

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

| | |
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| 1a Name of plan <u>VARIABLE ANNUITY ACCOUNT 9</u> | 1b Three-digit plan number (PN) ▶ <u>007</u> 1c Effective date of plan |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u> <u>8525 E. ORCHARD RD, 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u> | 2b Employer Identification Number (EIN) <u>84-0467907</u> 2c Plan Sponsor's telephone number <u>800-338-4015</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 | | Date | |
| | Signature of plan administrator | | Enter name of individual signing as plan administrator |
| SIGN HERE | | Date | |
| | Signature of employer/plan sponsor | | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>09/22/2025</u> | <u>MICHAEL LEWIS</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

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| 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 0 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:

| | |
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| 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)

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| 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 <u>0</u> (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 _____

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| 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>VARIABLE ANNUITY ACCOUNT 9</u> | B Three-digit plan number (PN) | <u>007</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u> | D Employer Identification Number (EIN) <u>84-0467907</u> | |

| | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| 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 CIVILTECH ENGINEERING, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor CIVILTECH ENGINEERING, INC. PROFIT SHARING PLAN | c EIN-PN 36-3606666-001 |
| a | Plan name H2B, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor H2B, INC. RETIREMENT PLAN | c EIN-PN 20-3255574-001 |
| a | Plan name J & D 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor J & D 401(K) RETIREMENT PLAN | c EIN-PN 87-0377962-001 |
| a | Plan name KLINGNER & ASSOCIATES, P.C. RETIREMENT PLAN | |
| b | Name of plan sponsor KLINGNER & ASSOCIATES, P.C. RETIREMENT PLAN | c EIN-PN 37-1179355-001 |
| a | Plan name RABA KISTNER, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor RABA KISTNER, INC. PROFIT SHARING 401(K) PLAN | c EIN-PN 74-1611534-001 |
| a | Plan name PROTECTION ENGINEERING CONSULTANTS LLC 401(K) PLAN | |
| b | Name of plan sponsor PROTECTION ENGINEERING CONSULTANTS LLC 401(K) PLAN | c EIN-PN 86-1155430-001 |
| a | Plan name RANI ENGINEERING, LLC. 401(K) PLAN | |
| b | Name of plan sponsor RANI ENGINEERING, LLC. 401(K) PLAN | c EIN-PN 82-4767909-001 |
| a | Plan name ACI GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor ACI GROUP, LLC 401(K) PLAN | c EIN-PN 55-0826239-001 |
| a | Plan name ASC 401(K) PLAN | |
| b | Name of plan sponsor ASC 401(K) PLAN | c EIN-PN 80-0693625-001 |
| a | Plan name ENVIROLINK RETIREMENT PLAN | |
| b | Name of plan sponsor ENVIROLINK RETIREMENT PLAN | c EIN-PN 56-2052676-001 |
| a | Plan name FAST + EPP 401(K) PLAN | |
| b | Name of plan sponsor FAST + EPP 401(K) PLAN | c EIN-PN 81-1542504-001 |
| a | Plan name COMMONSTREET CONSULTING, LLC 401(K) PLAN | |
| b | Name of plan sponsor COMMONSTREET CONSULTING, LLC 401(K) PLAN | c EIN-PN 82-1456894-001 |

