

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: AMERICAN CENTURY SMALL CAP VALUE FUND (IS PLATFORM) (SA4BS)
1b Three-digit plan number (PN): 849
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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name AMERICAN CENTURY SMALL CAP VALUE FUND IS PLATFORM	4b EIN 06-1050034 4d PN 849																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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>AMERICAN CENTURY SMALL CAP VALUE FUND (IS PLATFORM) (SA4BS)</u>	B Three-digit plan number (PN)	<u>849</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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d Entity code

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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)

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 THE CONCIERGE POOLED SAVINGS PLAN ADOPTED BY GALBREATH COSTNER	
b	Name of plan sponsor THE CONCIERGE POOLED SAVINGS PLAN ADOPTED BY GALBREATH COSTNER	c EIN-PN 58-2325861-001
a	Plan name TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	c EIN-PN 26-2112841-001
a	Plan name SOUTHEAST FOREST PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SOUTHEAST FOREST PRODUCTS 401(K) PLAN	c EIN-PN 38-1961328-001
a	Plan name FISHER AND PAYKEL HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor FISHER AND PAYKEL HOLDINGS, INC. 401(K) PLAN	c EIN-PN 33-0721612-001
a	Plan name INSPIRE MEDICAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor INSPIRE MEDICAL SYSTEMS, INC. 401(K) PLAN	c EIN-PN 26-1377674-001
a	Plan name WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	c EIN-PN 93-1277376-001
a	Plan name ANDERSON, MIKOS EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor ANDERSON, MIKOS EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 36-3367188-001
a	Plan name 401(K) PLAN FOR EMPLOYEES OF TRANSMATIC MFG. CO., INC.	
b	Name of plan sponsor 401(K) PLAN FOR EMPLOYEES OF TRANSMATIC MFG. CO., INC.	c EIN-PN 38-1870157-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF STEP BY STEP, INC.	
b	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF STEP BY STEP, INC.	c EIN-PN 23-2053563-001
a	Plan name ORTHOTENNESSEE 401(K) PLAN	
b	Name of plan sponsor ORTHOTENNESSEE 401(K) PLAN	c EIN-PN 62-1700130-001
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 AMERICAN MEDICAL STAFFING 401(K) PLAN	
b	Name of plan sponsor AMERICAN MEDICAL STAFFING 401(K) PLAN	c EIN-PN 30-0213088-001

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	HIGH POINT NETWORKS, LLC 401K PLAN	
b	Name of plan sponsor	HIGH POINT NETWORKS, LLC 401K PLAN	c EIN-PN 27-1804410-001
a	Plan name	BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2099357-001
a	Plan name	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 54-0248192-001
a	Plan name	BRAY INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BRAY INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 76-0184782-001
a	Plan name	WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	
b	Name of plan sponsor	WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	c EIN-PN 16-0775330-001
a	Plan name	JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	c EIN-PN 57-0570962-001
a	Plan name	THE 401(K) PLANAMERICO, CRL, IPFS	
b	Name of plan sponsor	THE 401(K) PLANAMERICO, CRL, IPFS	c EIN-PN 43-1755148-001
a	Plan name	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 38-2418014-001
a	Plan name	THE GREER 401(K) PLAN	
b	Name of plan sponsor	THE GREER 401(K) PLAN	c EIN-PN 34-0737241-001
a	Plan name	THE UNIVERSITY OF PHOENIX, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	THE UNIVERSITY OF PHOENIX, INC. SAVINGS AND INVESTMENT PLAN	c EIN-PN 94-2473210-001
a	Plan name	CAESARS ENTERTAINMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CAESARS ENTERTAINMENT, INC. 401(K) PLAN	c EIN-PN 46-3657681-001
a	Plan name	HANLEY WOOD DBA ZONDA 401(K) PLAN	
b	Name of plan sponsor	HANLEY WOOD DBA ZONDA 401(K) PLAN	c EIN-PN 80-0956936-001

