

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) 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 PRUDENTIAL SHORT TERM FUND (SA20), 1b Three-digit plan number (PN) 041, 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
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 EMPOWER ANNUITY INSURANCE COMPANY c Plan Name PRUDENTIAL SHORT-TERM BOND FUND - SA20	4b EIN 06-1050034 4d PN 041																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
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:

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <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 _____

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.	OMB No. 1210-0110 <hr/> 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>PRUDENTIAL SHORT TERM FUND (SA20)</u>	B Three-digit plan number (PN)	<u>041</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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	SARASOTA EMERGENCY CASH BALANCE PLAN	
b	Name of plan sponsor	SARASOTA EMERGENCY CASH BALANCE PLAN	c EIN-PN 65-0376480-001
a	Plan name	SCP PERSONALIZED MEDICINE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	SCP PERSONALIZED MEDICINE MANAGEMENT 401(K) PLAN	c EIN-PN 99-4347811-001
a	Plan name	SOURCE DONOR 401(K) PLAN	
b	Name of plan sponsor	SOURCE DONOR 401(K) PLAN	c EIN-PN 84-2615574-001
a	Plan name	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	c EIN-PN 51-0226371-001
a	Plan name	NORTH RIVER DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	NORTH RIVER DENTAL CARE 401(K) PLAN	c EIN-PN 46-1485844-001
a	Plan name	SALMON FALLS NURSERY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SALMON FALLS NURSERY INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 01-0420038-001
a	Plan name	SANTA FE RADIOLOGY PC	
b	Name of plan sponsor	SANTA FE RADIOLOGY PC	c EIN-PN 85-0213470-001
a	Plan name	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
b	Name of plan sponsor	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	c EIN-PN 21-0524185-001
a	Plan name	COSTA CRUISE LINES N.V.	
b	Name of plan sponsor	COSTA CRUISE LINES N.V.	c EIN-PN 65-0221239-001
a	Plan name	ROQUEMORE, PRINGLE AND MOORE INC	
b	Name of plan sponsor	ROQUEMORE, PRINGLE AND MOORE INC	c EIN-PN 95-3081064-001
a	Plan name	COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	
b	Name of plan sponsor	COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	c EIN-PN 53-0246709-001
a	Plan name	AAR PENSION PLAN	
b	Name of plan sponsor	AAR PENSION PLAN	c EIN-PN 53-6000125-001

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	AMADEUS NORTH AMERICA INC PENSION	
b	Name of plan sponsor	AMADEUS NORTH AMERICA INC PENSION	c EIN-PN 76-0544614-001
a	Plan name	AMALGAMATED SUGAR CO A SALARY	
b	Name of plan sponsor	AMALGAMATED SUGAR CO A SALARY	c EIN-PN 93-1148771-001
a	Plan name	AMALGAMATED SUGAR CO B HOURLY	
b	Name of plan sponsor	AMALGAMATED SUGAR CO B HOURLY	c EIN-PN 93-1148771-001
a	Plan name	ANNE ARUNDEL COUNTY MARYLAND A	
b	Name of plan sponsor	ANNE ARUNDEL COUNTY MARYLAND A	c EIN-PN 06-6033492-001
a	Plan name	ANNE ARUNDEL COUNTY MARYLAND B	
b	Name of plan sponsor	ANNE ARUNDEL COUNTY MARYLAND B	c EIN-PN 06-6033492-001
a	Plan name	ANNE ARUNDEL COUNTY MARYLAND C	
b	Name of plan sponsor	ANNE ARUNDEL COUNTY MARYLAND C	c EIN-PN 06-6033492-001
a	Plan name	ANYWHERE REAL ESTATE GROUP LLC 1	
b	Name of plan sponsor	ANYWHERE REAL ESTATE GROUP LLC 1	c EIN-PN 20-4381990-001
a	Plan name	API RETIREMENT INCOME PLAN	
b	Name of plan sponsor	API RETIREMENT INCOME PLAN	c EIN-PN 13-0433430-001
a	Plan name	ARTHUR J GALLAGHER AND CO	
b	Name of plan sponsor	ARTHUR J GALLAGHER AND CO	c EIN-PN 36-2481781-001
a	Plan name	ASHA RETIREMENT INCOME PLAN	
b	Name of plan sponsor	ASHA RETIREMENT INCOME PLAN	c EIN-PN 53-0240474-001
a	Plan name	ATLAS COPCO PENSION PLAN	
b	Name of plan sponsor	ATLAS COPCO PENSION PLAN	c EIN-PN 22-1669012-001
a	Plan name	AXIA INC RETIREMENT PLAN	
b	Name of plan sponsor	AXIA INC RETIREMENT PLAN	c EIN-PN 52-1304561-001

