

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) 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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>PRISA ACCOUNT</u>	1b Three-digit plan number (PN) ▶ <u>038</u>
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>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u> <u>PAUL HAVERCAMP</u> <u>655 BROAD STREET 6TH FLOOR</u> <u>751 BROAD STREET</u> <u>NEWARK, NJ 07102</u> <u>NEWARK, NJ 07102</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>22-1211670</u> 2c Plan Sponsor's telephone number <u>973-716-3761</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/26/2025</u>	<u>PAUL HAVERCAMP</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>PRISA ACCOUNT</u>	B Three-digit plan number (PN) ▶	<u>038</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>	D Employer Identification Number (EIN) <u>22-1211670</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NATIONAL INTEGRATED GROUP PENSION PLAN BOT	
b	Name of plan sponsor NATIONAL INTEGRATED GROUP PENSION PLAN BOT	c EIN-PN 22-6190618-001
a	Plan name GREATER PENNSYLVANIA CARPENTERS PENSION FUND	
b	Name of plan sponsor GREATER PENNSYLVANIA CARPENTERS PENSION FUND	c EIN-PN 25-6135570-001
a	Plan name GREATER PENNSYLVANIA CARPENTERS PENSION FUND	
b	Name of plan sponsor GREATER PENNSYLVANIA CARPENTERS PENSION FUND	c EIN-PN 25-6135570-001
a	Plan name PLUMBERS LOCAL 9 PENSION PLAN	
b	Name of plan sponsor PLUMBERS LOCAL 9 PENSION PLAN	c EIN-PN 51-0219541-001
a	Plan name FULTON FISH MARKET PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FULTON FISH MARKET PENSION FUND	c EIN-PN 51-6134362-001
a	Plan name LOCAL NO. 1 PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL 1 PENSION FUND	c EIN-PN 51-6055057-001
a	Plan name HEAVY AND GENERAL LABORERS LOCAL UNIONS 472 AND 172 OF NEW JERSEY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES H&GL LOCAL UNIONS 472 & 172 OF NJ PENSION FUND	c EIN-PN 22-6032103-001
a	Plan name WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	
b	Name of plan sponsor WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES	c EIN-PN 91-6145047-001
a	Plan name NEW YORK STATE NURSES ASSOCIATION PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES NEW YORK STATE NURSES ASSOCIATION PENSION PLAN	c EIN-PN 13-6604799-001
a	Plan name THE SOUTHERN COMPANY PENSION PLAN	
b	Name of plan sponsor SOUTHERN COMPANY SERVICES, INC.	c EIN-PN 63-0274273-001
a	Plan name THE BANK OF AMERICA PENSION PLAN	
b	Name of plan sponsor BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-001
a	Plan name UNITED FOOD AND COMMERCIAL WORKERS UNIONS & EMPLOYERS MIDWEST PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF UFCW UNIONS & EMPLOYERS MIDWEST PENSION FUND	c EIN-PN 36-6508328-001

