

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: INTERNATIONAL BOND PLUS PIMCO FUND (SAGB3)
1b Three-digit plan number (PN): 790
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: Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

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 EAGLE M CAP GROWTH - ISP -SA4AN	4b EIN 4d PN 776																				
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
--	--

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)
---	--

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.
---	--	---

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

A Name of plan <u>INTERNATIONAL BOND PLUS PIMCO FUND (SAGB3)</u>	B Three-digit plan number (PN)	<u>790</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MARMOL RADZINER, AN ARCHITECTURAL CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MARMOL RADZINER, AN ARCHITECTURAL CORPORATION 401(K) RETIREMENT SAVING	c EIN-PN 95-4610337-001
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 CSM / CSDB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CSM / CSDB 401(K) RETIREMENT PLAN	c EIN-PN 95-3027726-001
a	Plan name UNITED STATES ENERGY FOUNDATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor UNITED STATES ENERGY FOUNDATION 401(K) RETIREMENT PLAN	c EIN-PN 83-1740146-001
a	Plan name INTERNAL MEDICINE PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNAL MEDICINE PARTNERS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-3597485-001
a	Plan name PRESTIGE BEVERAGE GROUP OF 401(K) PLAN	
b	Name of plan sponsor PRESTIGE BEVERAGE GROUP OF 401(K) PLAN	c EIN-PN 80-0472338-001
a	Plan name NICHOLS TRUCKING CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NICHOLS TRUCKING CO., INC. 401(K) RETIREMENT PLAN	c EIN-PN 04-3060641-001
a	Plan name TRIAD ENGINEERING CORP. 401(K) PLAN	
b	Name of plan sponsor TRIAD ENGINEERING CORP. 401(K) PLAN	c EIN-PN 04-2488834-001
a	Plan name ASSOCIATED SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED SERVICES CORPORATION 401(K) PLAN	c EIN-PN 54-1519274-001
a	Plan name VIKING 401 (K) PLAN	
b	Name of plan sponsor VIKING 401 (K) PLAN	c EIN-PN 05-0347738-001
a	Plan name IOTA IT 401(K) PLAN	
b	Name of plan sponsor IOTA IT 401(K) PLAN	c EIN-PN 46-2120035-001
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

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 ASTRANA HEALTH MANAGEMENT INC CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor ASTRANA HEALTH MANAGEMENT INC CASH OR DEFERRED PROFIT SHARING PLAN	c EIN-PN 95-7006869-001
a	Plan name WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 72-0488863-001
a	Plan name MUSCO PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor MUSCO PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	c EIN-PN 42-1107452-001
a	Plan name MHI GROUP 401(K) PLAN	
b	Name of plan sponsor MHI GROUP 401(K) PLAN	c EIN-PN 36-3031033-001
a	Plan name ORGILL, INC. 401(K) PLAN	
b	Name of plan sponsor ORGILL, INC. 401(K) PLAN	c EIN-PN 62-0314720-001
a	Plan name WYOMING MACHINERY COMPANY	
b	Name of plan sponsor WYOMING MACHINERY COMPANY	c EIN-PN 87-0217645-001
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 GENERAL HEALTH SYSTEM RETIREMENT PLUS	
b	Name of plan sponsor GENERAL HEALTH SYSTEM RETIREMENT PLUS	c EIN-PN 72-0475545-001
a	Plan name STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	c EIN-PN 43-1273600-001
a	Plan name UC HEALTH 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UC HEALTH 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 31-1435820-001
a	Plan name FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 06-1566311-001
a	Plan name FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN	c EIN-PN 06-1566311-001

