

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 (less than 12 months)
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 (enter description)
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: SMALL CAP VALUE VICTORY FUND (SASV8)
1b Three-digit plan number (PN): 701
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.

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 SMALL CAP VALUE/VICTORY FUND - SASV8	4b EIN 06-1050034 4d PN 701																				
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:100%;">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>SMALL CAP VALUE VICTORY FUND (SASV8)</u>	B Three-digit plan number (PN)	<u>701</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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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	ERICSSON US 401(K) PLAN	
b	Name of plan sponsor	ERICSSON US 401(K) PLAN	c EIN-PN 06-1119960-001
a	Plan name	STAPLES, INC. EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor	STAPLES, INC. EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 04-2896127-001
a	Plan name	STAPLES US RETAIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAPLES US RETAIL 401(K) RETIREMENT PLAN	c EIN-PN 82-1997669-001
a	Plan name	BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN	c EIN-PN 33-1066785-001
a	Plan name	ELEMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ELEMENT SAVINGS AND INVESTMENT PLAN	c EIN-PN 26-2658878-001
a	Plan name	WD40 COMPANY PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	WD40 COMPANY PROFIT SHARING/401(K) PLAN	c EIN-PN 95-1797918-001
a	Plan name	URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 38-2134622-001
a	Plan name	PIEDMONT HEALTHCARE EMPLOYEES' 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PIEDMONT HEALTHCARE EMPLOYEES 401(K) PLAN AND TRUST	c EIN-PN 56-1965983-001
a	Plan name	FARFIELD COMPANY 401(K) PLAN	
b	Name of plan sponsor	FARFIELD COMPANY 401(K) PLAN	c EIN-PN 99-0431717-001
a	Plan name	SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL AND JERNIGAN 401(K) PROF SHARING PLAN	
b	Name of plan sponsor	SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL AND JERNIGAN 401(K) PROF SH	c EIN-PN 56-0402850-001
a	Plan name	THE MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE MGM RESORTS 401(K) SAVINGS PLAN	c EIN-PN 88-0215232-001
a	Plan name	CPL EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	CPL EMPLOYEES SAVINGS PLAN	c EIN-PN 16-1283651-001

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	ROMMEL COMPANIES 401K	
b	Name of plan sponsor	ROMMEL COMPANIES 401K	c EIN-PN 52-1952278-001
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	WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	c EIN-PN 53-0259612-001
a	Plan name	SHEET METAL WORKERS LOCAL 44 ANNUITY FUND	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 44 ANNUITY FUND	c EIN-PN 23-6751172-001
a	Plan name	TONE SOFTWARE CORPORATION	
b	Name of plan sponsor	TONE SOFTWARE CORPORATION	c EIN-PN 95-2919787-001
a	Plan name	TOYO INK 401(K) PLAN	
b	Name of plan sponsor	TOYO INK 401(K) PLAN	c EIN-PN 22-2969724-001
a	Plan name	MSSNY/ESMSEF 401(K) PLAN	
b	Name of plan sponsor	MSSNY/ESMSEF 401(K) PLAN	c EIN-PN 13-1030760-001
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	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	c EIN-PN 16-0927953-001
a	Plan name	LENNAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LENNAR CORPORATION 401(K) PLAN	c EIN-PN 95-4337490-001
a	Plan name	N.E.C.A. I.B.E.W. LOCAL UNION NO. 35 ANNUITY PLAN	
b	Name of plan sponsor	N.E.C.A. I.B.E.W. LOCAL UNION NO. 35 ANNUITY PLAN	c EIN-PN 06-0008934-001
a	Plan name	AMERICAN INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	AMERICAN INCORPORATED 401(K) PLAN	c EIN-PN 94-2233668-001