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 SIU RIVERS PENSION TRUST	
b	Name of plan sponsor SIU RIVERS PENSION TRUST C/O ZENITH AMERICAN SOLUTIONS	c EIN-PN 43-6164058-001
a	Plan name UNITED FOOD & COMMERCIAL WORKERS INTL UNION INDUSTRY PENSION FUND	
b	Name of plan sponsor TRUSTEES OF UFCW INTL UNION INDUSTRY PENSION FUND	c EIN-PN 51-6055922-001
a	Plan name STRUCTURAL IRON WORKERS LOCAL NO. 1 PENSION TRUST PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES STRUCTURAL IRONWORKERS LOCAL NO 1 PENSION TRUST FUND	c EIN-PN 36-2872442-001
a	Plan name BEER INDUSTRY LOCAL UNION NO. 703 PENSION FUND	
b	Name of plan sponsor BEER INDUSTRY LOCAL UNION NO. 703 PENSION FUND TRUSTEES	c EIN-PN 36-6522619-001
a	Plan name NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND	
b	Name of plan sponsor BD OF TRUSTEES NJ BUILDING LABORERS STATEWIDE ANNUITY FUND	c EIN-PN 22-2450453-001
a	Plan name RETAIL FOOD EMPLOYERS & UFLW LOCAL 711 PENSION TRU	
b	Name of plan sponsor BOARD OF TRUSTEES RETAIL FOOD EMPLOYERS & UFCW LOCAL 711 PENSION	c EIN-PN 51-6031512-001
a	Plan name UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYEES FOOD PENSION FUND	
b	Name of plan sponsor UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYEES FOOD PENSION FUND	c EIN-PN 06-1065206-001
a	Plan name THE PRUDENTIAL MERGED RETIREMENT PLAN	
b	Name of plan sponsor THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	c EIN-PN 22-1211670-003
a	Plan name EXELON CORPORATION	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-001
a	Plan name 1199SEIU HOME CARE EMPLOYEES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE 1199SEIU HOME CARE EMPLOYEES PENSION FUND	c EIN-PN 13-3943904-001
a	Plan name WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND	
b	Name of plan sponsor W PA TEAMSTERS & EMPLOYERS PENSION	c EIN-PN 25-6029946-001
a	Plan name UPPER PENINSULA PLUMBERS & PIPEFITTERS PENSION	
b	Name of plan sponsor UPPER PENINSULA PLUMBERS & PIPEFITTERS PENSION	c EIN-PN 38-6233970-038

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	PPG INDUSTRIES, INC. PENSION PLAN TRUST	
b	Name of plan sponsor	PPG INDUSTRIES INC	c EIN-PN 25-0730780-001
a	Plan name	AUTOMOBILE MECHANICS LOCAL NO. 701 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF AUTOMOBILE MECHANICS LOCAL NO. 701 PENSION FUND	c EIN-PN 36-6042061-001
a	Plan name	ILA AFL CIO EMPLOYERS PEN. FUND, S.E. FL PORTS	
b	Name of plan sponsor	ILA AFL CIO EMPLOYERS PEN. FUND, S.E. FL PORTS	c EIN-PN 65-0501000-001
a	Plan name	DAIMLERCHRYSLER CORP. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	DAIMLERCHRYSLER CORP. MASTER RETIREMENT TRUST	c EIN-PN 13-3112458-001
a	Plan name	SALT RIVER PROJECT EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	SALT RIVER PROJECT AGRICULTURAL IMPROVEMENT AND POWER DISTRICT	c EIN-PN 86-6022555-335
a	Plan name	STEAMFITTERS LOCAL 449 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES STEAMFITTERS LOCAL 449 PENSION FUND	c EIN-PN 25-6032401-001
a	Plan name	STEAMFITTERS LOCAL 449 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES STEAMFITTERS LOCAL 449 PENSION FUND	c EIN-PN 25-6032401-001
a	Plan name	BUILDING TRADES PENSION PLAN OF WESTERN PENNSYLVANIA	
b	Name of plan sponsor	BOARD OF TRUSTEES BUILDING TRADES PENSION PLAN OF WESTERN PENNSYLVANIA	c EIN-PN 25-6118878-001
a	Plan name	COUNTY COMMISSIONERS OF CHARLES COUNTY, MARYLAND	
b	Name of plan sponsor	COUNTY COMMISSIONERS OF CHARLES COUNTY, MARYLAND	c EIN-PN 52-6000925-001
a	Plan name	LEGRAND NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	THE WIREMOLD COMPANY	c EIN-PN 06-0593670-001
a	Plan name	LEGRAND NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	THE WIREMOLD COMPANY	c EIN-PN 06-0593670-001
a	Plan name	LEGRAND NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	THE WIREMOLD COMPANY	c EIN-PN 06-0593670-001