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	EMPLOYERS MUTUAL CASUALTY COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EMPLOYERS MUTUAL CASUALTY COMPANY 401(K) SAVINGS PLAN	c EIN-PN 42-0234980-001
a	Plan name	THE WIREMOLD COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	THE WIREMOLD COMPANY SAVINGS AND RETIREMENT PLAN	c EIN-PN 36-4001764-001
a	Plan name	LEGRAND SAVINGS PLAN	
b	Name of plan sponsor	LEGRAND SAVINGS PLAN	c EIN-PN 98-0065554-001
a	Plan name	LEGRAND NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	LEGRAND NORTH AMERICA 401(K) PLAN	c EIN-PN 98-0065554-001
a	Plan name	THE MANSION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE MANSION, INC. 401(K) PLAN	c EIN-PN 05-0343400-001
a	Plan name	MCCORMICK AUTO BODY LLC 401(K) PLAN	
b	Name of plan sponsor	MCCORMICK AUTO BODY LLC 401(K) PLAN	c EIN-PN 47-1945901-001
a	Plan name	POLI CONSTRUCTION 401(K)	
b	Name of plan sponsor	POLI CONSTRUCTION 401(K)	c EIN-PN 27-0579429-001
a	Plan name	PATH AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor	PATH AUTOMOTIVE 401K PLAN	c EIN-PN 88-4114550-001
a	Plan name	FREEMAN BUILDING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	FREEMAN BUILDING SYSTEMS 401(K) PLAN	c EIN-PN 34-1717533-001
a	Plan name	BARTNIK TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	BARTNIK TRUCKING, INC. 401(K) PLAN	c EIN-PN 39-1319469-001
a	Plan name	WILMINGTON CYCLES LLC 401(K) PLAN	
b	Name of plan sponsor	WILMINGTON CYCLES LLC 401(K) PLAN	c EIN-PN 99-4696715-001
a	Plan name	MAVERICK STRATEGIES LLC 401(K) PLAN	
b	Name of plan sponsor	MAVERICK STRATEGIES LLC 401(K) PLAN	c EIN-PN 88-2554027-001

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 MAVERICK STRATEGIES LLC UNION 401(K) PLAN	
b	Name of plan sponsor MAVERICK STRATEGIES LLC UNION 401(K) PLAN	c EIN-PN 88-2554027-001
a	Plan name BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	c EIN-PN 62-1517234-001
a	Plan name JOHANNES BUS SERVICE, INC.	
b	Name of plan sponsor JOHANNES BUS SERVICE, INC.	c EIN-PN 36-2554115-001
a	Plan name PROJECT PLASE, INC. 401(K) PLAN	
b	Name of plan sponsor PROJECT PLASE, INC. 401(K) PLAN	c EIN-PN 23-7367331-001
a	Plan name EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 36-3686723-001
a	Plan name LYRIC FOUNDATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor LYRIC FOUNDATION, INC. RETIREMENT PLAN	c EIN-PN 52-6080460-001
a	Plan name NEW COMMONWEALTH FUND RETIREMENT PLAN	
b	Name of plan sponsor NEW COMMONWEALTH FUND RETIREMENT PLAN	c EIN-PN 85-1850139-001
a	Plan name EYAS GROUP 401(K) PLAN	
b	Name of plan sponsor EYAS GROUP 401(K) PLAN	c EIN-PN 86-3128348-001
a	Plan name HUDSON THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor HUDSON THERAPEUTICS, INC. 401(K) PLAN	c EIN-PN 92-2418488-001
a	Plan name A AND R ERECTORS, INC. 401(K) PLAN	
b	Name of plan sponsor A AND R ERECTORS, INC. 401(K) PLAN	c EIN-PN 35-1823702-001
a	Plan name WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	c EIN-PN 86-1007205-001
a	Plan name ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	c EIN-PN 34-2028895-001

