

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: LARGE CAP GROWTH I FUND (MANAGED BY PUTNAM) (SA5T1)
1b Three-digit plan number (PN): 274
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY
2b Employer Identification Number (EIN): 06-1050034
2c Plan Sponsor's telephone number: 800-338-4015
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>EMPOWER ANNUITY INSURANCE COMPANY</b> <b>c</b> Plan Name <b>LARGE CAP GROWTH I FUND (SA5T1)</b>	<b>4b</b> EIN <b>06-1050034</b>  <b>4d</b> PN <b>274</b>																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>	0	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>LARGE CAP GROWTH I FUND (MANAGED BY PUTNAM) (SA5T1)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>274</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1050034</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INDYNE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDYNE, INC. 401(K) PLAN	<b>c</b> EIN-PN 52-1395799-001
<b>a</b>	Plan name	RELIANCE TEST AND TECHNOLOGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIANCE TEST AND TECHNOLOGY, LLC 401(K) PLAN	<b>c</b> EIN-PN 47-4732425-001
<b>a</b>	Plan name	URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-2134622-001
<b>a</b>	Plan name	COOKE SEAFOODS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOKE SEAFOODS USA 401(K) PLAN	<b>c</b> EIN-PN 98-0456975-001
<b>a</b>	Plan name	OCEAN FLEET SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN FLEET SERVICES 401(K) PLAN	<b>c</b> EIN-PN 82-3103392-001
<b>a</b>	Plan name	LOCAL 231 IBEW RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOCAL 231 IBEW RETIREMENT PLAN	<b>c</b> EIN-PN 42-1086362-001
<b>a</b>	Plan name	SPS NEW ENGLAND, INC. PROFIT SHARING/RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPS NEW ENGLAND, INC. PROFIT SHARING/RETIREMENT PLAN	<b>c</b> EIN-PN 04-2741165-001
<b>a</b>	Plan name	ISLANDAIRE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISLANDAIRE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-3109759-001
<b>a</b>	Plan name	APPLIED ENGINEERING, INCORPORATED EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	APPLIED ENGINEERING, INCORPORATED EMPLOYEE STOCK OWNERSHIP PLAN AND TR	<b>c</b> EIN-PN 45-0396816-001
<b>a</b>	Plan name	APPALACHIAN DRILLING SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPALACHIAN DRILLING SERVICES 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-1479253-001
<b>a</b>	Plan name	D.P. ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D.P. ELECTRIC, INC. 401(K) PLAN	<b>c</b> EIN-PN 86-0728080-001
<b>a</b>	Plan name	SCHMUESER GORDON MEYER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHMUESER GORDON MEYER, INC. 401(K) PLAN	<b>c</b> EIN-PN 84-1015600-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GLT COMPANIES 2 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLT COMPANIES 2 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 34-1771775-001
<b>a</b>	Plan name	GEORGIA LOGISTICS GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA LOGISTICS GROUP, INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 82-5220638-001
<b>a</b>	Plan name	IOWA COMMODITIES, LTD EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	IOWA COMMODITIES, LTD EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 42-1133079-001
<b>a</b>	Plan name	DATAXOOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DATAXOOM 401(K) PLAN	<b>c</b> EIN-PN 45-5073812-001
<b>a</b>	Plan name	WOODRUFF CONSTRUCTION, EMPLOYEES PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WOODRUFF CONSTRUCTION, EMPLOYEES PROFIT SHARING 401(K) PLAN AND TRUST	<b>c</b> EIN-PN 76-0721180-001
<b>a</b>	Plan name	LANE ROOFING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANE ROOFING, LLC 401(K) PLAN	<b>c</b> EIN-PN 46-2421264-001
<b>a</b>	Plan name	PEPPERELL QUALITY MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEPPERELL QUALITY MARKET 401(K) PLAN	<b>c</b> EIN-PN 85-4346506-001
<b>a</b>	Plan name	ULTIVUE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTIVUE, INC. 401(K) PLAN	<b>c</b> EIN-PN 47-3394722-001
<b>a</b>	Plan name	BOSTON RETAIL PRODUCTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOSTON RETAIL PRODUCTS RETIREMENT PLAN	<b>c</b> EIN-PN 04-2440547-001
