

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: T. ROWE PRICE U.S. MID CAP GROWTH EQUITY FUND (IS PLATFORM)(SA4BT)
1b Three-digit plan number (PN): 848
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY
2b Employer Identification Number (EIN): 06-1050034
2c Plan Sponsor's telephone number: 800-338-4015
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name T. ROWE PRICE US MID CAP GROWTH EQUITY FUND IS PLATFORM SA4BT	4b EIN 06-1050034 4d PN 848																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>T. ROWE PRICE U.S. MID CAP GROWTH EQUITY FUND (IS PLATFORM)(SA4BT)</u>	B Three-digit plan number (PN)	<u>848</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)

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 GUARDIAN DATA, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GUARDIAN DATA, LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 99-2006065-001
a	Plan name RETIREMINT PEP BY ECONOCARIBE CONSOLIDATORS INC. DBA ECU WORLDWIDE	
b	Name of plan sponsor RETIREMINT PEP BY ECONOCARIBE CONSOLIDATORS INC. DBA ECU WORLDWIDE	c EIN-PN 59-1428228-001
a	Plan name GILPIN GIVHAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GILPIN GIVHAN, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 63-0847927-001
a	Plan name EXCEL PACKAGING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EXCEL PACKAGING 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 33-0500234-001
a	Plan name WINEGAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WINEGAR INC 401K PROFIT SHARING PLAN	c EIN-PN 41-1348098-001
a	Plan name AMERICAN JERSEY CATTLE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor AMERICAN JERSEY CATTLE ASSOCIATION 401(K) PLAN	c EIN-PN 31-4383429-001
a	Plan name EAST KANSAS AGRIENERGY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EAST KANSAS AGRIENERGY 401(K) AND PROFIT SHARING PLAN	c EIN-PN 48-1251578-001
a	Plan name HOURLY EMPLOYEE'S 401(K) THRIFT PLAN OF PCL INDUSTRIAL MANAGEMENT CO.	
b	Name of plan sponsor HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INDUSTRIAL MANAGEMENT CO.	c EIN-PN 27-4004392-001
a	Plan name EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	c EIN-PN 94-2656190-001
a	Plan name THE NASSAL COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE NASSAL COMPANY 401(K) SAVINGS PLAN	c EIN-PN 27-4004301-001
a	Plan name HOURLY EMPLOYEE 401K THRIFT PLAN OF PCL CONSTRUCTION SERVICES, INC.	
b	Name of plan sponsor HOURLY EMPLOYEE 401K THRIFT PLAN OF PCL CONSTRUCTION SERVICES, INC.	c EIN-PN 27-4004301-001
a	Plan name HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INFRASTRUCTURE MANAGEMENT, INC.	
b	Name of plan sponsor HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INFRASTRUCTURE MANAGEMENT,	c EIN-PN 27-4004301-001

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 EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	
b	Name of plan sponsor EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	c EIN-PN 27-4004301-001
a	Plan name NORCAL RENTAL GROUP 401(K) PLAN	
b	Name of plan sponsor NORCAL RENTAL GROUP 401(K) PLAN	c EIN-PN 94-3263537-001
a	Plan name KIKKOMAN FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor KIKKOMAN FOODS, INC. 401(K) PLAN	c EIN-PN 39-1159637-001
a	Plan name MARKETSHARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARKETSHARE, INC. RETIREMENT PLAN	c EIN-PN 77-0147410-001
a	Plan name GRAND RAPIDS CHAIR COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND RAPIDS CHAIR COMPANY 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 38-3249793-001
a	Plan name WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	c EIN-PN 93-1277376-001
a	Plan name KNOWLTON TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor KNOWLTON TECHNOLOGIES, LLC 401(K) PLAN	c EIN-PN 47-1424475-001
a	Plan name KNOWLTON TECHNOLOGIES, LLC UNION PLAN	
b	Name of plan sponsor KNOWLTON TECHNOLOGIES, LLC UNION PLAN	c EIN-PN 47-1424475-001
a	Plan name THE SYCUAN BAND OF THE KUMEYAAY NATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE SYCUAN BAND OF THE KUMEYAAY NATION RETIREMENT SAVINGS PLAN	c EIN-PN 33-0881662-001
a	Plan name ANDERSON, MIKOS EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor ANDERSON, MIKOS EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 36-3367188-001
a	Plan name MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	c EIN-PN 38-1738615-001
a	Plan name MILLION DOLLAR ROUND TABLE 401(K) THRIFT PLAN	
b	Name of plan sponsor MILLION DOLLAR ROUND TABLE 401(K) THRIFT PLAN	c EIN-PN 36-2138427-001