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	JAY DEE/SNEAKER KING INC	
b	Name of plan sponsor	JAY DEE/SNEAKER KING INC	c EIN-PN 23-2539544-001
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	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	c EIN-PN 05-0539082-001
a	Plan name	IBEW LOCAL UNION 712 PROFIT SHARING PLAN	
b	Name of plan sponsor	IBEW LOCAL UNION 712 PROFIT SHARING PLAN	c EIN-PN 25-1297810-001
a	Plan name	PACIFIC WESTERN TECHNOLOGIES	
b	Name of plan sponsor	PACIFIC WESTERN TECHNOLOGIES	c EIN-PN 84-1087476-001
a	Plan name	ACUSPORT CORP. RETIREMENT PLAN	
b	Name of plan sponsor	ACUSPORT CORP. RETIREMENT PLAN	c EIN-PN 34-1355555-001
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	THE UNITED COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	THE UNITED COMPANY RETIREMENT PLAN	c EIN-PN 54-1120913-001
a	Plan name	ELECTROMECHANICAL RETIREMENT PLAN	
b	Name of plan sponsor	ELECTROMECHANICAL RETIREMENT PLAN	c EIN-PN 54-0887040-001
a	Plan name	LAKESIDE RETIREMENT PLAN	
b	Name of plan sponsor	LAKESIDE RETIREMENT PLAN	c EIN-PN 91-1210726-001
a	Plan name	WESTEX DRILLING COMPANY, LP EMPLOYEES' RETIREMENT AND TRUST	
b	Name of plan sponsor	WESTEX DRILLING COMPANY, LP EMPLOYEES RETIREMENT AND TRUST	c EIN-PN 75-0942893-001
a	Plan name	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	
b	Name of plan sponsor	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	c EIN-PN 13-1834590-001

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	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	
b	Name of plan sponsor	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	c EIN-PN 13-1939362-001
a	Plan name	CUSTOM ACCESSORIES INC 401K PS PLAN	
b	Name of plan sponsor	CUSTOM ACCESSORIES INC 401K PS PLAN	c EIN-PN 36-2788186-001
a	Plan name	I.B.E.W. LOCAL NO. 81 ANNUITY PLAN	
b	Name of plan sponsor	I.B.E.W. LOCAL NO. 81 ANNUITY PLAN	c EIN-PN 23-6535432-001
a	Plan name	SUNMAID GROWERS OF CALIFORNIA	
b	Name of plan sponsor	SUNMAID GROWERS OF CALIFORNIA	c EIN-PN 94-3196145-001
a	Plan name	SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	c EIN-PN 94-0908760-001
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	TRINITY PRESBYTERIAN SCHOOL, INC 401(K) PLAN	
b	Name of plan sponsor	TRINITY PRESBYTERIAN SCHOOL, INC 401(K) PLAN	c EIN-PN 63-0586676-001
a	Plan name	LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	
b	Name of plan sponsor	LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	c EIN-PN 33-0398397-001
a	Plan name	NEW ORLEANS ELECTRICAL ANNUITY PLAN	
b	Name of plan sponsor	NEW ORLEANS ELECTRICAL ANNUITY PLAN	c EIN-PN 72-1417592-001
a	Plan name	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1626208-001
a	Plan name	N A S C O 401(K) SAVINGS AND PENSION PLAN	
b	Name of plan sponsor	N A S C O 401(K) SAVINGS AND PENSION PLAN	c EIN-PN 61-1110215-001
a	Plan name	PCCA EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PCCA EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 74-2188864-001

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	AUTOCHLOR SERVICES EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	AUTOCHLOR SERVICES EMPLOYEES SAVINGS PLAN AND TRUST	c EIN-PN 72-0927398-001
a	Plan name	TEAMSTERSNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TEAMSTERSNATIONAL 401(K) SAVINGS PLAN	c EIN-PN 52-1967784-001
a	Plan name	I.B.E.W. LOCAL UNION 375 ELECTRICIANS' RETIREMENT PLAN	
b	Name of plan sponsor	I.B.E.W. LOCAL UNION 375 ELECTRICIANS RETIREMENT PLAN	c EIN-PN 23-2055388-001
a	Plan name	BAKER ROCK RESOURCES EMPLOYEE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BAKER ROCK RESOURCES EMPLOYEE 401(K) AND PROFIT SHARING PLAN	c EIN-PN 93-0470624-001
a	Plan name	SWIMUSA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SWIMUSA 401(K) RETIREMENT PLAN	c EIN-PN 23-1663062-001
a	Plan name	WEA MEMBER BENEFITS 401(K) EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	WEA MEMBER BENEFITS 401(K) EMPLOYEES RETIREMENT PLAN	c EIN-PN 39-1767647-001
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	TAMPA BAY RAYS 401(K) PLAN	
b	Name of plan sponsor	TAMPA BAY RAYS 401(K) PLAN	c EIN-PN 83-3282181-001
a	Plan name	METAL LATHERS LOCAL 46 ANNUITY FUND	
b	Name of plan sponsor	METAL LATHERS LOCAL 46 ANNUITY FUND	c EIN-PN 13-6179359-001
a	Plan name	BHA/WES 401(K) PLAN	
b	Name of plan sponsor	BHA/WES 401(K) PLAN	c EIN-PN 47-4473515-001
a	Plan name	FLOWLINE, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLOWLINE, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 33-0448723-001
a	Plan name	1ST ADVANTAGE FEDERAL CREDIT UNION 401K PLAN ANDTRUST	
b	Name of plan sponsor	1ST ADVANTAGE FEDERAL CREDIT UNION 401K PLAN ANDTRUST	c EIN-PN 54-0623618-001