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	ASBESTOS WORKERS LOCAL 2 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES ASBESTOS WORKERS LOCAL 2 PENSION FUND	c EIN-PN 23-6030054-001
a	Plan name	THE RETIREMENT PLAN FOR AMALGAMATED TRANSIT UNION	
b	Name of plan sponsor	NEW JERSEY TRANSIT CORPORATION	c EIN-PN 22-2281352-001
a	Plan name	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	
b	Name of plan sponsor	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	c EIN-PN 31-6401653-001
a	Plan name	PENNSYLVANIA STATE EDUCATION ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	PENNSYLVANIA STATE EDUCATION ASSOCIATION	c EIN-PN 23-0961125-001
a	Plan name	TRUSTEES OF REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION UA NJ	
b	Name of plan sponsor	TRUSTEES OF REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION UA NJ	c EIN-PN 22-6109064-001
a	Plan name	STATE OF FLORIDA	
b	Name of plan sponsor	STATE OF FLORIDA	c EIN-PN 59-1354377-001
a	Plan name	U.S. RETIREMENT PLAN	
b	Name of plan sponsor	MARS, INCORPORATED	c EIN-PN 22-1594774-001
a	Plan name	COMPOSITION ROOFERS LOCAL 4 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF COMPOSITION ROOFERS LOCAL NO. 4 PENSION FUND	c EIN-PN 22-6172741-001
a	Plan name	NTN EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NTN USA CORPORATION	c EIN-PN 36-3726692-001
a	Plan name	DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE DESERT STATES EMPLOYERS AND UFCW UNIONS	c EIN-PN 84-6277982-001
a	Plan name	PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND	
b	Name of plan sponsor	PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND	c EIN-PN 38-3009873-001
a	Plan name	OPERATING ENGINEERS LOCAL NO. 825 PENSION FUND	
b	Name of plan sponsor	OPERATING ENGINEERS LOCAL NO. 825 PENSION FUND	c EIN-PN 22-6033380-001

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	GREATER KANSAS CITY LABORERS PENSION PLAN	
b	Name of plan sponsor	GREATER KANSAS CITY LABORERS PENSION PLAN	c EIN-PN 43-6141953-001
a	Plan name	PENSION, HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY PENSION TRUST ACCOUNT	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY PENSION TRUST ACCOUNT	c EIN-PN 13-6123601-001
a	Plan name	BAC LOCAL UNION 15 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES BAC LOCAL 15 PENSION FUND	c EIN-PN 43-6102453-001
a	Plan name	GLAZIERS LOCAL UNION NO 558 PENSION FUND	
b	Name of plan sponsor	GLAZIERS LOCAL UNION NO 558 PENSION FUND	c EIN-PN 43-6106206-001
a	Plan name	MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor	TRUSTEES OF THE MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	c EIN-PN 36-6140097-001
a	Plan name	MO KAN TEAMSTERS PENSION FUND	
b	Name of plan sponsor	MO KAN TEAMSTERS PENSION FUND	c EIN-PN 43-6142288-001
a	Plan name	THE GENERAL PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS	
b	Name of plan sponsor	PENSION BD OF THE GENERAL PENSION PLAN OF THE INTL UNION OF OPERATING	c EIN-PN 52-6124299-001
a	Plan name	GREEN BAY PACKAGING INC.	
b	Name of plan sponsor	GREEN BAY PACKAGING INC.	c EIN-PN 39-1347047-001
a	Plan name	FIRSTENERGY CORP. PENSION PLAN	
b	Name of plan sponsor	FIRSTENERGY CORP. PENSION PLAN	c EIN-PN 34-1843785-001
a	Plan name	IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY PENSION PLAN	c EIN-PN 51-6077088-001
a	Plan name	CENTURYLINK, INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	LUMEN TECHNOLOGIES INC	c EIN-PN 84-0928963-014
a	Plan name	WASHINGTON GAS LIGHT COMPANY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	WASHINGTON GAS LIGHT COMPANY	c EIN-PN 53-0162882-001