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 OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT	c EIN-PN 73-1323004-001
a	Plan name LANCO INTERNATIONAL, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor LANCO INTERNATIONAL, INC. EMPLOYEES 401(K) RETIREMENT SAVINGS PROGRAM	c EIN-PN 36-2608826-001
a	Plan name CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES 457(B) PLAN COLUMBIAMONTOURSNYDERUNION	
b	Name of plan sponsor CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES 457(B) PLAN COLUMBIA	c EIN-PN 23-1867460-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES COLUMBIAMONTOURSN	
b	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMEN	c EIN-PN 23-1867460-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CMSU BEHAVIORAL HEA	
b	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMEN	c EIN-PN 23-1867460-001
a	Plan name ALAN KROPP AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor ALAN KROPP AND ASSOCIATES 401(K) PLAN	c EIN-PN 94-3021963-001
a	Plan name AMERICAN MEDICAL STAFFING 401(K) PLAN	
b	Name of plan sponsor AMERICAN MEDICAL STAFFING 401(K) PLAN	c EIN-PN 30-0213088-001
a	Plan name EVS RETIREMENT PLAN	
b	Name of plan sponsor EVS RETIREMENT PLAN	c EIN-PN 22-3264491-001
a	Plan name CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	c EIN-PN 23-2704721-001
a	Plan name FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	
b	Name of plan sponsor FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	c EIN-PN 06-0510330-001
a	Plan name DAWN FOODS UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS UNION RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001

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 DAWN FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001
a	Plan name ZIEGLER INC VOLUNTARY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ZIEGLER INC VOLUNTARY RETIREMENT SAVINGS PLAN	c EIN-PN 41-0624660-001
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 FIRST GABRIELSON AGENCY 401(K)	
b	Name of plan sponsor FIRST GABRIELSON AGENCY 401(K)	c EIN-PN 42-1235843-001
a	Plan name CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	c EIN-PN 94-2686822-001
a	Plan name EQUIPT TRUCK AND MACHINERY, INC. 401(K) PLAN	
b	Name of plan sponsor EQUIPT TRUCK AND MACHINERY, INC. 401(K) PLAN	c EIN-PN 87-1442877-001
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 ENVIROMATIC SYSTEMS OF FORT WORTH, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor ENVIROMATIC SYSTEMS OF FORT WORTH, INC. 401(K) PLAN AND TRUST	c EIN-PN 75-2751770-001
a	Plan name TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 91-2073074-001
a	Plan name ARTISAN STONEWORKS CORP. RETIREMENT PLAN	
b	Name of plan sponsor ARTISAN STONEWORKS CORP. RETIREMENT PLAN	c EIN-PN 11-3215887-001
a	Plan name RIGHT ANGLE 401(K) PLAN	
b	Name of plan sponsor RIGHT ANGLE 401(K) PLAN	c EIN-PN 20-3251984-001
a	Plan name SOMA 401(K) PLAN	
b	Name of plan sponsor SOMA 401(K) PLAN	c EIN-PN 83-3318326-001

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	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	SCHUMANN PRINTERS, INC. RETIREMENT PROGRAM	
b	Name of plan sponsor	SCHUMANN PRINTERS, INC. RETIREMENT PROGRAM	c EIN-PN 39-1078568-001
a	Plan name	GETHMANN CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GETHMANN CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 42-0271670-001
a	Plan name	BRYAN SCHWARTZ LAW, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN SCHWARTZ LAW, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 93-1433723-001
a	Plan name	TRAYT HEALTH 401(K) PLAN	
b	Name of plan sponsor	TRAYT HEALTH 401(K) PLAN	c EIN-PN 46-4016752-001
a	Plan name	OANDH DANISH BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor	OANDH DANISH BAKERY, INC. 401(K) PLAN	c EIN-PN 39-1258596-001
a	Plan name	GABRIELSON CLINIC FOR WOMEN PLC 401(K) PLAN	
b	Name of plan sponsor	GABRIELSON CLINIC FOR WOMEN PLC 401(K) PLAN	c EIN-PN 27-0544282-001
a	Plan name	K AND K HARDWARE LLC 401(K) PLAN	
b	Name of plan sponsor	K AND K HARDWARE LLC 401(K) PLAN	c EIN-PN 42-0672620-001
a	Plan name	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 47-5249441-001
a	Plan name	ALLEGHENY SUPPLY AND MAINTENANCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEGHENY SUPPLY AND MAINTENANCE CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 25-1233780-001
a	Plan name	KUCK MECHANICAL 401(K) P/S PLAN	
b	Name of plan sponsor	KUCK MECHANICAL 401(K) P/S PLAN	c EIN-PN 84-1510595-001
a	Plan name	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	
b	Name of plan sponsor	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	c EIN-PN 37-0217351-001

