

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 TOTAL RETURN BOND (SACP1), 1b Three-digit plan number (PN) 814, 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 SMALL CAP VALUE SILVERCREST ASSET MANAGEMENT SABSC	4b EIN 4d PN 126																				
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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PRUDENTIAL TOTAL RETURN BOND (SACP1)</u>	B Three-digit plan number (PN)	<u>814</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:		
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d Entity code

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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	CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 27-3119263-001
a	Plan name	STANLEY INDUSTRIES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	STANLEY INDUSTRIES, INC. 401(K) PLAN AND TRUST	c EIN-PN 38-2284164-001
a	Plan name	LUNDYLAW, LLP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LUNDYLAW, LLP 401(K) RETIREMENT PLAN	c EIN-PN 23-3017268-001
a	Plan name	HONDA WESTBOROUGH 401(K) PLAN	
b	Name of plan sponsor	HONDA WESTBOROUGH 401(K) PLAN	c EIN-PN 99-3569069-001
a	Plan name	FOOTE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FOOTE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	c EIN-PN 74-3106306-001
a	Plan name	4WARD LAND SURVEYING LLC 401(K) PLAN	
b	Name of plan sponsor	4WARD LAND SURVEYING LLC 401(K) PLAN	c EIN-PN 88-2920080-001
a	Plan name	LOCKHEED MARTIN EVOLVE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOCKHEED MARTIN EVOLVE 401(K) SAVINGS PLAN	c EIN-PN 92-2315665-001
a	Plan name	MACGREGOR 401(K) PLAN	
b	Name of plan sponsor	MACGREGOR 401(K) PLAN	c EIN-PN 46-3622213-001
a	Plan name	JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 47-0591228-001
a	Plan name	CEDAR GATE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	CEDAR GATE TECHNOLOGIES 401(K) PLAN	c EIN-PN 83-1798988-001
a	Plan name	N.E.C.A I.B.E.W. LOCAL UNION NO. 527 ANNUITY PLAN	
b	Name of plan sponsor	N.E.C.A I.B.E.W. LOCAL UNION NO. 527 ANNUITY PLAN	c EIN-PN 74-2091530-001
a	Plan name	BERKSHIRE NURSING CENTER, LLC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	BERKSHIRE NURSING CENTER, LLC 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 06-1609319-001

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	OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT	c EIN-PN 73-1323004-001
a	Plan name	BARKO HYDRAULICS, L.L.C. 401(K) PLAN FOR EMPLOYEES OF LOCAL LODGE NO. 117	
b	Name of plan sponsor	BARKO HYDRAULICS, L.L.C. 401(K) PLAN FOR EMPLOYEES OF LOCAL LODGE NO.	c EIN-PN 36-4143045-001
a	Plan name	NEO INDUSTRIES L.L.C. 401(K) PLAN	
b	Name of plan sponsor	NEO INDUSTRIES L.L.C. 401(K) PLAN	c EIN-PN 35-1852194-001
a	Plan name	DAVIS WIRE PUEBLO CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	DAVIS WIRE PUEBLO CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES	c EIN-PN 84-1410211-001
a	Plan name	ZALK JOSEPHS FABRICATORS, L.L.C. 401(K) PLAN FOR EMPLOYEES OF REGIONAL SHOP LOCAL UNION NO. 853	
b	Name of plan sponsor	ZALK JOSEPHS FABRICATORS, L.L.C. 401(K) PLAN FOR EMPLOYEES OF REGIONAL	c EIN-PN 36-4143037-001
a	Plan name	HEICO HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor	HEICO HOLDING, INC. 401(K) PLAN	c EIN-PN 36-1622665-001
a	Plan name	THE SANDERS FIRM 401(K) PLAN	
b	Name of plan sponsor	THE SANDERS FIRM 401(K) PLAN	c EIN-PN 84-4865085-001
a	Plan name	DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 20-1135367-001
a	Plan name	HENSEL PHELPS HOURLY RETIREMENT PLAN	
b	Name of plan sponsor	HENSEL PHELPS HOURLY RETIREMENT PLAN	c EIN-PN 84-0876644-001
a	Plan name	HENSEL PHELPS SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	HENSEL PHELPS SERVICES LLC 401(K) PLAN	c EIN-PN 27-0965305-001
a	Plan name	HENSEL PHELPS SALARY RETIREMENT PLAN	
b	Name of plan sponsor	HENSEL PHELPS SALARY RETIREMENT PLAN	c EIN-PN 84-0876644-001
a	Plan name	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 88-0482750-001