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 SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 32BJ, DISTRICT 36 BUILDING OPERATORS PENSION TRUST FUND	
b	Name of plan sponsor BD OF TEES OF SEIU LOCAL 32BJ, DIS 36 BOLR PENSION TRUST FUND	c EIN-PN 23-6546776-001
a	Plan name UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS PENSION FUND	
b	Name of plan sponsor UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS PENSION FUND	c EIN-PN 23-6461717-001
a	Plan name LOCAL 805 PENSION AND RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 805 PENSION & RETIREMENT FUND	c EIN-PN 13-1917612-001
a	Plan name NEWSPAPER AND MAIL DELIVERERS PUBLISHERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF NEWSPAPER AND MAIL DELIVERERS PUBLISHERS PENSION	c EIN-PN 13-6122251-001
a	Plan name ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30	c EIN-PN 23-6289069-001
a	Plan name CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS	
b	Name of plan sponsor BOARD OF TRUSTEES CENTRAL PENSION FUND IUOE PARTICIPATING EMPLOYERS	c EIN-PN 36-6052390-001
a	Plan name INTERNATIONAL UNION, UAW MASTER PENSION TRUST	
b	Name of plan sponsor INTERNATIONAL UNION, UAW	c EIN-PN 38-3140311-006
a	Plan name PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12	
b	Name of plan sponsor BOARD OF TRUSTEES PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12	c EIN-PN 51-6045262-002
a	Plan name LABORERS LOCAL NO. 1174 PENSION FUND	
b	Name of plan sponsor LABORERS LOCAL NO. 1174 PENSION FUND	c EIN-PN 23-1687376-001
a	Plan name LEAGUE ATPAM PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LEAGUE ATPAM PENSION FUND	c EIN-PN 12-2928856-001
a	Plan name IRON WORKERS LOCAL NO. 12 PENSION FUND	
b	Name of plan sponsor IRON WORKERS LOCAL NO. 12 PENSION FUND	c EIN-PN 14-1512731-001
a	Plan name U.A. LOCAL 343 DEFINED BENEFIT PLAN	
b	Name of plan sponsor U.A. LOCAL NO. 343 PENSION TRUST	c EIN-PN 94-6092775-001

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	PLUMBERS & PIPEFITTERS LOCAL 104 PENSION PLAN	
b	Name of plan sponsor	PLUMBERS & PIPEFITTERS LOCAL 104 PENSION PLAN	c EIN-PN 04-2746381-888
a	Plan name	UPS RETIREMENT PLAN	
b	Name of plan sponsor	UPS RETIREMENT PLAN	c EIN-PN 95-1732075-888
a	Plan name	IRONWORKERS LOCALS 549 550 PENSION PLAN	
b	Name of plan sponsor	IRONWORKERS LOCALS 549 550 PENSION PLAN	c EIN-PN 55-6027928-001
a	Plan name	THE BATTELLE PENSION MGMT & INVESTMENT COUNCIL	
b	Name of plan sponsor	THE BATTELLE PENSION MGMT & INVESTMENT COUNCIL	c EIN-PN 31-4379427-004
a	Plan name	FORD MOTOR COMPANY DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	FORD MOTOR COMPANY DEFINED BENEFIT MASTER TRUST	c EIN-PN 36-7324188-888
a	Plan name	DANA CORPORATION PENION PLAN TRUST	
b	Name of plan sponsor	DANA CORPORATION PENION PLAN TRUST	c EIN-PN 36-3043321-001
a	Plan name	AVAYA INC. MASTER PENSION TRUST	
b	Name of plan sponsor	AVAYA, INC.	c EIN-PN 36-7324179-101
a	Plan name	PENSION PLAN OF AMERIHEALTH MERCY FAMILY OF COS	
b	Name of plan sponsor	PNC BANK TRUSTEE & CUSTODIAN FOR THE PENSION PLAN OF THE AMERIHEALTH	c EIN-PN 23-2842344-888
a	Plan name	OHIO OPERATING ENGINEERS PENSION FUND	
b	Name of plan sponsor	OHIO OPERATING ENGINEERS PENSION FUND	c EIN-PN 31-6129968-888
a	Plan name	REYNOLDS AMERICAN DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	JP MORGAN CHASE BANK, NA AS TRUSTEE REYNOLDS AMERICAN DEFINED BENEFIT	c EIN-PN 13-7912315-888
a	Plan name	CUMMINS INC.	
b	Name of plan sponsor	CUMMINS INC.	c EIN-PN 36-2872395-888
a	Plan name	MASSACHUSETTS LABORERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF MASSACHUSETTES LABORERS PENSION FUND	c EIN-PN 04-6128298-888