| 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 | MESHEK & ASSOCIATES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | MESHEK & ASSOCIATES, LLC 401(K) PLAN | c EIN-PN 73-1322397-001 |
| a | Plan name | RS ENGINEERING RETIREMENT PLAN | |
| b | Name of plan sponsor | RS ENGINEERING RETIREMENT PLAN | c EIN-PN 37-1212051-001 |
| a | Plan name | LCA ENVIRONMENTAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LCA ENVIRONMENTAL, INC. 401(K) PLAN | c EIN-PN 75-2428606-001 |
| a | Plan name | ELEMENT ENGINEERING GROUP 401(K) PLAN | |
| b | Name of plan sponsor | ELEMENT ENGINEERING GROUP 401(K) PLAN | c EIN-PN 56-2565488-001 |
| a | Plan name | TRACE CONSULTING, LLC 401(K) PLAN | |
| b | Name of plan sponsor | TRACE CONSULTING, LLC 401(K) PLAN | c EIN-PN 45-5179749-001 |
| a | Plan name | MORROW ENGINEERING, INC 401(K) PLAN | |
| b | Name of plan sponsor | MORROW ENGINEERING, INC 401(K) PLAN | c EIN-PN 48-1015992-001 |
| a | Plan name | INFRATECH ENGINEERS & INNOVATORS 401(K) PLAN | |
| b | Name of plan sponsor | INFRATECH ENGINEERS & INNOVATORS 401(K) PLAN | c EIN-PN 81-3991901-001 |
| a | Plan name | CORPORATE ENVIRONMENTAL RISK MANAGEMENT 401(K) PRO | |
| b | Name of plan sponsor | CORPORATE ENVIRONMENTAL RISK MANAGEMENT 401(K) PRO | c EIN-PN 58-2189483-001 |
| a | Plan name | PI CONSULTING SERVICES, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | PI CONSULTING SERVICES, LLC RETIREMENT PLAN | c EIN-PN 46-2844689-001 |
| a | Plan name | KURT FISCHER STRUCTURAL ENGINEERING, INC. 401(K) P | |
| b | Name of plan sponsor | KURT FISCHER STRUCTURAL ENGINEERING, INC. 401(K) P | c EIN-PN 46-1873600-001 |
| a | Plan name | ENGINEERING RESOURCES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ENGINEERING RESOURCES, INC. 401(K) PLAN | c EIN-PN 35-2006763-001 |
| a | Plan name | VEGA CIVIL ENGINEERING RETIREMENT PLAN | |
| b | Name of plan sponsor | VEGA CIVIL ENGINEERING RETIREMENT PLAN | c EIN-PN 83-4580239-001 |

| 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 LAHLAF GEOTECHNICAL CONSULTING, INC. 401(K) PLAN | |
| b | Name of plan sponsor LAHLAF GEOTECHNICAL CONSULTING, INC. 401(K) PLAN | c EIN-PN 51-0578525-001 |
| a | Plan name BANNING ENGINEERING 401(K) PLAN | |
| b | Name of plan sponsor BANNING ENGINEERING 401(K) PLAN | c EIN-PN 35-1918080-001 |
| a | Plan name WDG LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor WDG LLC 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 27-0184556-001 |
| a | Plan name TORREENGINEERING LLC 401(K) PLAN | |
| b | Name of plan sponsor TORREENGINEERING LLC 401(K) PLAN | c EIN-PN 84-3583997-001 |
| a | Plan name HMB PROFESSIONAL ENGINEERS PROFIT SHARING PLAN | |
| b | Name of plan sponsor HMB PROFESSIONAL ENGINEERS PROFIT SHARING PLAN | c EIN-PN 61-0968333-001 |
| a | Plan name KIM ENGINEERING 401(K) PLAN | |
| b | Name of plan sponsor KIM ENGINEERING 401(K) PLAN | c EIN-PN 52-1835947-001 |
| a | Plan name VANG INC. CONSULTING ENGINEERS 401(K) P/S PLAN | |
| b | Name of plan sponsor VANG INC. CONSULTING ENGINEERS 401(K) P/S PLAN | c EIN-PN 83-2082457-001 |
| a | Plan name NAVARRO & WRIGHT 401(K) PLAN | |
| b | Name of plan sponsor NAVARRO & WRIGHT 401(K) PLAN | c EIN-PN 25-1799858-001 |
| a | Plan name MILESTONE ENGINEERING, INC. 401(K) PLAN | |
| b | Name of plan sponsor MILESTONE ENGINEERING, INC. 401(K) PLAN | c EIN-PN 47-2259393-001 |
| a | Plan name CIBOR 401(K) | |
| b | Name of plan sponsor CIBOR 401(K) | c EIN-PN 46-3676248-001 |
| a | Plan name C2G/CIVIL CONSULTANTS GROUP, INC. 401(K) PROFIT SH | |
| b | Name of plan sponsor C2G/CIVIL CONSULTANTS GROUP, INC. 401(K) PROFIT SH | c EIN-PN 90-0126737-001 |
| a | Plan name AMERICAN COUNCIL OF ENGINEERING COMPANIES - KENTUC | |
| b | Name of plan sponsor AMERICAN COUNCIL OF ENGINEERING COMPANIES - KENTUC | c EIN-PN 23-7215206-001 |