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	ENDEAVOR 401(K) PLAN	
b	Name of plan sponsor	ENDEAVOR 401(K) PLAN	c EIN-PN 80-0967078-001
a	Plan name	BOB EVANS RESTAURANTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOB EVANS RESTAURANTS, LLC 401(K) RETIREMENT PLAN	c EIN-PN 81-5225177-001
a	Plan name	BOB EVANS RESTAURANTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOB EVANS RESTAURANTS, LLC 401(K) RETIREMENT PLAN	c EIN-PN 81-5225177-001
a	Plan name	WCIRB OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	WCIRB OF CALIFORNIA 401(K) PLAN	c EIN-PN 94-0358760-001
a	Plan name	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 23-2143130-001
a	Plan name	FEMWELL GROUP HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	FEMWELL GROUP HEALTH, INC. 401(K) PLAN	c EIN-PN 65-0505313-001
a	Plan name	HUTCHINSON REGIONAL HEALTHCARE SYSTEM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUTCHINSON REGIONAL HEALTHCARE SYSTEM RETIREMENT SAVINGS PLAN	c EIN-PN 48-0774005-001
a	Plan name	JACUZZI 401(K) PLAN	
b	Name of plan sponsor	JACUZZI 401(K) PLAN	c EIN-PN 20-8158665-001
a	Plan name	THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	
b	Name of plan sponsor	THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	c EIN-PN 06-1169004-001
a	Plan name	CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor	CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	c EIN-PN 84-3055712-001
a	Plan name	CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 84-3055712-001
a	Plan name	AJINOMOTO HEALTH AND NUTRITION NORTH AMERICA INC. 401(K) PLAN	
b	Name of plan sponsor	AJINOMOTO HEALTH AND NUTRITION NORTH AMERICA INC. 401(K) PLAN	c EIN-PN 47-2979265-001

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 HILL INTERNATIONAL INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HILL INTERNATIONAL INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 20-0953973-001
a	Plan name BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	c EIN-PN 16-1000580-001
a	Plan name BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	c EIN-PN 16-1000580-001
a	Plan name LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	c EIN-PN 11-1704595-001
a	Plan name LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	c EIN-PN 11-1704595-001
a	Plan name JONESTRADING INSTITUTIONAL SERVICES LLC 401	
b	Name of plan sponsor JONESTRADING INSTITUTIONAL SERVICES LLC 401	c EIN-PN 51-0484896-001
a	Plan name AKIMA, LLC 401(K) PLAN	
b	Name of plan sponsor AKIMA, LLC 401(K) PLAN	c EIN-PN 27-0072039-001
a	Plan name HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	c EIN-PN 43-0636684-001
a	Plan name FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	
b	Name of plan sponsor FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	c EIN-PN 06-0510330-001
a	Plan name STILLWATER MINING COMPANY 401(K) PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY 401(K) PLAN	c EIN-PN 81-0480654-001
a	Plan name STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	c EIN-PN 81-0480654-001
a	Plan name THE FUGRO 401(K) PLAN	
b	Name of plan sponsor THE FUGRO 401(K) PLAN	c EIN-PN 74-2155798-001

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 ARTHREX 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARTHREX 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 06-1121728-001
a	Plan name TUDOR INVESTMENT CORP 401(K) SAVINGS AND PROFITSHARING PLAN	
b	Name of plan sponsor TUDOR INVESTMENT CORP 401(K) SAVINGS AND PROFITSHARING PLAN	c EIN-PN 22-2514825-001
a	Plan name HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	c EIN-PN 33-0820160-001
a	Plan name GYPSUM MANAGEMENT AND SUPPLY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GYPSUM MANAGEMENT AND SUPPLY, INC. 401(K) SAVINGS PLAN	c EIN-PN 48-0788686-001
a	Plan name EAT'N PARK HOSPITALITY GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EATN PARK HOSPITALITY GROUP 401(K) RETIREMENT PLAN	c EIN-PN 25-1596974-001
a	Plan name MAVERICK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor MAVERICK SERVICES, LLC 401(K) PLAN	c EIN-PN 76-0822858-001
a	Plan name GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
b	Name of plan sponsor GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	c EIN-PN 39-0867071-001
a	Plan name FLUSHING BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor FLUSHING BANK 401(K) SAVINGS PLAN	c EIN-PN 41-2231564-001
a	Plan name QBE 401(K) SAVINGS PLAN	
b	Name of plan sponsor QBE 401(K) SAVINGS PLAN	c EIN-PN 52-1147383-001
a	Plan name COLD SPRING GRANITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COLD SPRING GRANITE COMPANY 401(K) RETIREMENT PLAN	c EIN-PN 41-0197900-001
a	Plan name HERITAGE LAWN AND LANDSCAPE CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor HERITAGE LAWN AND LANDSCAPE CARE, INC. RETIREMENT PLAN	c EIN-PN 01-0577665-001
a	Plan name AIR FILTRATION SYSTEMS LLC 401(K) PLAN	
b	Name of plan sponsor AIR FILTRATION SYSTEMS LLC 401(K) PLAN	c EIN-PN 04-3414838-001