<b>a</b>	Plan name	RIGHT QUESTION INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIGHT QUESTION INSTITUTE 401(K) PLAN	<b>c</b> EIN-PN 04-3099027-001
<b>a</b>	Plan name	CASTOR CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASTOR CONSTRUCTION, LLC 401(K) PLAN	<b>c</b> EIN-PN 46-5187548-001
<b>a</b>	Plan name	CITY FRESH FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITY FRESH FOODS 401(K) PLAN	<b>c</b> EIN-PN 04-3236052-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	SHIMKAT MOTOR COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	SHIMKAT MOTOR COMPANY 401(K) PLAN	<b>c</b> EIN-PN 42-1306150-001
<b>a</b> Plan name	SEMPER PIE 401(K) PLAN	
<b>b</b> Name of plan sponsor	SEMPER PIE 401(K) PLAN	<b>c</b> EIN-PN 47-5340602-001
<b>a</b> Plan name	KERSTEN HENDRICKS PLLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KERSTEN HENDRICKS PLLC PROFIT SHARING PLAN	<b>c</b> EIN-PN 42-0920774-001
<b>a</b> Plan name	TUSCAN BRANDS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TUSCAN BRANDS, LLC 401(K) PLAN	<b>c</b> EIN-PN 46-0637989-001
<b>a</b> Plan name	DRIVE CUSTOM FIT 401(K) PLAN	
<b>b</b> Name of plan sponsor	DRIVE CUSTOM FIT 401(K) PLAN	<b>c</b> EIN-PN 47-4602563-001
<b>a</b> Plan name	JEMS FOOT CARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	JEMS FOOT CARE 401(K) PLAN	<b>c</b> EIN-PN 87-2143678-001
<b>a</b> Plan name	BOSTON NORTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	BOSTON NORTH 401(K) PLAN	<b>c</b> EIN-PN 03-0516365-001
<b>a</b> Plan name	GLT COMPANIES 4 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	GLT COMPANIES 4 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-2122356-001
<b>a</b> Plan name	RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S FBO CRENLO CAB PRODUCTS	
<b>b</b> Name of plan sponsor	RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S	<b>c</b> EIN-PN 59-3708427-001
<b>a</b> Plan name	POWER 401K PLAN	
<b>b</b> Name of plan sponsor	POWER 401K PLAN	<b>c</b> EIN-PN 25-1643651-001
<b>a</b> Plan name	KEMP SMITH LLP 401(K) PLAN	
<b>b</b> Name of plan sponsor	KEMP SMITH LLP 401(K) PLAN	<b>c</b> EIN-PN 04-3657264-001
<b>a</b> Plan name	RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S FBO ROBEX, LLC	
<b>b</b> Name of plan sponsor	RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S	<b>c</b> EIN-PN 59-3708427-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S FBO DATA CLEAN LLC	
<b>b</b>	Name of plan sponsor RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name CORSI CABINET COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORSI CABINET COMPANY, INC. 401(K) PLAN	<b>c</b> EIN-PN 35-1031063-001
<b>a</b>	Plan name EVERGREEN ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN ENGINEERS 401(K) PLAN	<b>c</b> EIN-PN 88-1006711-001
<b>a</b>	Plan name RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S FBO RALOID CORPORATION AND PREM	
<b>b</b>	Name of plan sponsor RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO'S	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO S FBO AGILE UPPER HOLDCO, LLC	
<b>b</b>	Name of plan sponsor RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO S	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name PRAISE CHURCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRAISE CHURCH 401(K) PLAN	<b>c</b> EIN-PN 74-1901329-001
<b>a</b>	Plan name IRONSIDE APPAREL AND PROMOTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor IRONSIDE APPAREL AND PROMOTIONS 401(K) PLAN	<b>c</b> EIN-PN 26-1855979-001
<b>a</b>	Plan name MONEY MANAGEMENT INTL 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONEY MANAGEMENT INTL 401(K) PLAN	<b>c</b> EIN-PN 54-1837741-001
<b>a</b>	Plan name CHRISTOPHER TOOL AND MFG CO	
<b>b</b>	Name of plan sponsor CHRISTOPHER TOOL AND MFG CO	<b>c</b> EIN-PN 34-0759495-001
<b>a</b>	Plan name SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 35-1085180-001
<b>a</b>	Plan name AMERICAN INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN INCORPORATED 401(K) PLAN	<b>c</b> EIN-PN 94-2233668-001
<b>a</b>	Plan name NPK RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NPK RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 34-1482090-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WESTEX DRILLING COMPANY, LP EMPLOYEES' RETIREMENT AND TRUST	