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 PEKO PRECISION PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEKO PRECISION PRODUCTS, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 16-0916457-001
a	Plan name ENTERTAINMENT INDUSTRY 401(K) PLAN	
b	Name of plan sponsor ENTERTAINMENT INDUSTRY 401(K) PLAN	c EIN-PN 95-7006851-001
a	Plan name WALTERSCHEID 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WALTERSCHEID 401(K) RETIREMENT PLAN	c EIN-PN 36-3585049-001
a	Plan name JEWETT CITY SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor JEWETT CITY SAVINGS BANK RETIREMENT PLAN	c EIN-PN 06-0405020-001
a	Plan name THE QUARTERRA SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor THE QUARTERRA SERVICES, LLC 401(K) PLAN	c EIN-PN 88-0658257-001
a	Plan name HANSEN AND ADKINS AUTO TRANSPORT INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANSEN AND ADKINS AUTO TRANSPORT INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4485461-001
a	Plan name PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	
b	Name of plan sponsor PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	c EIN-PN 23-2716071-001
a	Plan name NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	c EIN-PN 21-0524185-001
a	Plan name BONLAND INDUSTRIES, INC	
b	Name of plan sponsor BONLAND INDUSTRIES, INC	c EIN-PN 22-1591400-001
a	Plan name GILES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GILES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 30-0134685-001
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 THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	
b	Name of plan sponsor THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	c EIN-PN 26-4538894-001

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 THE ROLLINS 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE ROLLINS 401(K) SAVINGS PLAN	c EIN-PN 51-0068479-001
a	Plan name NITTO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NITTO 401(K) RETIREMENT PLAN	c EIN-PN 13-2623346-001
a	Plan name GIORGIO ARMANI 401(K)	
b	Name of plan sponsor GIORGIO ARMANI 401(K)	c EIN-PN 13-3187045-001
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
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 GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
b	Name of plan sponsor GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	c EIN-PN 39-0867071-001
a	Plan name SPRING EDUCATION GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SPRING EDUCATION GROUP 401(K) RETIREMENT PLAN	c EIN-PN 22-2465204-001
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 CARDONE 401K PLAN.	
b	Name of plan sponsor CARDONE 401K PLAN.	c EIN-PN 23-3000982-001
a	Plan name KELLER NORTH AMERICA RETIREMENT SAVINGS P/S PLAN	
b	Name of plan sponsor KELLER NORTH AMERICA RETIREMENT SAVINGS P/S PLAN	c EIN-PN 52-1691496-001
a	Plan name KELLER NORTH AMERICA PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor KELLER NORTH AMERICA PREVAILING WAGE RETIREMENT PLAN	c EIN-PN 52-1691496-001
a	Plan name AMADEUS NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor AMADEUS NORTH AMERICA, INC. 401(K) PLAN	c EIN-PN 76-0544614-001

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	LOZIER CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOZIER CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 47-0463247-001
a	Plan name	FERGUSON ENTERPRISES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FERGUSON ENTERPRISES, LLC 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 54-1211771-001
a	Plan name	GEODIS USA RETIREMENT PLAN	
b	Name of plan sponsor	GEODIS USA RETIREMENT PLAN	c EIN-PN 62-1628798-001
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	PHILIPS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	PHILIPS NORTH AMERICA 401(K) PLAN	c EIN-PN 13-3429115-001
a	Plan name	SPRINGFIELD CLINIC, LLP 401(K) EES' BENEFIT AND RETIREMENT PLAN	
b	Name of plan sponsor	SPRINGFIELD CLINIC, LLP 401(K) EES BENEFIT AND RETIREMENT PLAN	c EIN-PN 37-0701328-001
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	RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 94-1626717-001
a	Plan name	TIFFANY AND COMPANY EMPLOYEE PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TIFFANY AND COMPANY EMPLOYEE PROFIT SHARING AND RETIREMENT SAVINGS PLA	c EIN-PN 13-1387680-001
a	Plan name	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	c EIN-PN 52-2113962-001
a	Plan name	SCHWEBEL BAKING COMPANY 401(K)	
b	Name of plan sponsor	SCHWEBEL BAKING COMPANY 401(K)	c EIN-PN 34-0516340-001
a	Plan name	SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	
b	Name of plan sponsor	SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	c EIN-PN 27-4181087-001