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	BEKAERT CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	BEKAERT CORPORATION RETIREMENT INCOME PLAN	c EIN-PN 13-1820699-001
a	Plan name	BELDEN INC PENSION PLAN	
b	Name of plan sponsor	BELDEN INC PENSION PLAN	c EIN-PN 76-0405879-001
a	Plan name	BRACCO RETIREMENT INCOME PLAN	
b	Name of plan sponsor	BRACCO RETIREMENT INCOME PLAN	c EIN-PN 22-3303691-001
a	Plan name	BUILDING TRADES PENSION FUND WESTERN PA	
b	Name of plan sponsor	BUILDING TRADES PENSION FUND WESTERN PA	c EIN-PN 25-6118878-001
a	Plan name	BURROWS PAPER CORP	
b	Name of plan sponsor	BURROWS PAPER CORP	c EIN-PN 27-1723368-001
a	Plan name	CANDD TECH PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	CANDD TECH PENSION PLAN FOR HOURLY EMPLOYEES	c EIN-PN 13-3392939-001
a	Plan name	CANDD TECHNOLOGIES INC PENSION PLAN	
b	Name of plan sponsor	CANDD TECHNOLOGIES INC PENSION PLAN	c EIN-PN 13-3392939-001
a	Plan name	CATHOLIC CHARITIES OF BROOKLYN QUEENS	
b	Name of plan sponsor	CATHOLIC CHARITIES OF BROOKLYN QUEENS	c EIN-PN 11-1633548-001
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CHARLES COUNTY GOVERNMENT	
b	Name of plan sponsor	CHARLES COUNTY GOVERNMENT	c EIN-PN 52-6000925-001
a	Plan name	CITY OF ALEXANDRIA F P DISABILITY PLAN	
b	Name of plan sponsor	CITY OF ALEXANDRIA F P DISABILITY PLAN	c EIN-PN 54-6001103-001

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	CITY OF ALEXANDRIA FIRE POLICE PLAN	
b	Name of plan sponsor	CITY OF ALEXANDRIA FIRE POLICE PLAN	c EIN-PN 54-6001103-001
a	Plan name	CITY OF ALEXANDRIA SUPPLEMENTAL PLAN	
b	Name of plan sponsor	CITY OF ALEXANDRIA SUPPLEMENTAL PLAN	c EIN-PN 54-6001103-001
a	Plan name	CITY OF VERO BEACH	
b	Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name	COBRE VALLEY COMMUNITY HOSPITAL 1	
b	Name of plan sponsor	COBRE VALLEY COMMUNITY HOSPITAL 1	c EIN-PN 86-0732836-002
a	Plan name	COBRE VALLEY COMMUNITY HOSPITAL 2	
b	Name of plan sponsor	COBRE VALLEY COMMUNITY HOSPITAL 2	c EIN-PN 86-0732836-002
a	Plan name	COCA COLA BEVERAGES NORTHEAST	
b	Name of plan sponsor	COCA COLA BEVERAGES NORTHEAST	c EIN-PN 04-2614952-001
a	Plan name	COCA COLA BEVERAGES NORTHEAST A	
b	Name of plan sponsor	COCA COLA BEVERAGES NORTHEAST A	c EIN-PN 04-2614952-001
a	Plan name	CONNECTICUT BUSINESS AND INDUSTRY ASSN	
b	Name of plan sponsor	CONNECTICUT BUSINESS AND INDUSTRY ASSN	c EIN-PN 06-0439660-001
a	Plan name	CYRO INDUSTRIES EE RETIREMENT PLAN	
b	Name of plan sponsor	CYRO INDUSTRIES EE RETIREMENT PLAN	c EIN-PN 22-2115327-001
a	Plan name	DARLING BOLT COMPANY	
b	Name of plan sponsor	DARLING BOLT COMPANY	c EIN-PN 38-1852556-001
a	Plan name	DORR OLIVER INCORPORATED	
b	Name of plan sponsor	DORR OLIVER INCORPORATED	c EIN-PN 93-0970745-001
a	Plan name	ELECTRO REFRACTORIES AND ABRASIVES CORP	
b	Name of plan sponsor	ELECTRO REFRACTORIES AND ABRASIVES CORP	c EIN-PN 34-0217820-001