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	NECAIBEW PENSION BENEFIT TRUST FUND	
b	Name of plan sponsor	NECAIBEW PENSION BENEFIT TRUST FUND	c EIN-PN 43-6184756-001
a	Plan name	IBEWNECA RETIREMENT PLAN (LOCAL 257)	
b	Name of plan sponsor	IBEWNECA RETIREMENT PLAN (LOCAL 257)	c EIN-PN 43-1188395-001
a	Plan name	ELECTRICIANS' SALARY DEFERRAL PLAN OF LOCAL 1, IBEW ST LOUIS	
b	Name of plan sponsor	ELECTRICIANS SALARY DEFERRAL PLAN OF LOCAL 1, IBEW ST LOUIS	c EIN-PN 43-1529993-001
a	Plan name	LOCAL NO. 1 IBEW PENSION BENEFIT TRUST FUND	
b	Name of plan sponsor	LOCAL NO. 1 IBEW PENSION BENEFIT TRUST FUND	c EIN-PN 43-6032286-001
a	Plan name	SOUTHEAST TEXAS CLASSIC AUTO	
b	Name of plan sponsor	SOUTHEAST TEXAS CLASSIC AUTO	c EIN-PN 76-0603797-001
a	Plan name	YODER'S MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YODERS MEATS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 23-1925665-001
a	Plan name	WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor	WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	c EIN-PN 54-0922889-001
a	Plan name	BAKKER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	BAKKER CONSTRUCTION, INC. 401(K) PLAN	c EIN-PN 27-3110355-001
a	Plan name	DATATILITY, INC. 401(K) PLAN	
b	Name of plan sponsor	DATATILITY, INC. 401(K) PLAN	c EIN-PN 01-0918693-001
a	Plan name	LOBSTER MAINEIA RETIREMENT TRUST	
b	Name of plan sponsor	LOBSTER MAINEIA RETIREMENT TRUST	c EIN-PN 46-2021351-001
a	Plan name	EVERGREEN ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN ENGINEERS 401(K) PLAN	c EIN-PN 88-1006711-001
a	Plan name	RETIREMINT PEP BY SENSUS HEALTHCARE, INC.	
b	Name of plan sponsor	RETIREMINT PEP BY SENSUS HEALTHCARE, INC.	c EIN-PN 27-1647271-001

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 RETIREMINT PEP BY GUARDIAN RECOVERY NETWORK HOLDINGS, LLC	
b	Name of plan sponsor RETIREMINT PEP BY GUARDIAN RECOVERY NETWORK HOLDINGS, LLC	c EIN-PN 82-3401880-001
a	Plan name RETIREMINT PEP BY HCM UNLOCKED	
b	Name of plan sponsor RETIREMINT PEP BY HCM UNLOCKED	c EIN-PN 83-0627349-001
a	Plan name VECTOR LABORATORIES 401(K) PLAN	
b	Name of plan sponsor VECTOR LABORATORIES 401(K) PLAN	c EIN-PN 94-2519610-001
a	Plan name CITIZENS DISABILITY 401(K) PLAN	
b	Name of plan sponsor CITIZENS DISABILITY 401(K) PLAN	c EIN-PN 27-2970935-001
a	Plan name TRICAL GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor TRICAL GROUP 401(K) SAVINGS PLAN	c EIN-PN 83-3977647-001
a	Plan name CIRKS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor CIRKS CONSTRUCTION, INC. 401(K) PLAN	c EIN-PN 33-0803265-001
a	Plan name ST. PAUL PLUMBING AND HEATING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ST. PAUL PLUMBING AND HEATING CO., INC. PROFIT SHARING PLAN	c EIN-PN 41-0724977-001
a	Plan name A.J. VENEKLASEN CONSTRUCTION, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor A.J. VENEKLASEN CONSTRUCTION, INC. PROFIT SHARING AND RETIREMENT SAVIN	c EIN-PN 38-2235740-001
a	Plan name LANDMARK BANCORP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LANDMARK BANCORP, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 43-1930755-001
a	Plan name H. EIKENHOUT AND SONS, INC. 401(K) PLAN	
b	Name of plan sponsor H. EIKENHOUT AND SONS, INC. 401(K) PLAN	c EIN-PN 38-1967099-001
a	Plan name WANDP MANAGEMENT PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor WANDP MANAGEMENT PROFIT SHARING AND 401(K) PLAN	c EIN-PN 38-3639540-001
a	Plan name EKF 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EKF 401(K) RETIREMENT PLAN	c EIN-PN 45-3356270-001