| 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 | VSCE, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | VSCE, INC. 401(K) PROFIT SHARING PLAN & TRUST | c EIN-PN 20-1616949-001 |
| a | Plan name | CEC CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | CEC CORPORATION 401(K) PLAN | c EIN-PN 73-0760206-001 |
| a | Plan name | AKANA 401(K) PLAN | |
| b | Name of plan sponsor | AKANA 401(K) PLAN | c EIN-PN 91-1753733-001 |
| a | Plan name | GTS 401(K) | |
| b | Name of plan sponsor | GTS 401(K) | c EIN-PN 82-1602943-001 |
| a | Plan name | BLUE ORANGE CPA GROUP 401(K) PLAN | |
| b | Name of plan sponsor | BLUE ORANGE CPA GROUP 401(K) PLAN | c EIN-PN 45-3094688-001 |
| a | Plan name | 4CREEKS 401(K) PLAN | |
| b | Name of plan sponsor | 4CREEKS 401(K) PLAN | c EIN-PN 88-4211634-001 |
| a | Plan name | PBS 401(K) PLAN | |
| b | Name of plan sponsor | PBS 401(K) PLAN | c EIN-PN 93-0870218-001 |
| a | Plan name | NITSCH ENGINEERING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NITSCH ENGINEERING, INC. 401(K) PLAN | c EIN-PN 04-3063185-001 |
| a | Plan name | FOXXSTEM 401(K) PLAN | |
| b | Name of plan sponsor | FOXXSTEM 401(K) PLAN | c EIN-PN 84-4914941-001 |
| a | Plan name | THOMBERT PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THOMBERT PROFIT SHARING PLAN | c EIN-PN 42-0670188-001 |
| a | Plan name | C.E. JOHN COMPANY PROFIT SHARING RETIREMENT PLAN | |
| b | Name of plan sponsor | C.E. JOHN COMPANY PROFIT SHARING RETIREMENT PLAN | c EIN-PN 91-0987803-001 |
| a | Plan name | CENTRAL PLUMBING AND HEATING, INC. 401(K) PROFIT S | |
| b | Name of plan sponsor | CENTRAL PLUMBING AND HEATING, INC. 401(K) PROFIT S | c EIN-PN 81-0285765-001 |

| 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 | ZACLON LLC THRIFT RETIREMENT PLAN | |
| b | Name of plan sponsor | ZACLON LLC THRIFT RETIREMENT PLAN | c EIN-PN 51-0496773-001 |
| a | Plan name | HIGHLAND MANAGEMENT GROUP INC. 401K PLAN | |
| b | Name of plan sponsor | HIGHLAND MANAGEMENT GROUP INC. 401K PLAN | c EIN-PN 41-1655317-001 |
| a | Plan name | VERIDIAN CREDIT UNION 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | VERIDIAN CREDIT UNION 401(K) PLAN AND TRUST | c EIN-PN 42-1132695-001 |
| a | Plan name | ISSC, INC. 401(K) | |
| b | Name of plan sponsor | ISSC, INC. 401(K) | c EIN-PN 91-1217128-001 |
| a | Plan name | ADELL COOPERATIVE UNION 401(K) RETIREMENT SAVINGS | |
| b | Name of plan sponsor | ADELL COOPERATIVE UNION 401(K) RETIREMENT SAVINGS | c EIN-PN 39-0122110-001 |
| a | Plan name | TEAGUE SAVINGS AND INVESTMENT PLAN - 401(K) | |
| b | Name of plan sponsor | TEAGUE SAVINGS AND INVESTMENT PLAN - 401(K) | c EIN-PN 13-2587094-001 |
| a | Plan name | PASCHEN MANAGEMENT CORPORATION 401(K) P/S PLAN | |
| b | Name of plan sponsor | PASCHEN MANAGEMENT CORPORATION 401(K) P/S PLAN | c EIN-PN 95-3112381-001 |
| a | Plan name | HOMEDICS 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | HOMEDICS 401(K) SAVINGS PLAN | c EIN-PN 38-3205159-001 |
| a | Plan name | NCOMPASS ERH SHARED SERVICES 401(K) | |
| b | Name of plan sponsor | NCOMPASS ERH SHARED SERVICES 401(K) | c EIN-PN 61-1738291-001 |
| a | Plan name | NCOMPASS OCEAN MART 401(K) PLAN | |
| b | Name of plan sponsor | NCOMPASS OCEAN MART 401(K) PLAN | c EIN-PN 27-4295281-001 |
| a | Plan name | NCOMPASS GOLD CUP SERVICES 401(K) PLAN | |
| b | Name of plan sponsor | NCOMPASS GOLD CUP SERVICES 401(K) PLAN | c EIN-PN 87-0527812-001 |
| a | Plan name | NCOMPASS SILCOX ORTHODONTICS 401(K) PLAN | |
| b | Name of plan sponsor | NCOMPASS SILCOX ORTHODONTICS 401(K) PLAN | c EIN-PN 26-1640064-001 |