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	ELIZABETH CARBIDE DIE CO INC	
b	Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a	Plan name	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC LIFE PENSION PLAN	
b	Name of plan sponsor	EMC LIFE PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC LIFE PENSION PLAN	
b	Name of plan sponsor	EMC LIFE PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	ERLANGER HEALTH SYSTEM	
b	Name of plan sponsor	ERLANGER HEALTH SYSTEM	c EIN-PN 62-6000101-001
a	Plan name	EVEREST REINSURANCE RETIREMENT PLAN	
b	Name of plan sponsor	EVEREST REINSURANCE RETIREMENT PLAN	c EIN-PN 22-2005057-001
a	Plan name	EVONIK CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	EVONIK CORPORATION RETIREMENT PLAN	c EIN-PN 63-0673043-001
a	Plan name	EVONIK PENSION PLAN FOR SEIU FANDO UNION	
b	Name of plan sponsor	EVONIK PENSION PLAN FOR SEIU FANDO UNION	c EIN-PN 63-0673043-001
a	Plan name	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	
b	Name of plan sponsor	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	c EIN-PN 06-1566311-001
a	Plan name	FIREMAN S FUND MISC INVESTMENT ONLY	
b	Name of plan sponsor	FIREMAN S FUND MISC INVESTMENT ONLY	c EIN-PN 75-1723041-001
a	Plan name	FIREMAN S FUND MISC INVESTMENT ONLY	
b	Name of plan sponsor	FIREMAN S FUND MISC INVESTMENT ONLY	c EIN-PN 75-1723041-001

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	FIREMAN S FUND UNALLOCATED	
b	Name of plan sponsor	FIREMAN S FUND UNALLOCATED	c EIN-PN 75-1723041-001
a	Plan name	FIREMAN S FUND UNALLOCATED	
b	Name of plan sponsor	FIREMAN S FUND UNALLOCATED	c EIN-PN 75-1723041-001
a	Plan name	FUJIFILM GROUP PENSION PLAN	
b	Name of plan sponsor	FUJIFILM GROUP PENSION PLAN	c EIN-PN 11-3757275-001
a	Plan name	GCC DACOTAH INC DB PENSION PLAN	
b	Name of plan sponsor	GCC DACOTAH INC DB PENSION PLAN	c EIN-PN 85-0429912-001
a	Plan name	GCC RIO GRANDE INC PENSION PLAN	
b	Name of plan sponsor	GCC RIO GRANDE INC PENSION PLAN	c EIN-PN 85-0429912-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN INTERLAKE	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN INTERLAKE	c EIN-PN 62-1382461-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	c EIN-PN 36-4399771-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN WESTLAND	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN WESTLAND	c EIN-PN 62-1382461-001
a	Plan name	GTE FEDERAL CREDIT UNION DB PLAN	
b	Name of plan sponsor	GTE FEDERAL CREDIT UNION DB PLAN	c EIN-PN 59-0642956-001
a	Plan name	HCSC EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	HCSC EMPLOYEES PENSION PLAN	c EIN-PN 36-1236610-001
a	Plan name	HM FM RETIREMENT PLAN	
b	Name of plan sponsor	HM FM RETIREMENT PLAN	c EIN-PN 94-1695235-001
a	Plan name	HOEGANAES EXEMPT	
b	Name of plan sponsor	HOEGANAES EXEMPT	c EIN-PN 38-3354796-007