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	KANEKA 401(K) PLAN	
b	Name of plan sponsor	KANEKA 401(K) PLAN	c EIN-PN 45-4567068-001
a	Plan name	PRISMA HEALTH 401(A) PLAN	
b	Name of plan sponsor	PRISMA HEALTH 401(A) PLAN	c EIN-PN 81-1723202-001
a	Plan name	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4541240-001
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	FRM / BMC 401(K) PLAN	
b	Name of plan sponsor	FRM / BMC 401(K) PLAN	c EIN-PN 58-1051947-001
a	Plan name	HIGH TIDE METALS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH TIDE METALS, INC. 401K PROFIT SHARING PLAN	c EIN-PN 57-1128856-001
a	Plan name	INSPIRED FLIGHT TECHNOLOGIES 401(K)	
b	Name of plan sponsor	INSPIRED FLIGHT TECHNOLOGIES 401(K)	c EIN-PN 82-1865089-001
a	Plan name	UNITED DESIGN PARTNERS 401(K) PLAN	
b	Name of plan sponsor	UNITED DESIGN PARTNERS 401(K) PLAN	c EIN-PN 33-1693231-001
a	Plan name	GROVE POINT MARINAS 401(K) PLAN	
b	Name of plan sponsor	GROVE POINT MARINAS 401(K) PLAN	c EIN-PN 83-2916995-001
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	FINLEN WARRANTY PROCESSING 401(K) PLAN	
b	Name of plan sponsor	FINLEN WARRANTY PROCESSING 401(K) PLAN	c EIN-PN 93-3069402-001

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	INTERIOR GARDEN SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERIOR GARDEN SERVICES, INC. 401(K) PLAN	c EIN-PN 36-3236556-001
a	Plan name	BIOWOUND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	BIOWOUND SOLUTIONS 401(K) PLAN	c EIN-PN 93-4008960-001
a	Plan name	YOGESH CHUGH SAVINGS PLAN	
b	Name of plan sponsor	YOGESH CHUGH SAVINGS PLAN	c EIN-PN 47-4553411-001
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	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	THE COUGHLIN GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE COUGHLIN GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 13-1994221-001
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	RENU LLC 401(K) PLAN	
b	Name of plan sponsor	RENU LLC 401(K) PLAN	c EIN-PN 85-2645758-001
a	Plan name	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	
b	Name of plan sponsor	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	c EIN-PN 81-5077149-001
a	Plan name	COMBINED RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	COMBINED RESOURCES, INC. 401(K) PLAN	c EIN-PN 36-3468701-001
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

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 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 HUDSON COLLISION CENTER, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HUDSON COLLISION CENTER, INC. PROFIT SHARING PLAN AND TRUST	c EIN-PN 34-1346938-001
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
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 VASTRAX, INC. 401(K) PLAN	
b	Name of plan sponsor VASTRAX, INC. 401(K) PLAN	c EIN-PN 81-4885499-001
a	Plan name DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	c EIN-PN 06-0889382-001
a	Plan name HALOCARBON 401(K) PLAN	
b	Name of plan sponsor HALOCARBON 401(K) PLAN	c EIN-PN 84-2984704-001
a	Plan name JKJ SAVINGS PLAN	
b	Name of plan sponsor JKJ SAVINGS PLAN	c EIN-PN 23-1568259-001
a	Plan name PROVIDERS MANAGEMENT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PROVIDERS MANAGEMENT INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 26-2247681-001
a	Plan name GENESYS PHO, L.L.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GENESYS PHO, L.L.C. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 38-3209828-001
a	Plan name ROCCO ALTOBELLI, INC. 401(K) PLAN	
b	Name of plan sponsor ROCCO ALTOBELLI, INC. 401(K) PLAN	c EIN-PN 41-1226659-001
a	Plan name ICON VOICE NETWORKS RETIREMENT PLAN	
b	Name of plan sponsor ICON VOICE NETWORKS RETIREMENT PLAN	c EIN-PN 27-5406129-001