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	STEPUP IT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	STEPUP IT SERVICES, LLC 401(K) PLAN	c EIN-PN 32-0473765-001
a	Plan name	DENSTOR, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	DENSTOR, LLC SAFE HARBOR 401(K) PLAN	c EIN-PN 84-4671426-001
a	Plan name	KAREN URNISE DDS, LLC 401(K) PLAN	
b	Name of plan sponsor	KAREN URNISE DDS, LLC 401(K) PLAN	c EIN-PN 45-4724232-001
a	Plan name	TWINSTRIDGE INTERNATIONAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TWINSTRIDGE INTERNATIONAL RETIREMENT SAVINGS PLAN	c EIN-PN 46-4346393-001
a	Plan name	FAMILY HOME CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMILY HOME CARE, INC. 401(K) PLAN	c EIN-PN 72-1241996-001
a	Plan name	PRODUCTPLAN 401(K) PLAN	
b	Name of plan sponsor	PRODUCTPLAN 401(K) PLAN	c EIN-PN 46-2730009-001
a	Plan name	GREMLIN, INC. 401(K) PLAN	
b	Name of plan sponsor	GREMLIN, INC. 401(K) PLAN	c EIN-PN 81-1277279-001
a	Plan name	SSFM INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SSFM INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 99-0106392-001
a	Plan name	BLITSTEIN, YOUNG AND BLINDER, APC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BLITSTEIN, YOUNG AND BLINDER, APC 401(K) AND PROFIT SHARING PLAN	c EIN-PN 99-0772348-001
a	Plan name	DR. BARRETT PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BARRETT PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	c EIN-PN 47-1365338-001
a	Plan name	ENVIVE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	ENVIVE HEALTHCARE 401(K) PLAN	c EIN-PN 87-1052170-001
a	Plan name	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	
b	Name of plan sponsor	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	c EIN-PN 27-3396130-001

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	PRESIDENTIAL EXTERIORS 401(K) PLAN	
b	Name of plan sponsor	PRESIDENTIAL EXTERIORS 401(K) PLAN	c EIN-PN 47-3930493-001
a	Plan name	A PARENT MEDIA CO. USA INC. 401(K) PLAN	
b	Name of plan sponsor	A PARENT MEDIA CO. USA INC. 401(K) PLAN	c EIN-PN 37-1992263-001
a	Plan name	ANIMAS PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	ANIMAS PEDIATRIC DENTISTRY 401(K) PLAN	c EIN-PN 92-3759820-001
a	Plan name	MOSS CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	MOSS CONSTRUCTION COMPANY 401(K) PLAN	c EIN-PN 54-2021239-001
a	Plan name	CENTRAL PUMP COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	CENTRAL PUMP COMPANY, LLC 401(K) PLAN	c EIN-PN 47-2591315-001
a	Plan name	PACELINE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PACELINE CONSTRUCTION 401(K) PLAN	c EIN-PN 20-6011161-001
a	Plan name	ABILITIES UNLIMITED OF HOT SPRINGS 401(K) PLAN	
b	Name of plan sponsor	ABILITIES UNLIMITED OF HOT SPRINGS 401(K) PLAN	c EIN-PN 71-0333344-001
a	Plan name	DIRTBAG'S 401(K) PLAN	
b	Name of plan sponsor	DIRTBAGS 401(K) PLAN	c EIN-PN 20-2358860-001
a	Plan name	C. STEINWEG BALTIMORE, INC. 401(K) PLAN	
b	Name of plan sponsor	C. STEINWEG BALTIMORE, INC. 401(K) PLAN	c EIN-PN 52-1693213-001
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	MR. ROOTER 401(K) PLAN	
b	Name of plan sponsor	MR. ROOTER 401(K) PLAN	c EIN-PN 20-1910560-001
a	Plan name	MCCLELLAN CHIROPRACTIC CLINIC, PC 401(K) PLAN	
b	Name of plan sponsor	MCCLELLAN CHIROPRACTIC CLINIC, PC 401(K) PLAN	c EIN-PN 63-0961557-001