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	HOEGANAES GALLATIN	
b	Name of plan sponsor	HOEGANAES GALLATIN	c EIN-PN 38-3354796-007
a	Plan name	HOEGANEAS NON EXEMPT	
b	Name of plan sponsor	HOEGANEAS NON EXEMPT	c EIN-PN 38-3354796-007
a	Plan name	HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	HOURLY EMPLOYEES PENSION PLAN	c EIN-PN 34-1506654-001
a	Plan name	HOURLY EMPLOYEES PENSION PLAN OF ARLON	
b	Name of plan sponsor	HOURLY EMPLOYEES PENSION PLAN OF ARLON	c EIN-PN 06-0513860-003
a	Plan name	HOURLY RATE PENSION PLAN GMI HOLDINGS	
b	Name of plan sponsor	HOURLY RATE PENSION PLAN GMI HOLDINGS	c EIN-PN 35-0564120-001
a	Plan name	HR RATE PEN PLAN GMI HOLDINGS SHENANDOAH FACILITY	
b	Name of plan sponsor	HR RATE PEN PLAN GMI HOLDINGS SHENANDOAH FACILITY	c EIN-PN 35-0564120-001
a	Plan name	INTERMOUNTAIN POWER SER CORP	
b	Name of plan sponsor	INTERMOUNTAIN POWER SER CORP	c EIN-PN 87-0407566-001
a	Plan name	JACUZZI BRANDS CORP PENSION PLAN	
b	Name of plan sponsor	JACUZZI BRANDS CORP PENSION PLAN	c EIN-PN 20-8158665-001
a	Plan name	JACUZZI BRANDS CORP PENSION PLAN	
b	Name of plan sponsor	JACUZZI BRANDS CORP PENSION PLAN	c EIN-PN 20-8158665-001
a	Plan name	KENT SCHOOL CORPORATION	
b	Name of plan sponsor	KENT SCHOOL CORPORATION	c EIN-PN 06-0646687-001
a	Plan name	KPMC HOURLY DB PLAN	
b	Name of plan sponsor	KPMC HOURLY DB PLAN	c EIN-PN 25-1635401-001
a	Plan name	KPMC SALARY DB PLAN	
b	Name of plan sponsor	KPMC SALARY DB PLAN	c EIN-PN 25-1635401-001

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	KVAERNER CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor	KVAERNER CONSOLIDATED RETIREMENT PLAN	c EIN-PN 26-2066755-001
a	Plan name	LASALLE BRISTOL LP PENSION PLAN	
b	Name of plan sponsor	LASALLE BRISTOL LP PENSION PLAN	c EIN-PN 35-1499063-001
a	Plan name	LEVITON MANUFACTURING COMPANY INC	
b	Name of plan sponsor	LEVITON MANUFACTURING COMPANY INC	c EIN-PN 11-1001790-001
a	Plan name	LITTLE DIX BAY HOTEL RET INCOME PLAN	
b	Name of plan sponsor	LITTLE DIX BAY HOTEL RET INCOME PLAN	c EIN-PN 52-0898393-001
a	Plan name	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	
b	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	c EIN-PN 39-0444025-001
a	Plan name	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	
b	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	c EIN-PN 39-0444025-001
a	Plan name	MADISON GAS AND ELECTRIC CO 401 H SALARY	
b	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H SALARY	c EIN-PN 39-0444025-001
a	Plan name	MADISON GAS AND ELECTRIC CO BARG E	
b	Name of plan sponsor	MADISON GAS AND ELECTRIC CO BARG E	c EIN-PN 39-0444025-001
a	Plan name	MADISON GAS AND ELECTRIC CO RETIRE	
b	Name of plan sponsor	MADISON GAS AND ELECTRIC CO RETIRE	c EIN-PN 39-0444025-001
a	Plan name	MCA METHACRYLATES PENSION PLAN	
b	Name of plan sponsor	MCA METHACRYLATES PENSION PLAN	c EIN-PN 43-0625543-001
a	Plan name	MCA POLYESTER FILM	
b	Name of plan sponsor	MCA POLYESTER FILM	c EIN-PN 20-3002545-001
a	Plan name	MEDCO CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor	MEDCO CASH BALANCE RETIREMENT PLAN	c EIN-PN 06-1059331-001