<b>b</b>	Name of plan sponsor	WESTEX DRILLING COMPANY, LP EMPLOYEES RETIREMENT AND TRUST	<b>c</b> EIN-PN 75-0942893-001
<b>a</b>	Plan name	NELLSON NUTRACEUTICAL, LLC EE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NELLSON NUTRACEUTICAL, LLC EE SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 26-1109862-001
<b>a</b>	Plan name	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	
<b>b</b>	Name of plan sponsor	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	<b>c</b> EIN-PN 13-1834590-001
<b>a</b>	Plan name	XCEL FEEDS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	XCEL FEEDS, INC. PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 91-0741909-001
<b>a</b>	Plan name	THE MCPHERSON COMPANIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE MCPHERSON COMPANIES, INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 63-0657937-001
<b>a</b>	Plan name	KELLY, SCOTT AND MADISON P/S PLA N	
<b>b</b>	Name of plan sponsor	KELLY, SCOTT AND MADISON P/S PLA N	<b>c</b> EIN-PN 36-2586788-001
<b>a</b>	Plan name	ALASKA CLEAN SEAS SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	ALASKA CLEAN SEAS SALARY DEFERRAL PLAN	<b>c</b> EIN-PN 92-0163046-001
<b>a</b>	Plan name	MITSUBISHI CEMENT CORP CAP ACCUMULATION PLAN HRLY	
<b>b</b>	Name of plan sponsor	MITSUBISHI CEMENT CORP CAP ACCUMULATION PLAN HRLY	<b>c</b> EIN-PN 33-0278414-001
<b>a</b>	Plan name	MITSUBISHI CEMENT RETIREMENT SAVINGS PLAN FOR SALARIED EMP.	
<b>b</b>	Name of plan sponsor	MITSUBISHI CEMENT RETIREMENT SAVINGS PLAN FOR SALARIED EMP.	<b>c</b> EIN-PN 33-0278414-001
<b>a</b>	Plan name	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	<b>c</b> EIN-PN 23-2067171-001
<b>a</b>	Plan name	METAL LATHERS LOCAL 46 ANNUITY FUND	
<b>b</b>	Name of plan sponsor	METAL LATHERS LOCAL 46 ANNUITY FUND	<b>c</b> EIN-PN 13-6179359-001
<b>a</b>	Plan name	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 38-3347788-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PEKO PRECISION PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PEKO PRECISION PRODUCTS, INC. RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 16-0916457-001
<b>a</b>	Plan name	ENTERTAINMENT INDUSTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTERTAINMENT INDUSTRY 401(K) PLAN	<b>c</b> EIN-PN 95-7006851-001
<b>a</b>	Plan name	HKA GLOBAL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HKA GLOBAL, LLC 401K PLAN	<b>c</b> EIN-PN 81-4602170-001
<b>a</b>	Plan name	NPC COMPANIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NPC COMPANIES 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 82-2590662-001
<b>a</b>	Plan name	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	<b>c</b> EIN-PN 37-0217351-001
<b>a</b>	Plan name	THE EDISONLEARNING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE EDISONLEARNING 401(K) PLAN	<b>c</b> EIN-PN 13-3915075-001
<b>a</b>	Plan name	EMERY AND WEBB 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMERY AND WEBB 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 14-1162720-001
<b>a</b>	Plan name	MCINTOSH PERSONNEL SERVICES, LLC 401(A) PLAN	
<b>b</b>	Name of plan sponsor	MCINTOSH PERSONNEL SERVICES, LLC 401(A) PLAN	<b>c</b> EIN-PN 20-4950710-001
<b>a</b>	Plan name	GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-3690725-001
<b>a</b>	Plan name	HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	<b>c</b> EIN-PN 75-3130962-001
<b>a</b>	Plan name	ATLANTIC CIVIL CONSTRUCTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC CIVIL CONSTRUCTORS RETIREMENT PLAN	<b>c</b> EIN-PN 73-1707896-001
<b>a</b>	Plan name	ST. JOSEPH THE WORKER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH THE WORKER 401(K) PLAN	<b>c</b> EIN-PN 86-0600437-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ALASKA CONSERVATION LAND TRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA CONSERVATION LAND TRUST 401(K) PLAN	<b>c</b> EIN-PN 82-2472154-001
<b>a</b>	Plan name	SMA CPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMA CPA 401(K) PLAN	<b>c</b> EIN-PN 87-3523115-001
<b>a</b>	Plan name	TERRA INNOVATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRA INNOVATIONS 401(K) PLAN	<b>c</b> EIN-PN 26-1697841-001
<b>a</b>	Plan name	WDS AND BOFS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WDS AND BOFS 401(K) PLAN	<b>c</b> EIN-PN 84-3409571-001