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	PMP RETIREMENT PLAN	
b	Name of plan sponsor	PMP RETIREMENT PLAN	c EIN-PN 39-1503124-001
a	Plan name	CITY OF DEARBORN 401(A) DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	CITY OF DEARBORN 401(A) DEFINED CONTRIBUTION PLAN	c EIN-PN 38-6004605-001
a	Plan name	ELITECH GROUP INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ELITECH GROUP INC PROFIT SHARING PLAN	c EIN-PN 87-0284733-001
a	Plan name	KOBE STEEL USA RETIREMENT PLAN	
b	Name of plan sponsor	KOBE STEEL USA RETIREMENT PLAN	c EIN-PN 13-3458454-001
a	Plan name	TRI CITY NATIONAL BANK 401(K) RETIREMENT SAVING PLAN	
b	Name of plan sponsor	TRI CITY NATIONAL BANK 401(K) RETIREMENT SAVING PLAN	c EIN-PN 39-1158740-001
a	Plan name	CASTLE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	CASTLE AUTO GROUP 401(K) PLAN	c EIN-PN 36-4392164-001
a	Plan name	RUGGED LOGIC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	RUGGED LOGIC SAFE HARBOR 401(K) PLAN	c EIN-PN 45-4234913-001
a	Plan name	ENVIRONMENTAL QUALITY RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	ENVIRONMENTAL QUALITY RESOURCES, LLC 401(K) PLAN	c EIN-PN 52-2145482-001
a	Plan name	FRONTRUNNERHC, INC. 401(K) PLAN	
b	Name of plan sponsor	FRONTRUNNERHC, INC. 401(K) PLAN	c EIN-PN 33-1499407-001
a	Plan name	BLUEFIELD CYCLES, INC. 401(K) PLAN	
b	Name of plan sponsor	BLUEFIELD CYCLES, INC. 401(K) PLAN	c EIN-PN 55-0755940-001
a	Plan name	DAWSON FORTE CASHMERE COMPANY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	DAWSON FORTE CASHMERE COMPANY EMPLOYEES 401(K) PLAN	c EIN-PN 46-5522492-001
a	Plan name	BRIGGS PLUMBING PRODUCTS SALARIED 401(K) PLAN	
b	Name of plan sponsor	BRIGGS PLUMBING PRODUCTS SALARIED 401(K) PLAN	c EIN-PN 45-3620822-001

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	FOOD ALLERGY SCIENCE INITIATIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	FOOD ALLERGY SCIENCE INITIATIVE, INC. 401(K) PLAN	c EIN-PN 85-1293789-001
a	Plan name	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	
b	Name of plan sponsor	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	c EIN-PN 34-4266170-001
a	Plan name	OPEN GEOSPATIAL CONSORTIUM, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN GEOSPATIAL CONSORTIUM, INC. 401(K) PLAN	c EIN-PN 04-3245144-001
a	Plan name	ASHAWAY LINE AND TWINE, MFG. CO. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASHAWAY LINE AND TWINE, MFG. CO. PROFIT SHARING PLAN AND TRUST	c EIN-PN 05-0101200-001
a	Plan name	LINCOLN HOLDCO LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN HOLDCO LLC 401(K) PLAN	c EIN-PN 27-2559813-001
a	Plan name	HORIZON INTERNAL MEDICINE, PLLC 401(K) PLAN	
b	Name of plan sponsor	HORIZON INTERNAL MEDICINE, PLLC 401(K) PLAN	c EIN-PN 20-5519639-001
a	Plan name	AMERICAN INDUSTRIAL BRANDS, LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN INDUSTRIAL BRANDS, LLC 401(K) PLAN	c EIN-PN 86-3845487-001
a	Plan name	MOMENTUM RECOVERY, LLC 401(K) PLAN	
b	Name of plan sponsor	MOMENTUM RECOVERY, LLC 401(K) PLAN	c EIN-PN 81-3344261-001
a	Plan name	NETCENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor	NETCENERGY, LLC 401(K) PLAN	c EIN-PN 20-0146649-001
a	Plan name	SAVAGE LAW PARTNERS, LLP 401(K) PLAN	
b	Name of plan sponsor	SAVAGE LAW PARTNERS, LLP 401(K) PLAN	c EIN-PN 86-2278678-001
a	Plan name	REBELLION DEFENSE, INC. 401(K) PLAN	
b	Name of plan sponsor	REBELLION DEFENSE, INC. 401(K) PLAN	c EIN-PN 83-4579472-001
a	Plan name	SEGTERRA INC. RETIREMENT PLAN	
b	Name of plan sponsor	SEGTERRA INC. RETIREMENT PLAN	c EIN-PN 27-1823257-001