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	EHPLABS RESEARCH LLC 401(K) PLAN	
b	Name of plan sponsor	EHPLABS RESEARCH LLC 401(K) PLAN	c EIN-PN 36-4860581-001
a	Plan name	MANSFIELD INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MANSFIELD INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 05-0346148-001
a	Plan name	VASTRAX, INC. 401(K) PLAN	
b	Name of plan sponsor	VASTRAX, INC. 401(K) PLAN	c EIN-PN 81-4885499-001
a	Plan name	MAXIFY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MAXIFY SOLUTIONS 401(K) PLAN	c EIN-PN 87-3848574-001
a	Plan name	NANCY TAYLOR BUBES REAL ESTATE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANCY TAYLOR BUBES REAL ESTATE COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 81-0956359-001
a	Plan name	CALIFORNIA SPECTRUM CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CALIFORNIA SPECTRUM CARE 401(K) RETIREMENT PLAN	c EIN-PN 81-1444578-001
a	Plan name	TTL ENGINEERING SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TTL ENGINEERING SERVICES, LLC 401(K) PLAN	c EIN-PN 99-2486366-001
a	Plan name	ACCUMETRICS LIMITED 401(K) PLAN	
b	Name of plan sponsor	ACCUMETRICS LIMITED 401(K) PLAN	c EIN-PN 23-2147951-001
a	Plan name	HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 56-1965580-001
a	Plan name	SYNERGY LABS 401(K) PLAN	
b	Name of plan sponsor	SYNERGY LABS 401(K) PLAN	c EIN-PN 84-3651321-001
a	Plan name	VIRGINIA WATERS AND WETLANDS, INC. RATE GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VIRGINIA WATERS AND WETLANDS, INC. RATE GROUP 401(K) PROFIT SHARING PL	c EIN-PN 82-0538788-001
a	Plan name	ALLEGHENY SUPPLY AND MAINTENANCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEGHENY SUPPLY AND MAINTENANCE CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 25-1233780-001

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	SILVER STATE MASONRY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SILVER STATE MASONRY 401(K) RETIREMENT PLAN	c EIN-PN 88-0203855-001
a	Plan name	J.T. WIMSATT CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J.T. WIMSATT CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4557672-001
a	Plan name	SCHWIEGER HOGS LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHWIEGER HOGS LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 46-3125449-001
a	Plan name	HENWAY MFG, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor	HENWAY MFG, INC. SAFE HARBOR PLAN	c EIN-PN 41-1474734-001
a	Plan name	ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN	c EIN-PN 41-1916951-001
a	Plan name	HENNEN FLOOR COVERING, INC PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN FLOOR COVERING, INC PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	c EIN-PN 41-1958297-001
a	Plan name	HENNEN LUMBER COMPANY, INC. PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN LUMBER COMPANY, INC. PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	c EIN-PN 41-0681810-001
a	Plan name	THE BARRY FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE BARRY FOUNDATION 401(K) PLAN	c EIN-PN 20-5767275-001
a	Plan name	SODERHOLM AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SODERHOLM AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 41-0836048-001
a	Plan name	MIDAMERICA HOLDINGS, LTD. 401(K) PLAN	
b	Name of plan sponsor	MIDAMERICA HOLDINGS, LTD. 401(K) PLAN	c EIN-PN 20-0709088-001
a	Plan name	HERMAN MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HERMAN MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 41-1286729-001
a	Plan name	SOUTHWEST PRECISION 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST PRECISION 401(K) PLAN	c EIN-PN 42-1505417-001

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	FLEET SERVICES CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FLEET SERVICES CO., INC. 401(K) PLAN	c EIN-PN 45-4727643-001
a	Plan name	REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor	REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	c EIN-PN 77-0344391-001
a	Plan name	THE GALVESTON DIET 401(K) PLAN	
b	Name of plan sponsor	THE GALVESTON DIET 401(K) PLAN	c EIN-PN 84-4499981-001
a	Plan name	WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	
b	Name of plan sponsor	WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	c EIN-PN 72-6027617-001
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	INFOBIP INC. 401(K) PLAN	
b	Name of plan sponsor	INFOBIP INC. 401(K) PLAN	c EIN-PN 38-3583171-001
a	Plan name	MEDICAL INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDICAL INFORMATION TECHNOLOGY, INC. 401(K) PLAN	c EIN-PN 04-2455639-001
a	Plan name	JKJ SAVINGS PLAN	
b	Name of plan sponsor	JKJ SAVINGS PLAN	c EIN-PN 23-1568259-001
a	Plan name	ANDERSON, MCPHARLIN AND CONNERS PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON, MCPHARLIN AND CONNERS PROFIT SHARING PLAN	c EIN-PN 95-1530000-001
a	Plan name	KOMLINESANDERSON 401(K) PLAN	
b	Name of plan sponsor	KOMLINESANDERSON 401(K) PLAN	c EIN-PN 22-1442955-001
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	TOYO INK 401(K) PLAN	
b	Name of plan sponsor	TOYO INK 401(K) PLAN	c EIN-PN 22-2969724-001