<b>a</b>	Plan name	MURRAY MCMURRAY HATCHERY, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MURRAY MCMURRAY HATCHERY, INC. PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 42-1171928-001
<b>a</b>	Plan name	EFOUR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EFOUR, INC. 401(K) PLAN	<b>c</b> EIN-PN 46-5215268-001
<b>a</b>	Plan name	AHLERS FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AHLERS FAMILY DENTISTRY 401(K) PLAN	<b>c</b> EIN-PN 83-1061315-001
<b>a</b>	Plan name	MIRRORWEB INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRRORWEB INC. 401(K) PLAN	<b>c</b> EIN-PN 32-0578428-001
<b>a</b>	Plan name	GRCH ARCHITECTURE PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRCH ARCHITECTURE PC 401(K) PLAN	<b>c</b> EIN-PN 27-2186737-001
<b>a</b>	Plan name	BAZINI ENGINEERING, PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAZINI ENGINEERING, PC RETIREMENT PLAN	<b>c</b> EIN-PN 27-3622153-001
<b>a</b>	Plan name	EMAGIA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMAGIA CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 77-0507476-001
<b>a</b>	Plan name	ACCENTCARE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACCENTCARE 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 33-0848300-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OSG, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OSG, INC. SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 22-3168044-001
<b>a</b>	Plan name	NORTHERN STAR (POGO) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN STAR (POGO) LLC 401(K) PLAN	<b>c</b> EIN-PN 92-0173618-001
<b>a</b>	Plan name	GOLDEN ENTERTAINMENT, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN ENTERTAINMENT, INC. 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 41-1913991-001
<b>a</b>	Plan name	DAWN FOODS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAWN FOODS RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 38-0467200-001
<b>a</b>	Plan name	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 38-0467200-001
<b>a</b>	Plan name	FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	<b>c</b> EIN-PN 06-0510330-001
<b>a</b>	Plan name	THE GREER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE GREER 401(K) PLAN	<b>c</b> EIN-PN 34-0737241-001
<b>a</b>	Plan name	AKIMA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKIMA, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-0072039-001
<b>a</b>	Plan name	RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 94-1626717-001
<b>a</b>	Plan name	SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 38-2898513-001
<b>a</b>	Plan name	MITSUBISHI INTERNATIONAL CORP	
<b>b</b>	Name of plan sponsor	MITSUBISHI INTERNATIONAL CORP	<b>c</b> EIN-PN 13-5630301-001
<b>a</b>	Plan name	TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	TAXFAVORED SAVINGS PROGRAM	<b>c</b> EIN-PN 47-0095156-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VOPAK NORTH AMERICA INC, INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VOPAK NORTH AMERICA INC, INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 59-1730241-001
<b>a</b>	Plan name	FIRSTSOURCE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIRSTSOURCE 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 27-1422188-001
<b>a</b>	Plan name	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 23-2143130-001
<b>a</b>	Plan name	DP WORLD CL HOLDING AMERICAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DP WORLD CL HOLDING AMERICAS INC. 401(K) PLAN	<b>c</b> EIN-PN 64-0962082-001
<b>a</b>	Plan name	CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 23-2704721-001
<b>a</b>	Plan name	GENEVA ENTERPRISES, LLC	
<b>b</b>	Name of plan sponsor	GENEVA ENTERPRISES, LLC	<b>c</b> EIN-PN 54-1570600-001
<b>a</b>	Plan name	THE GCC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE GCC 401(K) PLAN	<b>c</b> EIN-PN 85-0429912-001
<b>a</b>	Plan name	CAREPATHRX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAREPATHRX 401(K) PLAN	<b>c</b> EIN-PN 84-3548586-001
<b>a</b>	Plan name	THE DOE FUND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE DOE FUND, INC. 401(K) PLAN	<b>c</b> EIN-PN 13-3412540-001
<b>a</b>	Plan name	REEF INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REEF INDUSTRIES, INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 74-1365491-001