| 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 | SPORTSMOBILE 401(K) PLAN | |
| b | Name of plan sponsor | SPORTSMOBILE 401(K) PLAN | c EIN-PN 74-2212872-001 |
| a | Plan name | NCOMPASS UPA 401(K) PLAN | |
| b | Name of plan sponsor | NCOMPASS UPA 401(K) PLAN | c EIN-PN 47-2831134-001 |
| a | Plan name | MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLA | |
| b | Name of plan sponsor | MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLA | c EIN-PN 05-0444057-001 |
| a | Plan name | ILTS 401(K) PLAN | |
| b | Name of plan sponsor | ILTS 401(K) PLAN | c EIN-PN 95-3276269-001 |
| a | Plan name | R & J CONSTRUCTION SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor | R & J CONSTRUCTION SAVINGS & RETIREMENT PLAN | c EIN-PN 68-0135869-001 |
| a | Plan name | SELECTRON TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SELECTRON TECHNOLOGIES, INC. 401(K) PLAN | c EIN-PN 93-1331338-001 |
| a | Plan name | NPO 401(K) PLAN | |
| b | Name of plan sponsor | NPO 401(K) PLAN | c EIN-PN 71-0924044-001 |
| a | Plan name | T BAILEY, LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | T BAILEY, LLC 401(K) RETIREMENT SAVINGS PLAN | c EIN-PN 91-1541502-001 |
| a | Plan name | MERIDIAN WORLDWIDE TRANSPORTATION GROUP | |
| b | Name of plan sponsor | MERIDIAN WORLDWIDE TRANSPORTATION GROUP | c EIN-PN 94-1573181-001 |
| a | Plan name | OPTOMA TECHNOLOGY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | OPTOMA TECHNOLOGY, INC. 401(K) PLAN | c EIN-PN 77-0403350-001 |
| a | Plan name | ASI DATAMYTE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ASI DATAMYTE 401(K) PROFIT SHARING PLAN | c EIN-PN 41-2039076-001 |
| a | Plan name | HEELY-BROWN COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HEELY-BROWN COMPANY, INC. 401(K) PLAN | c EIN-PN 58-0534179-001 |

| 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 | BRUCE BAUER LUMBER & SUPPLY 401(K) PLAN | |
| b | Name of plan sponsor | BRUCE BAUER LUMBER & SUPPLY 401(K) PLAN | c EIN-PN 94-1032915-001 |
| a | Plan name | C. CRETORS COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | C. CRETORS COMPANY 401(K) PROFIT SHARING PLAN | c EIN-PN 36-2084719-001 |
| a | Plan name | CRUSHPROOF TUBING COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | CRUSHPROOF TUBING COMPANY 401(K) PLAN | c EIN-PN 34-4480069-001 |
| a | Plan name | NORTHERN LOGISTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NORTHERN LOGISTICS, INC. 401(K) PLAN | c EIN-PN 38-3083771-001 |
| a | Plan name | FAIRBANK CONSTRUCTION COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FAIRBANK CONSTRUCTION COMPANY, INC. 401(K) PLAN | c EIN-PN 91-1033661-001 |
| a | Plan name | POWER PRO PLUS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | POWER PRO PLUS, INC. 401(K) PLAN | c EIN-PN 20-4558365-001 |
| a | Plan name | TAP PLASTICS PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | TAP PLASTICS PROFIT SHARING 401(K) PLAN | c EIN-PN 94-1558896-001 |
| a | Plan name | INTERNAL MEDICINE ASSOCIATES, INC. PROFIT SHARING | |
| b | Name of plan sponsor | INTERNAL MEDICINE ASSOCIATES, INC. PROFIT SHARING | c EIN-PN 05-0341838-001 |
| a | Plan name | BLACK ROOFING AND WATERPROOFING 401(K) PLAN | |
| b | Name of plan sponsor | BLACK ROOFING AND WATERPROOFING 401(K) PLAN | c EIN-PN 84-1096626-001 |
| a | Plan name | MARTEL CONSTRUCTION 401(K) | |
| b | Name of plan sponsor | MARTEL CONSTRUCTION 401(K) | c EIN-PN 81-0302458-001 |
| a | Plan name | EDISON NATIONAL BANK 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | EDISON NATIONAL BANK 401(K) RETIREMENT PLAN | c EIN-PN 65-0765849-001 |
| a | Plan name | NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN | c EIN-PN 05-0258811-001 |