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 AMERICAN ELECTRIC POWER MASTER RETIREMENT TRUST	
b	Name of plan sponsor AMERICAN ELECTRIC POWER MASTER RETIREMENT TRUST C/O THE TOWNSEND GROUP	c EIN-PN 13-6064027-888
a	Plan name THE PNC FINANCIAL SERVICES GROUP, INC. PENSION PLAN	
b	Name of plan sponsor THE PNC FINANCIAL SERVICES GROUP, INC.	c EIN-PN 25-1435979-002
a	Plan name PEPSICO INC. MASTER TRUST	
b	Name of plan sponsor PEPSICO INC. MASTER TRUST	c EIN-PN 41-2205169-888
a	Plan name EMPLOYERS MUTUAL CASUALTY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor EMPLOYERS MUTUAL CASUALTY COMPANY	c EIN-PN 42-0234980-001
a	Plan name EMPLOYERS MUTUAL CASUALTY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor EMPLOYERS MUTUAL CASUALTY COMPANY	c EIN-PN 42-0234980-001
a	Plan name THE RAYTHEON MASTER PENSION TRUST	
b	Name of plan sponsor RAYTHEON MASTER PENSION TRUST	c EIN-PN 95-1778500-001
a	Plan name 1199SEIU GREATER NEW YORK PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF 1199SEIU GREATER NEW YORK PENSION FUND	c EIN-PN 13-6601940-001
a	Plan name SCREEN ACTORS GUILD PRODUCERS PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SCREEN ACTORS GUILD PRODUCERS	c EIN-PN 95-2110997-001
a	Plan name PGIM RETIREMENT REAL ESTATE FUND	
b	Name of plan sponsor PGIM RETIREMENT REAL ESTATE FUND	c EIN-PN 22-1211670-001
a	Plan name HEAVY & GENERAL LABORERS LOCAL UNIONS 472 & 172 OF NJ ANNUITY PLAN	
b	Name of plan sponsor BD OF TRUSTEES HEAVY & GENERAL LABORERS OF NJ ANNUITY FUND	c EIN-PN 22-2331070-001
a	Plan name MOTION PICTURE INDUSTRY PENSION PLAN	
b	Name of plan sponsor BOARD OF DIRECTORS, MOTION PICTURE INDUSTRY PENSION	c EIN-PN 95-1810805-001
a	Plan name SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	
b	Name of plan sponsor TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	c EIN-PN 36-6155778-001