<b>a</b>	Plan name	DIAMOND ENERGY SYSTEMS INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND ENERGY SYSTEMS INC. SALARY SAVINGS PLAN	<b>c</b> EIN-PN 41-1596985-001
<b>a</b>	Plan name	WYSKIEL, BOC, TILLINGHAST AND BOLDUC, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WYSKIEL, BOC, TILLINGHAST AND BOLDUC, P.A. 401(K) PLAN	<b>c</b> EIN-PN 02-0407800-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ANGERHOLZER BROZ CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGERHOLZER BROZ CONSULTING 401(K) PLAN	<b>c</b> EIN-PN 20-3017960-001
<b>a</b>	Plan name	METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 59-1685550-001
<b>a</b>	Plan name	PRESTIGE BEVERAGE GROUP OF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE BEVERAGE GROUP OF 401(K) PLAN	<b>c</b> EIN-PN 80-0472338-001
<b>a</b>	Plan name	API RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	API RETIREMENT INCOME PLAN	<b>c</b> EIN-PN 13-0433430-001
<b>a</b>	Plan name	ASHA RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	ASHA RETIREMENT INCOME PLAN	<b>c</b> EIN-PN 53-0240474-001
<b>a</b>	Plan name	ERLANGER HEALTH SYSTEM	
<b>b</b>	Name of plan sponsor	ERLANGER HEALTH SYSTEM	<b>c</b> EIN-PN 62-6000101-001
<b>a</b>	Plan name	GREAT RIVER HYDRO NON UNION PLAN	
<b>b</b>	Name of plan sponsor	GREAT RIVER HYDRO NON UNION PLAN	<b>c</b> EIN-PN 98-0435819-001
<b>a</b>	Plan name	GREAT RIVER HYDRO UNION PLAN	
<b>b</b>	Name of plan sponsor	GREAT RIVER HYDRO UNION PLAN	<b>c</b> EIN-PN 98-0435819-001
<b>a</b>	Plan name	OWENSBORO HEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OWENSBORO HEALTH RETIREMENT PLAN	<b>c</b> EIN-PN 61-1286361-001
<b>a</b>	Plan name	PENNICHUCK CORPORATION	
<b>b</b>	Name of plan sponsor	PENNICHUCK CORPORATION	<b>c</b> EIN-PN 02-0177370-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	
<b>b</b>	Name of plan sponsor	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	<b>c</b> EIN-PN 75-1285071-001
<b>a</b>	Plan name	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	
<b>b</b>	Name of plan sponsor	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	<b>c</b> EIN-PN 75-1285071-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	PILGRIM S PRIDE RET PLAN FOR UNION EES	
<b>b</b> Name of plan sponsor	PILGRIM S PRIDE RET PLAN FOR UNION EES	<b>c</b> EIN-PN 75-1285071-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LARGE CAP GROWTH I FUND (MANAGED BY PUTNAM) (SA5T1)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>274</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMPOWER ANNUITY INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1050034</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	307401      65715
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7747874      4414731
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	3008453      3649334
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	435080348      384284263
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	446144076	392414043
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	459519	150922
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	459519	150922
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	445684557	392263121

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	339060	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		339060
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2052018	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2052018
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	73467433	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	44398901	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)	
<b>c</b> Other income .....	2c	-11533
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	120245879

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	46376
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	2003991
(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)	10900
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	2061267
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	2061267

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	118184612
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	92327185
(2) From this plan .....	2l(2)	263933233

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.