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 <u>MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN</u>	c EIN-PN <u>76-0425553-001</u>
a	Plan name <u>WYOMING MACHINERY COMPANY</u>	
b	Name of plan sponsor <u>WYOMING MACHINERY COMPANY</u>	c EIN-PN <u>87-0217645-001</u>
a	Plan name <u>REVERE HEALTH 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>REVERE HEALTH 401(K) PROFIT SHARING PLAN</u>	c EIN-PN <u>87-0281028-001</u>
a	Plan name <u>SUNPOWER CORPORATION 401(K) SAVINGS PLAN</u>	
b	Name of plan sponsor <u>SUNPOWER CORPORATION 401(K) SAVINGS PLAN</u>	c EIN-PN <u>94-3008969-001</u>
a	Plan name <u>BEASLEY, ALLEN, CROW, METHVIN, PORTIS AND MILES, P.C. 401(K) PSP</u>	
b	Name of plan sponsor <u>BEASLEY, ALLEN, CROW, METHVIN, PORTIS AND MILES, P.C. 401(K) PSP</u>	c EIN-PN <u>63-0958760-001</u>
a	Plan name <u>CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST</u>	
b	Name of plan sponsor <u>CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST</u>	c EIN-PN <u>84-3055712-001</u>
a	Plan name <u>CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN</u>	
b	Name of plan sponsor <u>CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN</u>	c EIN-PN <u>84-3055712-001</u>
a	Plan name <u>TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN</u>	c EIN-PN <u>76-0170405-001</u>
a	Plan name <u>ORGILL, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>ORGILL, INC. 401(K) PLAN</u>	c EIN-PN <u>62-0314720-001</u>
a	Plan name <u>JACUZZI 401(K) PLAN</u>	
b	Name of plan sponsor <u>JACUZZI 401(K) PLAN</u>	c EIN-PN <u>20-8158665-001</u>
a	Plan name <u>SUMCO PHOENIX CORPORATION SAVINGS AND RETIREMENT PLAN.</u>	
b	Name of plan sponsor <u>SUMCO PHOENIX CORPORATION SAVINGS AND RETIREMENT PLAN.</u>	c EIN-PN <u>22-3014284-001</u>
a	Plan name <u>GROWTH CATALYST GROUP, ARCHWAY, ADVATIX, XPDEL 401(K) PLAN</u>	
b	Name of plan sponsor <u>GROWTH CATALYST GROUP, ARCHWAY, ADVATIX, XPDEL 401(K) PLAN</u>	c EIN-PN <u>20-3711602-001</u>

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	PROFIT SHARING PLAN OF CADES SCHUTTE (003)	
b	Name of plan sponsor	PROFIT SHARING PLAN OF CADES SCHUTTE (003)	c EIN-PN 99-0055190-001
a	Plan name	AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	
b	Name of plan sponsor	AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	c EIN-PN 25-1613116-001
a	Plan name	EXCO RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCO RESOURCES, INC. 401(K) PLAN	c EIN-PN 74-1492779-001
a	Plan name	AFC PROFIT SHARING PLAN	
b	Name of plan sponsor	AFC PROFIT SHARING PLAN	c EIN-PN 63-0207695-001
a	Plan name	TAXFAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	TAXFAVORED SAVINGS PROGRAM	c EIN-PN 47-0095156-001
a	Plan name	GULF INTERSTATE ENGINEERING COMPANY SAVINGS PLAN	
b	Name of plan sponsor	GULF INTERSTATE ENGINEERING COMPANY SAVINGS PLAN	c EIN-PN 74-1387676-001
a	Plan name	NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	c EIN-PN 94-1722564-001
a	Plan name	SUNRISE SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor	SUNRISE SENIOR LIVING 401(K) PLAN	c EIN-PN 54-1746596-001
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	WARTSILA HOLDING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WARTSILA HOLDING, INC. RETIREMENT PLAN	c EIN-PN 95-3418625-001
a	Plan name	PRESIDIO LLC 401(K) PLAN	
b	Name of plan sponsor	PRESIDIO LLC 401(K) PLAN	c EIN-PN 41-1254123-001
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