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 BOLTON PARTNERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BOLTON PARTNERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 52-1231144-001
a	Plan name SHOPE RENO WHARTON LLC 401K PLAN	
b	Name of plan sponsor SHOPE RENO WHARTON LLC 401K PLAN	c EIN-PN 06-1036635-001
a	Plan name GEO. M. MARTIN COMPANY SECTION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor GEO. M. MARTIN COMPANY SECTION 401(K) SAVINGS AND RETIREMENT PLAN	c EIN-PN 94-1379226-001
a	Plan name IDAHO FREEZPAK CORP. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor IDAHO FREEZPAK CORP. PROFIT SHARING 401(K) PLAN	c EIN-PN 11-2939988-001
a	Plan name IDAHO FREEZPAK CORP. UNION 401(K) PLAN	
b	Name of plan sponsor IDAHO FREEZPAK CORP. UNION 401(K) PLAN	c EIN-PN 11-2939988-001
a	Plan name NATIONAL ACCOUNT SERVICE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor NATIONAL ACCOUNT SERVICE COMPANY 401(K) SAVINGS PLAN	c EIN-PN 58-1767730-001
a	Plan name OPERATING ENGINEERS LOCAL 520 ANNUITY PLAN	
b	Name of plan sponsor OPERATING ENGINEERS LOCAL 520 ANNUITY PLAN	c EIN-PN 37-1328217-001
a	Plan name BENNETT LUMBER PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor BENNETT LUMBER PRODUCTS, INC. 401(K) PLAN	c EIN-PN 91-0726966-001
a	Plan name THE APMP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE APMP RETIREMENT SAVINGS PLAN	c EIN-PN 87-0469987-001
a	Plan name INDEPENDENT LUBRICANT MANUFACTURERS ASSN 401(K) P/S PLAN	
b	Name of plan sponsor INDEPENDENT LUBRICANT MANUFACTURERS ASSN 401(K) P/S PLAN	c EIN-PN 44-0554072-001
a	Plan name HEART FAILURE SOCIETY OF AMERICA 401(K) PLAN	
b	Name of plan sponsor HEART FAILURE SOCIETY OF AMERICA 401(K) PLAN	c EIN-PN 06-1416238-001
a	Plan name NEVADA JUSTICE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor NEVADA JUSTICE ASSOCIATION 401(K) PLAN	c EIN-PN 88-0138768-001

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	NATIONAL ASSOCIATION OF TAX PROFESSIONALS EMPLOYEE PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF TAX PROFESSIONALS EMPLOYEE PROFIT SHARING AND	c EIN-PN 39-1342053-001
a	Plan name	IDSA 401(K) PLAN	
b	Name of plan sponsor	IDSA 401(K) PLAN	c EIN-PN 13-2517431-001
a	Plan name	NATIONAL ASSOCIATION FOR PROTON THERAPY 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION FOR PROTON THERAPY 401(K) PLAN	c EIN-PN 54-1519061-001
a	Plan name	PGCAR 401(K) PLAN	
b	Name of plan sponsor	PGCAR 401(K) PLAN	c EIN-PN 52-0692242-001
a	Plan name	TEXAS DENTAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	TEXAS DENTAL ASSOCIATION 401(K) PLAN	c EIN-PN 75-0608460-001
a	Plan name	TCA 401(K) PLAN	
b	Name of plan sponsor	TCA 401(K) PLAN	c EIN-PN 74-2885694-001
a	Plan name	SOUTHERN FOREST PRODUCTS ASSOCIATION EMPLOYEES SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	SOUTHERN FOREST PRODUCTS ASSOCIATION EMPLOYEES SAVINGS INCENTIVE PLAN	c EIN-PN 72-0322750-001
a	Plan name	ASSOCIATION FOR MATERIALS PROTECTION AND PERFORMANCE	
b	Name of plan sponsor	ASSOCIATION FOR MATERIALS PROTECTION AND PERFORMANCE	c EIN-PN 45-3527806-001
a	Plan name	ACMA 401(K) PLAN	
b	Name of plan sponsor	ACMA 401(K) PLAN	c EIN-PN 52-1144059-001
a	Plan name	IPSIS 401(K) PLAN	
b	Name of plan sponsor	IPSIS 401(K) PLAN	c EIN-PN 94-3160988-001
a	Plan name	ALPHA GAMMA RHO 401(K) PLAN	
b	Name of plan sponsor	ALPHA GAMMA RHO 401(K) PLAN	c EIN-PN 37-0152080-001
a	Plan name	DELTA DELTA DELTA 401(K) PLAN	
b	Name of plan sponsor	DELTA DELTA DELTA 401(K) PLAN	c EIN-PN 36-2374316-001

