

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 METWEST CORE PLUS BOND FUND (SA4BH), 1b Three-digit plan number (PN) 826, 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

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>METWEST CORE PLUS BOND FUND (SA4BH)</u>	B Three-digit plan number (PN)	<u>826</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)
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	IBEW LOCAL UNION 306 401(K) WAGE REDUCTION RETIREMENT FUND	
b	Name of plan sponsor	IBEW LOCAL UNION 306 401(K) WAGE REDUCTION RETIREMENT FUND	c EIN-PN 31-1516748-001
a	Plan name	LOCAL UNION NO 306 IBEW PENSIONANNUITY PLAN	
b	Name of plan sponsor	LOCAL UNION NO 306 IBEW PENSIONANNUITY PLAN	c EIN-PN 34-6689590-001
a	Plan name	ARTHUR J. GALLAGHER AND CO. EMPLOYEES' 401(K) SAVINGS AND THRIFT PLAN	
b	Name of plan sponsor	ARTHUR J. GALLAGHER AND CO. EMPLOYEES 401(K) SAVINGS AND THRIFT PLAN	c EIN-PN 36-2481781-001
a	Plan name	AMSI 401(K) PLAN	
b	Name of plan sponsor	AMSI 401(K) PLAN	c EIN-PN 59-2926481-001
a	Plan name	AZZ INC. EMPLOYEE BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	AZZ INC. EMPLOYEE BENEFIT PLAN AND TRUST	c EIN-PN 75-0948250-001
a	Plan name	HENDERSON COMPANIES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	HENDERSON COMPANIES, INC. 401(K) PLAN AND TRUST	c EIN-PN 87-3096160-001
a	Plan name	ZONES, LLC 401(K) PLAN	
b	Name of plan sponsor	ZONES, LLC 401(K) PLAN	c EIN-PN 91-1431894-001
a	Plan name	BROUSE MCDOWELL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BROUSE MCDOWELL RETIREMENT SAVINGS PLAN	c EIN-PN 34-1108723-001
a	Plan name	VICOR CORPORATION	
b	Name of plan sponsor	VICOR CORPORATION	c EIN-PN 04-2742817-001
a	Plan name	UNION SAVINGS BANK 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNION SAVINGS BANK 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 06-0570800-001
a	Plan name	DIODES INCORPORATED 401(K) PLAN AND TRUST	
b	Name of plan sponsor	DIODES INCORPORATED 401(K) PLAN AND TRUST	c EIN-PN 95-2039518-001
a	Plan name	NETGEAR, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NETGEAR, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 77-0419172-001

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	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	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
a	Plan name	FEDERAL HOME LOAN BANK OF DES MOINES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FEDERAL HOME LOAN BANK OF DES MOINES 401(K) SAVINGS PLAN	c EIN-PN 42-6000149-001
a	Plan name	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 21-0506420-001
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	TOKAI CARBON GE LLC RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	TOKAI CARBON GE LLC RETIREMENT AND SAVINGS PLAN	c EIN-PN 81-0785534-001
a	Plan name	GREEN BAY ELECTRICAL WORKERS PENSION PLAN	
b	Name of plan sponsor	GREEN BAY ELECTRICAL WORKERS PENSION PLAN	c EIN-PN 39-0940777-001
a	Plan name	S. ABRAHAM AND SONS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	S. ABRAHAM AND SONS 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 38-1743581-001
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	AIXTRON, INC. 401(K) PLAN	
b	Name of plan sponsor	AIXTRON, INC. 401(K) PLAN	c EIN-PN 94-2790804-001
a	Plan name	CHEIL USA INC. RETIREMENT PLAN	
b	Name of plan sponsor	CHEIL USA INC. RETIREMENT PLAN	c EIN-PN 22-3154110-001

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 BRIGANTINE 401(K) PLAN	
b	Name of plan sponsor	THE BRIGANTINE 401(K) PLAN	c EIN-PN 94-2212278-001
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	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	EIGHTH DISTRICT ELECTRICAL PENSION FUND ANNUITY PLAN	
b	Name of plan sponsor	EIGHTH DISTRICT ELECTRICAL PENSION FUND ANNUITY PLAN	c EIN-PN 84-6100393-001
a	Plan name	U.A. LOCAL 13 ANNUITY PLAN	
b	Name of plan sponsor	U.A. LOCAL 13 ANNUITY PLAN	c EIN-PN 52-1041321-001
a	Plan name	OREPAC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	OREPAC SAVINGS AND INVESTMENT PLAN	c EIN-PN 93-0670556-001
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	BIMART CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BIMART CORPORATION 401(K) RETIREMENT PLAN	c EIN-PN 95-4159373-001
a	Plan name	COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	c EIN-PN 44-6015072-001
a	Plan name	COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITYAMERICA CREDIT UNION 401(K) SAVINGS PLAN	c EIN-PN 44-6015072-001
a	Plan name	SUNRISE MEDICAL 401(K) PLAN	
b	Name of plan sponsor	SUNRISE MEDICAL 401(K) PLAN	c EIN-PN 27-2381917-001
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