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	GENEVA ENTERPRISES, LLC	
b	Name of plan sponsor	GENEVA ENTERPRISES, LLC	c EIN-PN 54-1570600-001
a	Plan name	THE GCC 401(K) PLAN	
b	Name of plan sponsor	THE GCC 401(K) PLAN	c EIN-PN 85-0429912-001
a	Plan name	TRIBUNE PUBLISHING COMPANY 401(K) PLAN	
b	Name of plan sponsor	TRIBUNE PUBLISHING COMPANY 401(K) PLAN	c EIN-PN 38-3919441-001
a	Plan name	NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 73-1640190-001
a	Plan name	FIVE POINT 401(K) PLAN	
b	Name of plan sponsor	FIVE POINT 401(K) PLAN	c EIN-PN 27-0179123-001
a	Plan name	HUNSAKER AND ASSOCIATES IRVINE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HUNSAKER AND ASSOCIATES IRVINE, INC. PROFIT SHARING PLAN	c EIN-PN 95-3123103-001
a	Plan name	PBC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PBC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 59-3294835-001
a	Plan name	THE AAFP 401(K) PLAN	
b	Name of plan sponsor	THE AAFP 401(K) PLAN	c EIN-PN 44-0536051-001
a	Plan name	W.C. BRADLEY CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	W.C. BRADLEY CO. 401(K) SAVINGS PLAN	c EIN-PN 58-1605660-001
a	Plan name	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	
b	Name of plan sponsor	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	c EIN-PN 71-0891083-001
a	Plan name	AIR INDUSTRIES GROUP 401(K) PLAN	
b	Name of plan sponsor	AIR INDUSTRIES GROUP 401(K) PLAN	c EIN-PN 80-0948413-001
a	Plan name	ORANGE COAST TITLE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ORANGE COAST TITLE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	c EIN-PN 95-2871609-001

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 DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN	c EIN-PN 76-0236902-001
a	Plan name COBRE VALLEY COMMUNITY HOSPITAL 1	
b	Name of plan sponsor COBRE VALLEY COMMUNITY HOSPITAL 1	c EIN-PN 86-0732836-002
a	Plan name COBRE VALLEY COMMUNITY HOSPITAL 2	
b	Name of plan sponsor COBRE VALLEY COMMUNITY HOSPITAL 2	c EIN-PN 86-0732836-002
a	Plan name EVONIK CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor EVONIK CORPORATION RETIREMENT PLAN	c EIN-PN 63-0673043-001
a	Plan name EVONIK PENSION PLAN FOR SEIU FANDO UNION	
b	Name of plan sponsor EVONIK PENSION PLAN FOR SEIU FANDO UNION	c EIN-PN 63-0673043-001
a	Plan name 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 HM FM RETIREMENT PLAN	
b	Name of plan sponsor HM FM RETIREMENT PLAN	c EIN-PN 94-1695235-001
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 NATIONAL ASSOCIATION OF MANUFACTURERS	
b	Name of plan sponsor NATIONAL ASSOCIATION OF MANUFACTURERS	c EIN-PN 13-1084330-001
a	Plan name NEWHALL LAND AND FARMING CO RET PLAN	
b	Name of plan sponsor NEWHALL LAND AND FARMING CO RET PLAN	c EIN-PN 95-3931727-001
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

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 SMALL CAP VALUE VICTORY FUND (SASV8)	B Three-digit plan number (PN) ▶ 701
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)	1704412
		1032743
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18934939
(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)	739479497
(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)	8248023
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	5745950

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	768366871	661425622
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3261290	172892
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3261290	172892
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	765105581	661252730

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)	1008524	
(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)		1008524
(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)	12390832	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12390832
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	50557335	
(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)	-14937146	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-2423
d Total income. Add all income amounts in column (b) and enter total	2d	49017122

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)	81538
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	5271399
(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)	19611
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	5372548
j Total expenses. Add all expense amounts in column (b) and enter total	2j	5372548

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	43644574
l Transfers of assets:		
(1) To this plan	2l(1)	181279334
(2) From this plan	2l(2)	328776759

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 _____.