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	R2P INNOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	R2P INNOVATIONS, LLC 401(K) PLAN	c EIN-PN 81-3078993-001
a	Plan name	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	c EIN-PN 20-2140560-001
a	Plan name	SINGER EQUIPMENT CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SINGER EQUIPMENT CO., INC. 401(K) RETIREMENT PLAN	c EIN-PN 23-1674739-001
a	Plan name	EMERY AND WEBB 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EMERY AND WEBB 401(K) SAVINGS PLAN	c EIN-PN 14-1162720-001
a	Plan name	ARROW PNEUMATICS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ARROW PNEUMATICS INC PROFIT SHARING PLAN	c EIN-PN 36-2123891-001
a	Plan name	ARROW PNEUMATICS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ARROW PNEUMATICS, INC. PROFIT SHARING PLAN	c EIN-PN 36-2123891-001
a	Plan name	THE FORBES COMPANY, LLC EMPLOYEES PROFIT SHARING/401(K)	
b	Name of plan sponsor	THE FORBES COMPANY, LLC EMPLOYEES PROFIT SHARING/401(K)	c EIN-PN 38-3441715-001
a	Plan name	EMPIRE ABRASIVE EQUIPMENT CO., L.P. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE ABRASIVE EQUIPMENT CO., L.P. 401(K) PLAN	c EIN-PN 23-2670697-001
a	Plan name	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	
b	Name of plan sponsor	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	c EIN-PN 37-0217351-001
a	Plan name	INFOBIP INC. 401(K) PLAN	
b	Name of plan sponsor	INFOBIP INC. 401(K) PLAN	c EIN-PN 38-3583171-001
a	Plan name	DBH 401(K) PLAN	
b	Name of plan sponsor	DBH 401(K) PLAN	c EIN-PN 87-2236938-001
a	Plan name	WALTERSCHEID 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WALTERSCHEID 401(K) RETIREMENT PLAN	c EIN-PN 36-3585049-001

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	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4770616-001
a	Plan name	SABRE SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	SABRE SYSTEMS, LLC 401(K) PLAN	c EIN-PN 23-2548886-001
a	Plan name	UNITY BANK EMPLOYEES' SAVINGS AND PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNITY BANK EMPLOYEES SAVINGS AND PROFIT SHARING PLAN AND TRUST	c EIN-PN 22-3110915-001
a	Plan name	IUJAT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IUJAT 401(K) RETIREMENT PLAN	c EIN-PN 20-5201401-001
a	Plan name	IUJAT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IUJAT 401(K) RETIREMENT PLAN	c EIN-PN 20-5201401-001
a	Plan name	BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	
b	Name of plan sponsor	BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	c EIN-PN 15-0258780-001
a	Plan name	FCC ASSOCIATES' RETIREMENT PLAN	
b	Name of plan sponsor	FCC ASSOCIATES RETIREMENT PLAN	c EIN-PN 35-1753124-001
a	Plan name	THE DALLAS GROUP OF AMERICA, INC EE'S PROFIT SHARING PL AND TRUST	
b	Name of plan sponsor	THE DALLAS GROUP OF AMERICA, INC EES PROFIT SHARING PL AND TRUST	c EIN-PN 22-2952954-001
a	Plan name	NEWFIELD NATIONAL BANK 401(K) PLAN	
b	Name of plan sponsor	NEWFIELD NATIONAL BANK 401(K) PLAN	c EIN-PN 21-0451020-001
a	Plan name	THE MCPHERSON COMPANIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MCPHERSON COMPANIES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 63-0657937-001
a	Plan name	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1788478-001
a	Plan name	PENSION PLAN FOR US EMPLOYEES OF ROGERS AND TORONTO BLUE JAYS	
b	Name of plan sponsor	PENSION PLAN FOR US EMPLOYEES OF ROGERS AND TORONTO BLUE JAYS	c EIN-PN 98-0338956-001