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	MEDIANEWS GROUP PENSION PLAN	
b	Name of plan sponsor	MEDIANEWS GROUP PENSION PLAN	c EIN-PN 76-0425553-001
a	Plan name	METAL CO MULTI EMPLOYER PENSION PLAN	
b	Name of plan sponsor	METAL CO MULTI EMPLOYER PENSION PLAN	c EIN-PN 01-0606601-001
a	Plan name	MGE RETIREMENT PLAN	
b	Name of plan sponsor	MGE RETIREMENT PLAN	c EIN-PN 39-0444025-002
a	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
b	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	c EIN-PN 39-0444025-001
a	Plan name	MGM RETIREMENT PLAN	
b	Name of plan sponsor	MGM RETIREMENT PLAN	c EIN-PN 95-4605850-001
a	Plan name	MIDLAND MEMORIAL HOSPITAL DB PLAN	
b	Name of plan sponsor	MIDLAND MEMORIAL HOSPITAL DB PLAN	c EIN-PN 75-2656723-001
a	Plan name	MITSUBISHI INT L CORP RETIREMENT PLAN	
b	Name of plan sponsor	MITSUBISHI INT L CORP RETIREMENT PLAN	c EIN-PN 13-5630301-001
a	Plan name	MONRO INC PENSION PLAN	
b	Name of plan sponsor	MONRO INC PENSION PLAN	c EIN-PN 16-0838627-001
a	Plan name	NATIONAL ASSOCIATION OF MANUFACTURERS	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF MANUFACTURERS	c EIN-PN 13-1084330-001
a	Plan name	NATIONAL LIFE INSURANCE COMPANY AGENCY	
b	Name of plan sponsor	NATIONAL LIFE INSURANCE COMPANY AGENCY	c EIN-PN 03-0144090-333
a	Plan name	NOR CAL BEVERAGE CO INC EE PENSION	
b	Name of plan sponsor	NOR CAL BEVERAGE CO INC EE PENSION	c EIN-PN 94-1722564-001
a	Plan name	NORITAKE USA INC PENSION PLAN	
b	Name of plan sponsor	NORITAKE USA INC PENSION PLAN	c EIN-PN 22-3139378-001

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	NORMAN REGIONAL HEALTH SYSTEM DB PLAN	
b	Name of plan sponsor	NORMAN REGIONAL HEALTH SYSTEM DB PLAN	c EIN-PN 73-6048282-001
a	Plan name	NTN EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NTN EMPLOYEES PENSION PLAN	c EIN-PN 36-3726692-001
a	Plan name	NTNBCA CORP PENSION PL HRLYGREENSBURG	
b	Name of plan sponsor	NTNBCA CORP PENSION PL HRLYGREENSBURG	c EIN-PN 36-3726692-001
a	Plan name	NTNBOWER CORP PENSION PL HRLYHAMILTON	
b	Name of plan sponsor	NTNBOWER CORP PENSION PL HRLYHAMILTON	c EIN-PN 36-3726692-001
a	Plan name	OKLAHOMA FARM BUREAU PENSION PLAN	
b	Name of plan sponsor	OKLAHOMA FARM BUREAU PENSION PLAN	c EIN-PN 73-0540035-001
a	Plan name	OVERHEAD DOOR CORPORATION	
b	Name of plan sponsor	OVERHEAD DOOR CORPORATION	c EIN-PN 35-0564120-001
a	Plan name	OWENSBORO HEALTH RETIREMENT PLAN	
b	Name of plan sponsor	OWENSBORO HEALTH RETIREMENT PLAN	c EIN-PN 61-1286361-001
a	Plan name	PATELCO CREDIT UNION PENSION PLAN	
b	Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	c EIN-PN 94-0755684-001
a	Plan name	PENN COLOR INC PENSION PLAN	
b	Name of plan sponsor	PENN COLOR INC PENSION PLAN	c EIN-PN 22-1661347-001
a	Plan name	PENNICHUCK CORPORATION	
b	Name of plan sponsor	PENNICHUCK CORPORATION	c EIN-PN 02-0177370-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	
b	Name of plan sponsor	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	c EIN-PN 75-1285071-001
a	Plan name	PHH CORPORATION PENSION PLAN	
b	Name of plan sponsor	PHH CORPORATION PENSION PLAN	c EIN-PN 52-0551284-002

