-1079000-007
<b>a</b>	Plan name PACIFIC MANUFACTURING OHIO, INC. 401(K)	
<b>b</b>	Name of plan sponsor PACIFIC INDUSTRIES USA	<b>c</b> EIN-PN 31-1253660-001
<b>a</b>	Plan name PAINTERS DISTRICT COUNCIL #58 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF PAINTERS DISTRICT COUNCIL #58 401(K) PLAN	<b>c</b> EIN-PN 37-1365545-001
<b>a</b>	Plan name PENN ENTERTAINMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENN ENTERTAINMENT, INC.	<b>c</b> EIN-PN 23-2234473-001
<b>a</b>	Plan name PETERSON FARMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PETERSON FARMS, INC.	<b>c</b> EIN-PN 38-2519910-001
<b>a</b>	Plan name PHILADELPHIA MACARONI COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHILADELPHIA MACARONI COMPANY	<b>c</b> EIN-PN 23-0972000-001
<b>a</b>	Plan name PHYSICIAN AFFILIATE GROUP OF NEW YORK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C. (PAGNY)	<b>c</b> EIN-PN 90-0603487-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PICKETT, CHANEY & MCMULLEN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PICKETT, CHANEY & MCMULLEN, LLP	<b>c</b> EIN-PN 48-1246310-001
<b>a</b>	Plan name	PLANET TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLANET TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-2062401-001
<b>a</b>	Plan name	POWER DESIGN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POWER DESIGN, INC.	<b>c</b> EIN-PN 65-0147539-001
<b>a</b>	Plan name	PRATT INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRATT INDUSTRIES U.S.A., INC.	<b>c</b> EIN-PN 98-0070672-001
<b>a</b>	Plan name	PRESTAN PRODUCTS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRESTAN PRODUCTS, LLC	<b>c</b> EIN-PN 20-0944129-001
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2015 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-008
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2020 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-002
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2025 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-009
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2030 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-003
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2035 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-010
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2040 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-004
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2045 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-011

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2050 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-005
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2055 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-012
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2060 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-007
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2065 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-013
<b>a</b>	Plan name	PRINCIPAL LIFETIME 2070 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-014
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2015 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-002
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2020 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-003
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2025 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-004
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2030 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-005
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2035 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-006
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2040 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-007
<b>a</b>	Plan name	PRINCIPAL LIFETIME HYBRID 2045 CIT	
<b>b</b>	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-008

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID 2050 CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-009
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID 2055 CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-010
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID 2060 CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-012
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID 2065 CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-013
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID 2070 CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-014
<b>a</b>	Plan name PRINCIPAL LIFETIME HYBRID INCOME CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 26-6447574-011
<b>a</b>	Plan name PRINCIPAL LIFETIME STRATEGIC INCOME CIT	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	<b>c</b> EIN-PN 27-5280363-006
<b>a</b>	Plan name PROTERRA INVESTMENT PARTNERS LP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PROTERRA INVESTMENT PARTNERS LP	<b>c</b> EIN-PN 35-2676311-001
<b>a</b>	Plan name PUBCO CORPORATION AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PUBCO CORPORATION	<b>c</b> EIN-PN 53-0246410-003
<b>a</b>	Plan name QUALITY CARRIERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY CARRIERS, INC.	<b>c</b> EIN-PN 36-2590063-002
<b>a</b>	Plan name RADNET 401(K) PLAN	
<b>b</b>	Name of plan sponsor RADNET, INC.	<b>c</b> EIN-PN 95-4377348-001
<b>a</b>	Plan name RAYNER & RINN-SCOTT, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RAYNER & RINN-SCOTT, INC.	<b>c</b> EIN-PN 36-2084316-002