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	CISCO BREWERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CISCO BREWERS, INC. 401(K) PLAN	c EIN-PN 04-3304975-001
a	Plan name	MARQUIS CLINICAL 401(K) SAVING PLAN	
b	Name of plan sponsor	MARQUIS CLINICAL 401(K) SAVING PLAN	c EIN-PN 82-0624068-001
a	Plan name	CARE NET 401(K) P/S PLAN	
b	Name of plan sponsor	CARE NET 401(K) P/S PLAN	c EIN-PN 54-1382723-001
a	Plan name	ZINGERMAN'S COMMUNITY OF BUSINESSES EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor	ZINGERMANS COMMUNITY OF BUSINESSES EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name	CHILDRENFIRST 401(K) PLAN	
b	Name of plan sponsor	CHILDRENFIRST 401(K) PLAN	c EIN-PN 56-2329537-001
a	Plan name	ZINGERMAN'S COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ZINGERMANS COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name	CDP RETIREMENT PLAN	
b	Name of plan sponsor	CDP RETIREMENT PLAN	c EIN-PN 36-3022123-001
a	Plan name	GRIGGS AND BROWNE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIGGS AND BROWNE 401(K) PROFIT SHARING PLAN	c EIN-PN 05-0152305-001
a	Plan name	NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN	
b	Name of plan sponsor	NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN	c EIN-PN 05-0258811-001
a	Plan name	THE MARQUIS 401(K) SAVINGS PLAN 02	
b	Name of plan sponsor	THE MARQUIS 401(K) SAVINGS PLAN 02	c EIN-PN 93-1054024-001
a	Plan name	THE MARQUIS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE MARQUIS 401(K) SAVINGS PLAN	c EIN-PN 93-1054024-001
a	Plan name	ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 58-1053759-001

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	PROFINIUM 401(K) PLAN
b	Name of plan sponsor	PROFINIUM 401(K) PLAN
c	EIN-PN	41-1470223-001
a	Plan name	MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLAN
b	Name of plan sponsor	MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLAN
c	EIN-PN	05-0444057-001
a	Plan name	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.
b	Name of plan sponsor	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.
c	EIN-PN	81-0547599-001
a	Plan name	WNG 401(K) PLAN
b	Name of plan sponsor	WNG 401(K) PLAN
c	EIN-PN	95-2316285-001
a	Plan name	CONANICUT MARINE SERVICES, INC. SECTION 401(K)
b	Name of plan sponsor	CONANICUT MARINE SERVICES, INC. SECTION 401(K)
c	EIN-PN	05-0356126-001
a	Plan name	SOUTHCOAST WOMAN'S CARE 401(K) PLAN
b	Name of plan sponsor	SOUTHCOAST WOMANS CARE 401(K) PLAN
c	EIN-PN	56-2485108-001
a	Plan name	AIR GENERAL, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AIR GENERAL, INC. 401(K) PROFIT SHARING PLAN
c	EIN-PN	04-2220326-001
a	Plan name	AGREX INC
b	Name of plan sponsor	AGREX INC
c	EIN-PN	48-0803402-001
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	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	
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTERNATIONAL BOND PLUS PIMCO FUND (SAGB3)	B Three-digit plan number (PN) ▶ 790
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
---------------	--------------------------------------

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)	9462069
		11314386
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3143530
(2) U.S. Government securities	1c(2)	2667809
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	7010179
(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)	46828005
		38105625

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	69111592	61101899
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	18958464	10358630
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18958464	10358630
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50153128	50743269

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)	1596865	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1596865
(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)	547478	
(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)		547478
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	1723544	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1723544

		(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		3867887

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)	8325	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	216208	
(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)	1312	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		225845
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		225845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3642042
l Transfers of assets:			
(1) To this plan.....	2l(1)		10748922
(2) From this plan	2l(2)		13800823

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 _____.