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	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	
b	Name of plan sponsor	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	c EIN-PN 75-1285071-001
a	Plan name	PILGRIM S PRIDE RET PLAN FOR UNION EES	
b	Name of plan sponsor	PILGRIM S PRIDE RET PLAN FOR UNION EES	c EIN-PN 75-1285071-001
a	Plan name	PILKINGTON SALARIED PLAN	
b	Name of plan sponsor	PILKINGTON SALARIED PLAN	c EIN-PN 34-1506654-001
a	Plan name	POWERTRAIN ROCKFORD INC PENSION PLAN	
b	Name of plan sponsor	POWERTRAIN ROCKFORD INC PENSION PLAN	c EIN-PN 36-3585049-001
a	Plan name	PRESMET STAFF	
b	Name of plan sponsor	PRESMET STAFF	c EIN-PN 38-3354796-007
a	Plan name	PRINTPACK INC UNION RETIREMENT PLAN	
b	Name of plan sponsor	PRINTPACK INC UNION RETIREMENT PLAN	c EIN-PN 58-0673779-001
a	Plan name	QBE THE AMERICAS	
b	Name of plan sponsor	QBE THE AMERICAS	c EIN-PN 39-1168528-001
a	Plan name	REGIONAL TRANSPORTATION DISTRICT SALARIED EMPLOYEES PENSION TRUST INVESTMENT ONLY	
b	Name of plan sponsor	REGIONAL TRANSPORTATION DISTRICT SALARIED EMPLOYEES PENSION TRUST	c EIN-PN 84-0597382-001
a	Plan name	REGIONAL TRANSPORTATION DISTRICT SALARIED EMPLOYEES PENSION TRUST INVESTMENT ONLY	
b	Name of plan sponsor	REGIONAL TRANSPORTATION DISTRICT SALARIED EMPLOYEES PENSION TRUST	c EIN-PN 84-0597382-001
a	Plan name	RET PLAN FOR EES OF ADVANCE ROSS CORP	
b	Name of plan sponsor	RET PLAN FOR EES OF ADVANCE ROSS CORP	c EIN-PN 36-0707560-001
a	Plan name	RET PLAN OF FLUSHING BANK	
b	Name of plan sponsor	RET PLAN OF FLUSHING BANK	c EIN-PN 11-0758150-001
a	Plan name	RETIREMENT PLAN FOR EES OF SMECO	
b	Name of plan sponsor	RETIREMENT PLAN FOR EES OF SMECO	c EIN-PN 52-0492367-001

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 RHODE ISLAND PUBLIC TRANSIT AUTHORITY	
b	Name of plan sponsor RHODE ISLAND PUBLIC TRANSIT AUTHORITY	c EIN-PN 05-0311968-001
a	Plan name ROGERS CORP EMPLOYEES PENSION PLAN	
b	Name of plan sponsor ROGERS CORP EMPLOYEES PENSION PLAN	c EIN-PN 06-0513860-001
a	Plan name SINTER METALS HOURLY	
b	Name of plan sponsor SINTER METALS HOURLY	c EIN-PN 38-3354796-001
a	Plan name SINTER METALS SALARIED	
b	Name of plan sponsor SINTER METALS SALARIED	c EIN-PN 38-3354796-002
a	Plan name SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	
b	Name of plan sponsor SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	c EIN-PN 95-6000941-001
a	Plan name SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	
b	Name of plan sponsor SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	c EIN-PN 95-6000941-001
a	Plan name SOUTHWEST AIRLINES MARKETBASED CASH BALANCE PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES MARKETBASED CASH BALANCE PLAN	c EIN-PN 74-1563240-001
a	Plan name SOUTHWEST AIRLINES MARKETBASED CASH BALANCE PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES MARKETBASED CASH BALANCE PLAN	c EIN-PN 74-1563240-001
a	Plan name SPANG BARGAINING UNIT PENSION PLAN	
b	Name of plan sponsor SPANG BARGAINING UNIT PENSION PLAN	c EIN-PN 25-0809990-001
a	Plan name SPECTRUM BRANDS MERGED PENSION PLAN	
b	Name of plan sponsor SPECTRUM BRANDS MERGED PENSION PLAN	c EIN-PN 22-2423556-001
a	Plan name ST PATRICK S HOME FOR THE AGED AND INFIRM INC	
b	Name of plan sponsor ST PATRICK S HOME FOR THE AGED AND INFIRM INC	c EIN-PN 13-1740033-001
a	Plan name ST PAUL GUILD NORTHWEST PUBLICATIONS	
b	Name of plan sponsor ST PAUL GUILD NORTHWEST PUBLICATIONS	c EIN-PN 76-0425553-001