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 SPIRE HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor SPIRE HOSPITALITY, LLC 401(K) PLAN	c EIN-PN 36-3087906-001
a	Plan name AMERICAN PUBLIC TRANSPORTATION ASSOCIATION TAX DEFERRED SAVINGS	
b	Name of plan sponsor AMERICAN PUBLIC TRANSPORTATION ASSOCIATION TAX DEFERRED SAVINGS	c EIN-PN 52-1007674-001
a	Plan name QUESTEX LLC 401(K) PLAN	
b	Name of plan sponsor QUESTEX LLC 401(K) PLAN	c EIN-PN 27-1392763-001
a	Plan name WHITEHARDT 401(K) PLAN	
b	Name of plan sponsor WHITEHARDT 401(K) PLAN	c EIN-PN 02-0631016-001
a	Plan name WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	c EIN-PN 54-0922889-001
a	Plan name ASHWOOD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASHWOOD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 77-0226285-001
a	Plan name THE ALLEN MORRIS COMPANY 401(K) PLAN	
b	Name of plan sponsor THE ALLEN MORRIS COMPANY 401(K) PLAN	c EIN-PN 59-0824139-001
a	Plan name EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 65-0216638-001
a	Plan name WICHITA COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor WICHITA COUNTRY CLUB 401(K) PLAN	c EIN-PN 48-0477370-001
a	Plan name NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	c EIN-PN 84-5100896-001
a	Plan name COMMUNITY HEALTH NETWORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COMMUNITY HEALTH NETWORK 401(K) RETIREMENT PLAN	c EIN-PN 35-0983617-001
a	Plan name LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	c EIN-PN 47-4416879-001

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	TALKDESK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TALKDESK 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 90-0767522-001
a	Plan name	DAVIDSON HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor	DAVIDSON HOSPITALITY GROUP 401(K) PLAN	c EIN-PN 20-3747936-001
a	Plan name	PRECISION DIAGNOSTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION DIAGNOSTICS 401(K) PROFIT SHARING PLAN	c EIN-PN 45-3717894-001
a	Plan name	ROCKET LAWYER 401(K) PLAN	
b	Name of plan sponsor	ROCKET LAWYER 401(K) PLAN	c EIN-PN 26-3054379-001
a	Plan name	RANGEWATER 401(K) PLAN	
b	Name of plan sponsor	RANGEWATER 401(K) PLAN	c EIN-PN 26-3956259-001
a	Plan name	TOTAL TOOL SUPPLY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL TOOL SUPPLY, INC. 401(K) RETIREMENT PLAN	c EIN-PN 41-1292260-001
a	Plan name	ST. PAUL PLUMBING AND HEATING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ST. PAUL PLUMBING AND HEATING CO., INC. PROFIT SHARING PLAN	c EIN-PN 41-0724977-001
a	Plan name	WELD TOOLING CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	WELD TOOLING CORPORATION SAVINGS AND RETIREMENT PLAN	c EIN-PN 25-0938384-001
a	Plan name	HP AND RS 401(K) PLAN	
b	Name of plan sponsor	HP AND RS 401(K) PLAN	c EIN-PN 42-1357091-001
a	Plan name	LAKES AREA DENTAL, LTD. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAKES AREA DENTAL, LTD. SAFE HARBOR 401(K) PLAN	c EIN-PN 41-0984617-001
a	Plan name	THE CAVENDER EMPLOYEE CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	THE CAVENDER EMPLOYEE CAPITAL ACCUMULATION PLAN	c EIN-PN 74-1619391-001
a	Plan name	UNITED RADIO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITED RADIO, INC. 401(K) RETIREMENT PLAN	c EIN-PN 16-0906884-001