| 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 FLORIO PERRUCCI STEINHARDT CAPPELLI & TIPTON LLC 4 | |
| b | Name of plan sponsor FLORIO PERRUCCI STEINHARDT CAPPELLI & TIPTON LLC 4 | c EIN-PN 20-0984717-001 |
| a | Plan name ARTIS NAPLES, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor ARTIS NAPLES, INC. RETIREMENT PLAN | c EIN-PN 59-2322926-001 |
| a | Plan name DIRECT AUTOMOTIVE DISTRIBUTING 401(K) PLAN | |
| b | Name of plan sponsor DIRECT AUTOMOTIVE DISTRIBUTING 401(K) PLAN | c EIN-PN 81-0479583-001 |
| a | Plan name UNITED PACIFIC FOREST PRODUCTS, INC. | |
| b | Name of plan sponsor UNITED PACIFIC FOREST PRODUCTS, INC. | c EIN-PN 68-0222599-001 |
| a | Plan name ATHENA TECHNOLOGY INC. 401(K) PLAN | |
| b | Name of plan sponsor ATHENA TECHNOLOGY INC. 401(K) PLAN | c EIN-PN 80-0743426-001 |
| a | Plan name PHILADELPHIA RESERVE SUPPLY COMPANY 401(K) PROFIT | |
| b | Name of plan sponsor PHILADELPHIA RESERVE SUPPLY COMPANY 401(K) PROFIT | c EIN-PN 23-0973030-001 |
| a | Plan name A.A.R. TESTING LABORATORY 401(K) PROFIT SHARING PL | |
| b | Name of plan sponsor A.A.R. TESTING LABORATORY 401(K) PROFIT SHARING PL | c EIN-PN 91-1459239-001 |
| a | Plan name LACAMAS LABORATORIES 401(K) PLAN | |
| b | Name of plan sponsor LACAMAS LABORATORIES 401(K) PLAN | c EIN-PN 73-1259213-001 |
| a | Plan name W.G. ZIMMERMAN ENGINEERING, INC. 401(K) PLAN | |
| b | Name of plan sponsor W.G. ZIMMERMAN ENGINEERING, INC. 401(K) PLAN | c EIN-PN 33-0860368-001 |
| a | Plan name CARING 401(K) PLAN | |
| b | Name of plan sponsor CARING 401(K) PLAN | c EIN-PN 82-5467733-001 |
| a | Plan name DECOR CARPETS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor DECOR CARPETS, INC. PROFIT SHARING 401(K) PLAN | c EIN-PN 91-0865309-001 |
| a | Plan name SCHNIPKE ENGRAVING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SCHNIPKE ENGRAVING 401(K) PROFIT SHARING PLAN | c EIN-PN 34-1005519-001 |