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	STAHL USA INC PENSION PLAN	
b	Name of plan sponsor	STAHL USA INC PENSION PLAN	c EIN-PN 04-3584961-001
a	Plan name	THE BURT MANUFACTURING COMPANY	
b	Name of plan sponsor	THE BURT MANUFACTURING COMPANY	c EIN-PN 34-1500040-001
a	Plan name	THE MILLER COMPANY PENSION PLAN	
b	Name of plan sponsor	THE MILLER COMPANY PENSION PLAN	c EIN-PN 06-1583161-001
a	Plan name	TITAN AMERICA LLC PENSION PLAN	
b	Name of plan sponsor	TITAN AMERICA LLC PENSION PLAN	c EIN-PN 98-0124782-001
a	Plan name	TOWN OF ENFIELD PENSION PLAN	
b	Name of plan sponsor	TOWN OF ENFIELD PENSION PLAN	c EIN-PN 06-6001997-001
a	Plan name	TOWN OF ENFIELD POLICE DEPARTMENT	
b	Name of plan sponsor	TOWN OF ENFIELD POLICE DEPARTMENT	c EIN-PN 06-6001997-001
a	Plan name	TOWN OF VERNON CONNECTICUT	
b	Name of plan sponsor	TOWN OF VERNON CONNECTICUT	c EIN-PN 06-6002112-001
a	Plan name	TOWN OF VERNON CONNECTICUT POLICE	
b	Name of plan sponsor	TOWN OF VERNON CONNECTICUT POLICE	c EIN-PN 06-6002112-001
a	Plan name	UNION SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	UNION SAVINGS BANK RETIREMENT PLAN	c EIN-PN 06-0570800-001
a	Plan name	VIIO RETIREMENT PLAN	
b	Name of plan sponsor	VIIO RETIREMENT PLAN	c EIN-PN 59-1730241-001
a	Plan name	VOLUNTEERS OF AMERICA	
b	Name of plan sponsor	VOLUNTEERS OF AMERICA	c EIN-PN 58-1959781-001
a	Plan name	VOPAK NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	VOPAK NORTH AMERICA RETIREMENT PLAN	c EIN-PN 59-1730241-001

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	WCIRB OF CALIFORNIA RETIREMENT PLANE1	
b	Name of plan sponsor	WCIRB OF CALIFORNIA RETIREMENT PLANE1	c EIN-PN 94-0358760-001
a	Plan name	WICOR AMERICAS GROUP PENSION	
b	Name of plan sponsor	WICOR AMERICAS GROUP PENSION	c EIN-PN 06-1095018-001
a	Plan name	WICOR AMERICAS GROUP PENSION PLAN	
b	Name of plan sponsor	WICOR AMERICAS GROUP PENSION PLAN	c EIN-PN 06-1095018-001
a	Plan name	ANYWHERE REAL ESTATE GROUP LLC - 1	
b	Name of plan sponsor	ANYWHERE REAL ESTATE GROUP LLC - 1	c EIN-PN 20-4381990-001
a	Plan name	CITY OF VERO BEACH	
b	Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name	HOEGANAES EXEMPT	
b	Name of plan sponsor	HOEGANAES EXEMPT	c EIN-PN 38-3354796-007
a	Plan name	HOEGANAES GALLATIN	
b	Name of plan sponsor	HOEGANAES GALLATIN	c EIN-PN 38-3354796-007
a	Plan name	HOEGANEAS NON - EXEMPT	
b	Name of plan sponsor	HOEGANEAS NON - EXEMPT	c EIN-PN 38-3354796-007
a	Plan name	MGE RETIREMENT PLAN	
b	Name of plan sponsor	MGE RETIREMENT PLAN	c EIN-PN 39-0444025-002
a	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
b	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	c EIN-PN 39-0444025-001
a	Plan name	PPG AUTO GLASS LLC NON - QUALIFIED RETIREMENT PLAN	
b	Name of plan sponsor	PPG AUTO GLASS LLC NON - QUALIFIED RETIREMENT PLAN	c EIN-PN 25-1866424-001
a	Plan name	SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	
b	Name of plan sponsor	SISC DEFINED BENEFIT PLAN INVESTMENT ONLY	c EIN-PN 95-6000941-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRUDENTIAL SHORT TERM FUND (SA20)	B Three-digit plan number (PN) ▶ 041
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	9809878 1198999
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16877173 45887
(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)	5000000 34348824
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	543868082 743125754

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	575555133	778719464
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	20530562	139031
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20530562	139031
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	555024571	778580433

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)	35193802	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35193802
(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)	3367	
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		35197169

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)	69547	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3296286	
(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)	17746	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3383579
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3383579

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31813590
l Transfers of assets:			
(1) To this plan	2l(1)		1665801853
(2) From this plan	2l(2)		1474059581

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 _____.