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	FLANDERS ELECTRIC MOTOR SVC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLANDERS ELECTRIC MOTOR SVC 401(K) PROFIT SHARING PLAN	c EIN-PN 35-1072135-001
a	Plan name	NPK RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	NPK RETIREMENT AND SAVINGS PLAN	c EIN-PN 34-1482090-001
a	Plan name	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 14-1627069-001
a	Plan name	AIR NEW ZEALAND LTD	
b	Name of plan sponsor	AIR NEW ZEALAND LTD	c EIN-PN 95-2225578-001
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL NO. 83 RETIREMENT PLAN	
b	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL NO. 83 RETIREMENT PLAN	c EIN-PN 55-0667502-001
a	Plan name	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	c EIN-PN 83-1939971-001
a	Plan name	KIRKWOOD HOLDING INC. RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor	KIRKWOOD HOLDING INC. RETIREMENT SAVINGS TRUST AND PLAN	c EIN-PN 20-1657242-001
a	Plan name	MOTOR TREND GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOTOR TREND GROUP 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 82-2026468-001
a	Plan name	WIELAND ROLLED PRODUCTS NORTH AMERICA BUFFALO, INC.ANDUNITEDSTEELWORKERSLOCAL593401(K)RETIREMENTPLAN	
b	Name of plan sponsor	WIELAND ROLLED PRODUCTS NORTH AMERICA BUFFALO, INC.ANDUNITEDSTEELWORKE	c EIN-PN 84-1148681-001
a	Plan name	CACTUS WELLHEAD, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CACTUS WELLHEAD, LLC RETIREMENT PLAN	c EIN-PN 45-2727039-001
a	Plan name	MEMORIAL MRI AND DIAGNOSTIC, PLLC 401(K) PLAN	
b	Name of plan sponsor	MEMORIAL MRI AND DIAGNOSTIC, PLLC 401(K) PLAN	c EIN-PN 76-0677442-001
a	Plan name	THE RETIREMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE RETIREMENT COMPANY 401(K) PLAN	c EIN-PN 95-3497679-001

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	NORTH FLORIDA SURGEONS, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH FLORIDA SURGEONS, P.A. PROFIT SHARING PLAN	c EIN-PN 59-3366100-001
a	Plan name	MEDICAL EYE SPECIALISTS, P.C. SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MEDICAL EYE SPECIALISTS, P.C. SALARY REDUCTION PLAN AND TRUST	c EIN-PN 81-0309952-001
a	Plan name	NEUROSCIENCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	NEUROSCIENCE ASSOCIATES 401(K) PLAN	c EIN-PN 82-0466402-001
a	Plan name	AWI MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AWI MANAGEMENT CORPORATION 401(K) PLAN	c EIN-PN 20-8570246-001
a	Plan name	ASCOM (US), INC. RETIREMENT PLAN	
b	Name of plan sponsor	ASCOM (US), INC. RETIREMENT PLAN	c EIN-PN 52-2228503-001
a	Plan name	KGPCO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KGPCO, INC. 401(K) SAVINGS PLAN	c EIN-PN 41-0955056-001
a	Plan name	CROUSE MEDICAL PRACTICE PLLC 401(K) PLAN	
b	Name of plan sponsor	CROUSE MEDICAL PRACTICE PLLC 401(K) PLAN	c EIN-PN 16-0960470-001
a	Plan name	CROUSE HOSPITAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CROUSE HOSPITAL 401(K) RETIREMENT PLAN	c EIN-PN 16-0960470-001
a	Plan name	SOUTHWEST KEY ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHWEST KEY ENTERPRISES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 74-2481167-001
a	Plan name	SOUTHWEST KEY PROGRAMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHWEST KEY PROGRAMS, INC. 401(K) RETIREMENT PLAN	c EIN-PN 74-2481167-001
a	Plan name	AAR PENSION PLAN	
b	Name of plan sponsor	AAR PENSION PLAN	c EIN-PN 53-6000125-001
a	Plan name	AGREX INC	
b	Name of plan sponsor	AGREX INC	c EIN-PN 48-0803402-001

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	AIR TRANSPORT ASSOCIATION OF AMERICA	
b	Name of plan sponsor	AIR TRANSPORT ASSOCIATION OF AMERICA	c EIN-PN 52-2113962-001
a	Plan name	AXIA INC RETIREMENT PLAN	
b	Name of plan sponsor	AXIA INC RETIREMENT PLAN	c EIN-PN 52-1304561-001
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	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
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	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
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	MIDLAND MEMORIAL HOSPITAL DB PLAN	
b	Name of plan sponsor	MIDLAND MEMORIAL HOSPITAL DB PLAN	c EIN-PN 75-2656723-001
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	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

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.	OMB No. 1210-0110 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 TOTAL RETURN BOND (SACP1)	B Three-digit plan number (PN) ▶ 814
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)	37248716	41886130
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40346835	20041871
(2) U.S. Government securities	1c(2)	66779052	85249170
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	526679233	547787728
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	311663	1064382
(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)	790831494	854892020

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	1462196993	1550921301
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	68200643	49833381
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	68200643	49833381
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1393996350	1501087920

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)	75752328	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75752328
(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)	85976	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85976
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-47501982	
(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)	21614910	
(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		49951232

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)	172132	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3088882	
(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)	39219	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3300233
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3300233

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		46650999
l Transfers of assets:			
(1) To this plan.....	2l(1)		368351180
(2) From this plan	2l(2)		307910609

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 _____.