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.)	
<b>a</b>	Plan name REAXIS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor REAXIS INC	<b>c</b> EIN-PN 25-1711073-001
<b>a</b>	Plan name REMINGER CO., L.P.A. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor REMINGER CO., L.P.A.	<b>c</b> EIN-PN 34-1101394-001
<b>a</b>	Plan name RETIREMENT ADVOCATE FUNDS AGGRESSIVE	
<b>b</b>	Name of plan sponsor MATRIX TRUST COMPANY	<b>c</b> EIN-PN 75-3182674-222
<b>a</b>	Plan name RETIREMENT ADVOCATE FUNDS CONSERVATIVE	
<b>b</b>	Name of plan sponsor MATRIX TRUST COMPANY	<b>c</b> EIN-PN 75-3182674-218
<b>a</b>	Plan name RETIREMENT ADVOCATE FUNDS MODERATE	
<b>b</b>	Name of plan sponsor MATRIX TRUST COMPANY	<b>c</b> EIN-PN 75-3182674-220
<b>a</b>	Plan name RETIREMENT ADVOCATE FUNDS MODERATE AGGRESSIVE	
<b>b</b>	Name of plan sponsor MATRIX TRUST COMPANY	<b>c</b> EIN-PN 75-3182674-221
<b>a</b>	Plan name RETIREMENT ADVOCATE FUNDS MODERATE CONSERVATIVE	
<b>b</b>	Name of plan sponsor MATRIX TRUST COMPANY	<b>c</b> EIN-PN 75-3182674-219
<b>a</b>	Plan name REVCONTENT,LLC 401K PLAN	
<b>b</b>	Name of plan sponsor REVCONTENT, LLC	<b>c</b> EIN-PN 30-0810634-001
<b>a</b>	Plan name RICHMOND MASTER DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN AND TRUS	
<b>b</b>	Name of plan sponsor RICHMOND MASTER DISTRIBUTORS, INC.	<b>c</b> EIN-PN 35-0827179-002
<b>a</b>	Plan name SALONCENTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SALONCENTRIC, INC.	<b>c</b> EIN-PN 91-2062018-001
<b>a</b>	Plan name SCHMIDT MARKET RESEARCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHMIDT MARKET RESEARCH, INC.	<b>c</b> EIN-PN 25-1752458-002
<b>a</b>	Plan name SEMBLEX CORPORATION EMPLOYEE PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEMBLEX CORPORATION	<b>c</b> EIN-PN 36-2664176-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SIMPSON UNLIMITED, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON UNLIMITED, INC.	<b>c</b> EIN-PN 54-1771632-001
<b>a</b>	Plan name	SLEEP RX, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLEEP RX, LLC	<b>c</b> EIN-PN 20-2718229-001
<b>a</b>	Plan name	SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOC. INC. PROFIT SHARING 40	
<b>b</b>	Name of plan sponsor	SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1353898-003
<b>a</b>	Plan name	SOHN LINEN SERVICE EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOHN LINEN SERVICE	<b>c</b> EIN-PN 38-1050750-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY, LLC	<b>c</b> EIN-PN 58-2020515-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY, LLC	<b>c</b> EIN-PN 58-2020515-011
<b>a</b>	Plan name	SPC MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWESTERN PENNSYLVANIA CORPORATION	<b>c</b> EIN-PN 27-3720942-001
<b>a</b>	Plan name	SPEELMAN ELECTRIC, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPEELMAN ELECTRIC, INC.	<b>c</b> EIN-PN 34-1660227-001
<b>a</b>	Plan name	SPRAGUE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	W. B. SPRAGUE COMPANY, INC.	<b>c</b> EIN-PN 91-0420340-003
<b>a</b>	Plan name	ST. LUKE'S CATARACT AND LASER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. LUKES CATARACT AND LASER INSTITUTE, P.A.	<b>c</b> EIN-PN 59-1224512-001
<b>a</b>	Plan name	STATE OF THE ART, INC. MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	STATE OF THE ART, INC.	<b>c</b> EIN-PN 25-1202653-001
<b>a</b>	Plan name	STEINMAN COMMUNICATIONS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEINMAN COMMUNICATIONS, INC.	<b>c</b> EIN-PN 81-3919520-002