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	1199 SEIU HEALTH CARE EMPLOYEES PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF 1199SEIU HEALTH CARE EMPLOYEES PENSION FUND	c EIN-PN 13-3604862-001
a	Plan name	UNITED NATIONS	
b	Name of plan sponsor	UNITED NATIONS	c EIN-PN 51-0193970-001
a	Plan name	UNITED NATIONS	
b	Name of plan sponsor	UNITED NATIONS	c EIN-PN 51-0193970-001
a	Plan name	BOILERMAKER BLACKSMITH NATIONAL PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES BOILERMAKER BLACKSMITH NATIONAL PENSION TRUST	c EIN-PN 48-6168020-001
a	Plan name	TEAMSTERS UNION NO. 142 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF THE TEAMSTERS UNION NO 142 PENSION FUND	c EIN-PN 51-6051034-001
a	Plan name	ROCHE U.S. RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor	GENENTECH INC.	c EIN-PN 90-1131832-002
a	Plan name	BLUE CROSS BLUE SHIELD ASSOC.	
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD ASSOC.	c EIN-PN 36-3025560-062
a	Plan name	CONSOLIDATED EDISON, INC.	
b	Name of plan sponsor	CONSOLIDATED EDISON, INC.	c EIN-PN 13-6058788-001
a	Plan name	SHORE MEDICAL CENTER PENSION PLAN	
b	Name of plan sponsor	SHORE MEDICAL CENTER	c EIN-PN 21-0660835-001
a	Plan name	NEW ENGLAND HEALTH CARE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES NEW ENGLAND HEALTH CARE EMPLOYEES PENSION FUND	c EIN-PN 22-3071963-001
a	Plan name	DESERET MUTUAL EMPLOYEE PENSION PLAN TRUST	
b	Name of plan sponsor	DESERET MUTUAL BENEFIT ADMINISTRATORS	c EIN-PN 87-0482275-001
a	Plan name	THE UAW LABOR MANAGEMENT GROUP PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, THE UAW LABOR MANAGEMENT GROUP PENSION PLAN	c EIN-PN 51-6099782-001

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	BAKER COMMODITIES INC	c	EIN-PN	
b	Name of plan sponsor	BAKER COMMODITIES INC	c	EIN-PN	95-2137748-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF MATSON	c	EIN-PN	
b	Name of plan sponsor	MATSON, INC.	c	EIN-PN	99-0032630-014
a	Plan name	FIRE AND POLICE PENSION ASSOCIATION OF COLORADO DEFINED BENEFIT SYSTEM	c	EIN-PN	
b	Name of plan sponsor	FIRE AND POLICE PENSION ASSOCIATION OF COLORADO	c	EIN-PN	74-2075196-001
a	Plan name	GCIU EMPLOYER RETIREMENT BENEFIT PLAN	c	EIN-PN	
b	Name of plan sponsor	BOARD OF TRUSTEES GCIU EMPLOYER RETIREMENT BENEFIT PLAN	c	EIN-PN	91-6024903-001
a	Plan name	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	BOEING CO & CONSOLIDATED SUBSIDIARIES	c	EIN-PN	91-0425694-062
a	Plan name	BOT UFCW NO CALI EMPLOYERS JOINT PENSION PLAN	c	EIN-PN	
b	Name of plan sponsor	BOT UFCW NO CALI EMPLOYERS JOINT PENSION PLAN	c	EIN-PN	94-6313554-001
a	Plan name	GREEN BAY PACKAGING INC. SALARIED PLAN	c	EIN-PN	
b	Name of plan sponsor	GREEN BAY PACKAGING INC.	c	EIN-PN	39-1347047-888
a	Plan name	CONSTELLATION PENSION MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c	EIN-PN	87-3819556-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 PRISA ACCOUNT	B Three-digit plan number (PN) ▶ 038
C Plan sponsor's name as shown on line 2a of Form 5500 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	D Employer Identification Number (EIN) 22-1211670

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	9970
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	211878
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	708252744
(6) Real estate (other than employer real property)	1c(6)	10912168644
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	391393

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	12779314851	11622934629
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	582108	1191372
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	582108	1191372
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12778732743	11621743257

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	322909	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	46295836	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46618745
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		802559741
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18831722	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18307472	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		524250
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-753974787	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		95727949

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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		200331
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	11559325	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	42143728	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	351725339	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		405428392
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		405628723

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-309900774
l Transfers of assets:			
(1) To this plan.....	2l(1)		118536461
(2) From this plan	2l(2)		965625173

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 _____.