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 DENTAL HEALTH ASSOCIATES OF MADISON, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DENTAL HEALTH ASSOCIATES OF MADISON, LTD. 401(K) PROFIT SHARING PLAN	c EIN-PN 39-1190243-001
a	Plan name TROON GOLF, L.L.C. 401(K) PLAN	
b	Name of plan sponsor TROON GOLF, L.L.C. 401(K) PLAN	c EIN-PN 86-0832529-001
a	Plan name MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN	
b	Name of plan sponsor MICHIANA AREA ELECTRICAL WORKERS MONEY PURCHASE PLAN	c EIN-PN 35-1861971-001
a	Plan name ELLSWORTH CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor ELLSWORTH CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 39-1225837-001
a	Plan name ELECTRICAL CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRICAL CONSULTANTS, INC. PROFIT SHARING PLAN	c EIN-PN 81-0427018-001
a	Plan name TRUEBLUE, INC. 401(K) PLAN	
b	Name of plan sponsor TRUEBLUE, INC. 401(K) PLAN	c EIN-PN 91-1287341-001
a	Plan name MAGELLAN 401(K) PLAN	
b	Name of plan sponsor MAGELLAN 401(K) PLAN	c EIN-PN 20-0019326-001
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 INTERNATIONAL DAIRY QUEEN, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERNATIONAL DAIRY QUEEN, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 52-2066843-001
a	Plan name DOLLAR TREE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DOLLAR TREE RETIREMENT SAVINGS PLAN	c EIN-PN 26-2018846-001
a	Plan name OLD DOMINION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OLD DOMINION 401(K) RETIREMENT PLAN	c EIN-PN 56-0751714-001
a	Plan name WATLOW GROUP 401(K) PLAN	
b	Name of plan sponsor WATLOW GROUP 401(K) PLAN	c EIN-PN 43-0574450-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ELIZABETH CARBIDE DIE CO INC	
b Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a Plan name	ERLANGER HEALTH SYSTEM	
b Name of plan sponsor	ERLANGER HEALTH SYSTEM	c EIN-PN 62-6000101-001
a Plan name	GREAT RIVER HYDRO NON UNION PLAN	
b Name of plan sponsor	GREAT RIVER HYDRO NON UNION PLAN	c EIN-PN 98-0435819-001
a Plan name	GREAT RIVER HYDRO UNION PLAN	
b Name of plan sponsor	GREAT RIVER HYDRO UNION PLAN	c EIN-PN 98-0435819-001
a Plan name	SPANG BARGAINING UNIT PENSION PLAN	
b Name of plan sponsor	SPANG BARGAINING UNIT PENSION PLAN	c EIN-PN 25-0809990-001
a Plan name	TOWN OF PLAINVILLE	
b Name of plan sponsor	TOWN OF PLAINVILLE	c EIN-PN 06-6002064-001
a Plan name	VIIO RETIREMENT PLAN	
b Name of plan sponsor	VIIO RETIREMENT PLAN	c EIN-PN 59-1730241-001
a Plan name	VOPAK NORTH AMERICA RETIREMENT PLAN	
b Name of plan sponsor	VOPAK NORTH AMERICA RETIREMENT PLAN	c EIN-PN 59-1730241-001
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		
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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
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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 METWEST CORE PLUS BOND FUND (SA4BH)	B Three-digit plan number (PN) ▶ 826
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)	29180114	3610703
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	49838723	8675214
(2) U.S. Government securities	1c(2)	225116388	221364896
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	102637894	72185787
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	240617	252540
(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)	0	3731096
(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)	252827963	287694689

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	659841699	597514925
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	159885612	76721814
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	159885612	76721814
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	499956087	520793111

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)	25200644	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25200644
(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)	74200	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		74200
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3020732	
(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)	-18999852	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9295724

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)	26334	
(3) Recordkeeping fees	2i(3)	74145	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1483845	
(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)	14245	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1598569
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1598569

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7697155
l Transfers of assets:			
(1) To this plan	2l(1)		595789657
(2) From this plan	2l(2)		582649788

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 _____.