| 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 | G.S. WIRING SYSTEMS, INC. SAVINGS PLAN | |
| b | Name of plan sponsor | G.S. WIRING SYSTEMS, INC. SAVINGS PLAN | c EIN-PN 34-1611593-001 |
| a | Plan name | CONVENTURES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CONVENTURES, INC. 401(K) PROFIT SHARING PLAN | c EIN-PN 04-2608908-001 |
| a | Plan name | THE ARAGEN RETIREMENT PLAN | |
| b | Name of plan sponsor | THE ARAGEN RETIREMENT PLAN | c EIN-PN 81-0655676-001 |
| a | Plan name | SMITH ASSOCIATED BANKING CORPORATION 401(K) PLAN A | |
| b | Name of plan sponsor | SMITH ASSOCIATED BANKING CORPORATION 401(K) PLAN A | c EIN-PN 71-0566204-001 |
| a | Plan name | SPOKANE PRODUCE 401(K) PLAN | |
| b | Name of plan sponsor | SPOKANE PRODUCE 401(K) PLAN | c EIN-PN 91-0605100-001 |
| a | Plan name | MEDICAL REVIEW INSTITUTE OF AMERICA 401(K) PLAN | |
| b | Name of plan sponsor | MEDICAL REVIEW INSTITUTE OF AMERICA 401(K) PLAN | c EIN-PN 87-0515201-001 |
| a | Plan name | WILBRAHAM FAMILY DENTISTRY, LLC 401(K) PLAN | |
| b | Name of plan sponsor | WILBRAHAM FAMILY DENTISTRY, LLC 401(K) PLAN | c EIN-PN 16-1780778-001 |
| a | Plan name | BT SYSTEMS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | BT SYSTEMS, LLC 401(K) PLAN | c EIN-PN 26-3744850-001 |
| a | Plan name | ADVANCED TEXTILE COMPOSITES 401(K) PROFIT SHARING | |
| b | Name of plan sponsor | ADVANCED TEXTILE COMPOSITES 401(K) PROFIT SHARING | c EIN-PN 23-2617038-001 |
| a | Plan name | JOHNSON & DUGAN RETIREMENT PLAN | |
| b | Name of plan sponsor | JOHNSON & DUGAN RETIREMENT PLAN | c EIN-PN 94-2917627-001 |
| a | Plan name | STERLING PAPER, INC 401 (K) BENEFIT PLAN | |
| b | Name of plan sponsor | STERLING PAPER, INC 401 (K) BENEFIT PLAN | c EIN-PN 31-4317038-001 |
| a | Plan name | NORTHWESTERN HOLDING, LLC 401(K) PLAN | |
| b | Name of plan sponsor | NORTHWESTERN HOLDING, LLC 401(K) PLAN | c EIN-PN 83-1815531-001 |

| 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 | PETERSON & MARTIN, P.A. 401(K) PLAN | |
| b | Name of plan sponsor | PETERSON & MARTIN, P.A. 401(K) PLAN | c EIN-PN 65-0047898-001 |
| a | Plan name | SEASONS RETIREMENT GROUP COGNITIVE FX 401(K) PLAN | |
| b | Name of plan sponsor | SEASONS RETIREMENT GROUP COGNITIVE FX 401(K) PLAN | c EIN-PN 47-1881429-001 |
| a | Plan name | SEASONS RETIREMENT GROUP HAVENPARK 401(K) RETIREME | |
| b | Name of plan sponsor | SEASONS RETIREMENT GROUP HAVENPARK 401(K) RETIREME | c EIN-PN 81-3245597-001 |
| a | Plan name | SEASONS RETIREMENT GROUP FIRST MAG, LLC 401(K) PLA | |
| b | Name of plan sponsor | SEASONS RETIREMENT GROUP FIRST MAG, LLC 401(K) PLA | c EIN-PN 84-2804058-001 |
| a | Plan name | LONGBOW USA 401(K) PLAN | |
| b | Name of plan sponsor | LONGBOW USA 401(K) PLAN | c EIN-PN 83-2439241-001 |
| a | Plan name | TRICAL GROUP 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | TRICAL GROUP 401(K) SAVINGS PLAN | c EIN-PN 83-3977647-001 |
| a | Plan name | COLUMBIA FOOD SERVICE COMPANY, INC. 401(K) PROFIT | |
| b | Name of plan sponsor | COLUMBIA FOOD SERVICE COMPANY, INC. 401(K) PROFIT | c EIN-PN 59-2532997-001 |
| a | Plan name | COX OPERATING, LLC 401(K) P/S PLAN | |
| b | Name of plan sponsor | COX OPERATING, LLC 401(K) P/S PLAN | c EIN-PN 71-0960939-001 |
| a | Plan name | KAPLAN BARRON PEDIATRICS, PLLC 401(K) RETIREMENT P | |
| b | Name of plan sponsor | KAPLAN BARRON PEDIATRICS, PLLC 401(K) RETIREMENT P | c EIN-PN 85-0601306-001 |
| a | Plan name | WESTSIDE FORESTRY SERVICE, INC. RETIREMENT SAVINGS | |
| b | Name of plan sponsor | WESTSIDE FORESTRY SERVICE, INC. RETIREMENT SAVINGS | c EIN-PN 38-1848446-001 |
| a | Plan name | JOSEPH, MANN & CREED EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor | JOSEPH, MANN & CREED EMPLOYEES 401(K) PLAN | c EIN-PN 34-1940904-001 |
| a | Plan name | VILLARA CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | VILLARA CORPORATION 401(K) PLAN | c EIN-PN 94-1343912-001 |