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.)		
<b>a</b>	Plan name STEPHENSON EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEPHENSON EQUIPMENT, INC.	<b>c</b> EIN-PN 25-1511922-001
<b>a</b>	Plan name STONE PARTNERSHIP, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STONE PARTNERSHIP, INC.	<b>c</b> EIN-PN 23-2666520-001
<b>a</b>	Plan name SUPERIOR BEVERAGE GROUP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR BEVERAGE GROUP, LTD.	<b>c</b> EIN-PN 34-1447065-002
<b>a</b>	Plan name THE SUPERLATIVE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE SUPERLATIVE GROUP, INC.	<b>c</b> EIN-PN 34-1762954-001
<b>a</b>	Plan name TAKARA BIO USA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TAKARA BIO, USA, INC.	<b>c</b> EIN-PN 77-0035190-002
<b>a</b>	Plan name TELETRACKING TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TELETRACKING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 25-1828750-001
<b>a</b>	Plan name THE 401(K) SAVINGS AND PROFIT SHARING PLAN OF S&P GLOBAL INC. AND ITS	
<b>b</b>	Name of plan sponsor S&P GLOBAL, INC.	<b>c</b> EIN-PN 13-1026995-002
<b>a</b>	Plan name THE BENJAMIN ROSE INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENJAMIN ROSE INSTITUTE ON AGING	<b>c</b> EIN-PN 34-0714482-004
<b>a</b>	Plan name THE DANIELS COMPANY RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DANIELS COMPANY (WEST VIRGINIA) INC.	<b>c</b> EIN-PN 25-1216572-003
<b>a</b>	Plan name THE JOHN R. MCADAMS COMPANY, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE JOHN R. MCADAMS COMPANY, INC.	<b>c</b> EIN-PN 56-1234550-001
<b>a</b>	Plan name THE ROVISYS COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE ROVISYS COMPANY	<b>c</b> EIN-PN 34-1608766-002
<b>a</b>	Plan name TJR ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TJR ENTERPRISES, INC.	<b>c</b> EIN-PN 25-1505286-001

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.)	
<b>a</b>	Plan name TOYON RESEARCH CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor TOYON RESEARCH CORPORATION	<b>c</b> EIN-PN 95-3526665-003
<b>a</b>	Plan name BLUE RAVEN SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE RAVEN SOLUTIONS, LLC	<b>c</b> EIN-PN 84-2736792-002
<b>a</b>	Plan name PRICEWATERHOUSECOOPERS LLP RETIREMENT ACCUMULATION PLAN FOR PARTNERS	
<b>b</b>	Name of plan sponsor PRICEWATERHOUSECOOPERS LLP	<b>c</b> EIN-PN 13-4008324-005
<b>a</b>	Plan name TTM TECHNOLOGIES 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TTM TECHNOLOGIES, INC.	<b>c</b> EIN-PN 91-1033443-001
<b>a</b>	Plan name TURBINE STANDARD LTD 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TURBINE STANDARD LTD	<b>c</b> EIN-PN 20-0227228-001
<b>a</b>	Plan name UNIVERSAL METAL PRODUCTS, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL METAL PRODUCTS, INC.	<b>c</b> EIN-PN 34-1535109-001
<b>a</b>	Plan name VEIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor VEIT & COMPANY, INC.	<b>c</b> EIN-PN 41-0840260-003
<b>a</b>	Plan name VIAMEDIA HOLDINGS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor VIAMEDIA, INC	<b>c</b> EIN-PN 27-4275598-001
<b>a</b>	Plan name WEBER SPECIALTIES COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor WEBER SPECIALTIES COMPANY	<b>c</b> EIN-PN 38-1465129-001
<b>a</b>	Plan name WHIRLEY INDUSTRIES, INC. TEAMMATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHIRLEY INDUSTRIES, INC.	<b>c</b> EIN-PN 25-1183490-001
<b>a</b>	Plan name WIEDNER & MCAULIFFE, LTD. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor WIEDNER & MCAULIFFE, LTD.	<b>c</b> EIN-PN 36-3102597-001
<b>a</b>	Plan name WILSON ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILSON ELECTRIC SERVICES CORPORATION	<b>c</b> EIN-PN 75-3091289-001

**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.)

<b>a</b> Plan name	WITHERSRAVENEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WITHERSRAVENEL, INC.	<b>c</b> EIN-PN 56-1740520-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>U.S. REIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-2725212</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	8243902
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	36547491
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1666243485
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1391064334	1711034878
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5177080	8197243
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5177080	8197243
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1385887254	1702837635

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	53456411	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	411413869	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	443099506	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	58628250	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1421577
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		81820601

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	17199	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1826317	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	90932	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	92600	
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2027048
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2027048

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		79793553
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		495321961
(2) From this plan .....	<b>2l(2)</b>		258165133

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.