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	COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	c EIN-PN 13-3568101-001
a	Plan name	HAMILTON SAFE GROUP 401(K) PLAN	
b	Name of plan sponsor	HAMILTON SAFE GROUP 401(K) PLAN	c EIN-PN 31-0729027-001
a	Plan name	ISLANDAIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLANDAIRE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-3109759-001
a	Plan name	REX LUMBER COMPANY 401(K) SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	REX LUMBER COMPANY 401(K) SAVINGS AND SECURITY PLAN	c EIN-PN 06-0667910-001
a	Plan name	ADOLFSON AND PETERSON, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	ADOLFSON AND PETERSON, INC. SALARY SAVINGS PLAN	c EIN-PN 41-0731300-001
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	ACORN ENGINEERING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ACORN ENGINEERING COMPANY, INC. 401(K) PLAN	c EIN-PN 95-1864304-001
a	Plan name	MXR IMAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MXR IMAGING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-2295473-001
a	Plan name	NTS TECHNICAL SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NTS TECHNICAL SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 95-2780647-001
a	Plan name	WISCONSIN PIPE TRADES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	WISCONSIN PIPE TRADES 401(K) PLAN AND TRUST	c EIN-PN 39-1712807-001
a	Plan name	DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A. PROFIT SHARING 401(K) PLAN	c EIN-PN 59-2524839-001
a	Plan name	CONNER AND WINTERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CONNER AND WINTERS 401(K) SAVINGS PLAN	c EIN-PN 73-1388566-001

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	CONNER AND WINTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONNER AND WINTERS 401(K) RETIREMENT PLAN	c EIN-PN 73-1388566-001
a	Plan name	DRW TRADING GROUP PROFIT SHARING AND SALARY DEFERRAL PLAN	
b	Name of plan sponsor	DRW TRADING GROUP PROFIT SHARING AND SALARY DEFERRAL PLAN	c EIN-PN 36-4331072-001
a	Plan name	POLAR ELECTRO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	POLAR ELECTRO, INC. 401(K) RETIREMENT PLAN	c EIN-PN 13-3429255-001
a	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT SAVINGS AND STOCK OWNERSHIP PLAN (RSOP)	
b	Name of plan sponsor	ALLETE AND AFFILIATED COMPANIES RETIREMENT SAVINGS AND STOCK OWNERSHIP	c EIN-PN 41-0418150-001
a	Plan name	INTERNATIONAL MOTORS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL MOTORS, LLC 401(K) RETIREMENT PLAN	c EIN-PN 36-1264810-001
a	Plan name	INTERNATIONAL MOTORS, LLC 401(K) PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	INTERNATIONAL MOTORS, LLC 401(K) PLAN FOR REPRESENTED EMPLOYEES	c EIN-PN 36-1264810-001
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	TOWN OF PLAINVILLE	
b	Name of plan sponsor	TOWN OF PLAINVILLE	c EIN-PN 06-6002064-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 AMERICAN CENTURY SMALL CAP VALUE FUND (IS PLATFORM) (SA4BS)	B Three-digit plan number (PN) ▶ 849
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)	760403 384000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1447356 2541437
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	141912616 247103558
(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)	

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	144120375	250028995
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	573578	29649
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	573578	29649
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	143546797	249999346

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)	158275	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		158275
(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)	4122137	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4122137
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7620739	
(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)	3014598	
(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		-18419
d Total income. Add all income amounts in column (b) and enter total.....	2d		14897330

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)	21318	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	961452	
(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)	5034	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		987804
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		987804

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13909526
l Transfers of assets:			
(1) To this plan.....	2l(1)		135512606
(2) From this plan	2l(2)		42969583

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 _____.