| 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 | FAMILY HEALTH CENTER 403(B) PLAN | |
| b | Name of plan sponsor | FAMILY HEALTH CENTER 403(B) PLAN | c EIN-PN 82-2966384-001 |
| a | Plan name | VIKING 401 (K) PLAN | |
| b | Name of plan sponsor | VIKING 401 (K) PLAN | c EIN-PN 05-0347738-001 |
| a | Plan name | LYNGSO GARDEN MATERIALS, INC. 401(K) PROFIT SHARIN | |
| b | Name of plan sponsor | LYNGSO GARDEN MATERIALS, INC. 401(K) PROFIT SHARIN | c EIN-PN 94-1412995-001 |
| a | Plan name | STIRLING PROPERTIES, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | STIRLING PROPERTIES, LLC PROFIT SHARING PLAN | c EIN-PN 72-1194769-001 |
| a | Plan name | STIRLING PROPERTIES, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | STIRLING PROPERTIES, LLC PROFIT SHARING PLAN | c EIN-PN 72-1194769-001 |
| a | Plan name | LOS ALTOS GOLF & COUNTRY CLUB 401(K) PLAN | |
| b | Name of plan sponsor | LOS ALTOS GOLF & COUNTRY CLUB 401(K) PLAN | c EIN-PN 94-0639250-001 |
| a | Plan name | ROSSETTI & DEVOTO 401(K) PLAN | |
| b | Name of plan sponsor | ROSSETTI & DEVOTO 401(K) PLAN | c EIN-PN 20-1317657-001 |
| a | Plan name | BROWARD PAPER & PACKAGING, INC. 401(K) EMPLOYEES | |
| b | Name of plan sponsor | BROWARD PAPER & PACKAGING, INC. 401(K) EMPLOYEES | c EIN-PN 59-0789005-001 |
| a | Plan name | WATLOW GROUP 401(K) PLAN | |
| b | Name of plan sponsor | WATLOW GROUP 401(K) PLAN | c EIN-PN 43-0574450-001 |
| a | Plan name | IRWIN SEATING COMPANY PROFIT SHARING PLAN | |
| b | Name of plan sponsor | IRWIN SEATING COMPANY PROFIT SHARING PLAN | c EIN-PN 38-1333053-001 |
| a | Plan name | AMARILLO NATIONAL BANK 401(K) PLAN | |
| b | Name of plan sponsor | AMARILLO NATIONAL BANK 401(K) PLAN | c EIN-PN 75-0109799-001 |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan VARIABLE ANNUITY ACCOUNT 9 | B Three-digit plan number (PN) ▶ 007 |
| C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | D Employer Identification Number (EIN) 84-0467907 |

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

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

| | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (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) | 29922812 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 23916084 |
| (15) Other..... | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 23916084 | 29922812 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 23916084 | 29922812 |

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) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 0 |
| (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) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | 0 |

| | | (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) | | 2082094 |
| c Other income | 2c | | 8252976 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 10335070 |

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 | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 373152 | |
| (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) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 373152 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 373152 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 9961918 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 4471271 |
| (2) From this plan | 2l(2) | | 8426461 |

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 _____.