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	USA RICE FEDERATION 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	USA RICE FEDERATION 401(K)/PROFIT SHARING PLAN	c EIN-PN 54-1727616-001
a	Plan name	WAMIC 401(K) PLAN	
b	Name of plan sponsor	WAMIC 401(K) PLAN	c EIN-PN 39-1140747-001
a	Plan name	ASIS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	ASIS INTERNATIONAL RETIREMENT PLAN	c EIN-PN 53-0234507-001
a	Plan name	HUMANE RESCUE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HUMANE RESCUE ALLIANCE 401(K) PLAN	c EIN-PN 53-0219724-001
a	Plan name	ENTOMOLOGICAL SOCIETY OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	ENTOMOLOGICAL SOCIETY OF AMERICA 401(K) PLAN	c EIN-PN 52-0622480-001
a	Plan name	ASSOCIATION OF ACADEMIC PHYSIATRISTS 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATION OF ACADEMIC PHYSIATRISTS 401(K) PLAN	c EIN-PN 31-1145375-001
a	Plan name	NATIONAL INVESTMENT CENTER FOR SENIORS HOUSING AND CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL INVESTMENT CENTER FOR SENIORS HOUSING AND CARE 401(K) PROFIT	c EIN-PN 52-1802714-001
a	Plan name	NATIONAL SOCIETY OF PUBLIC ACC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	NATIONAL SOCIETY OF PUBLIC ACC 401(K) PROFIT SHARING PLAN TRUST	c EIN-PN 53-0219755-001
a	Plan name	EDUCATION FINANCE COUNCIL, INC. 401(K)	
b	Name of plan sponsor	EDUCATION FINANCE COUNCIL, INC. 401(K)	c EIN-PN 52-1801566-001
a	Plan name	AMERICAN ART THERAPY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	AMERICAN ART THERAPY ASSOCIATION 401(K) PLAN	c EIN-PN 36-3823033-001
a	Plan name	CONSTRUCTION SPECIFICATIONS INSTITUTE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSTRUCTION SPECIFICATIONS INSTITUTE RETIREMENT SAVINGS PLAN	c EIN-PN 53-0242938-001
a	Plan name	PSYCHONOMIC SOCIETY 401(K) PLAN	
b	Name of plan sponsor	PSYCHONOMIC SOCIETY 401(K) PLAN	c EIN-PN 95-6195800-001

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	MAGNET SCHOOLS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	MAGNET SCHOOLS OF AMERICA 401(K) PLAN	c EIN-PN 76-0428386-001
a	Plan name	AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES 401(K) PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES 401(K) PLAN	c EIN-PN 53-0026940-001
a	Plan name	AMERICAN BUS ASSOCIATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	AMERICAN BUS ASSOCIATION 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 53-0114680-001
a	Plan name	AWI MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AWI MANAGEMENT CORPORATION 401(K) PLAN	c EIN-PN 20-8570246-001
a	Plan name	WAUNAKEE VETERINARY SERVICES, S.C. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	WAUNAKEE VETERINARY SERVICES, S.C. 401(K) SAFE HARBOR PLAN	c EIN-PN 39-1186036-001
a	Plan name	GOVERNMENT ACQUISITIONS, INC. 401(K) SAV PLAN	
b	Name of plan sponsor	GOVERNMENT ACQUISITIONS, INC. 401(K) SAV PLAN	c EIN-PN 31-1269379-001
a	Plan name	BOSTON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSTON, INC. PROFIT SHARING PLAN	c EIN-PN 39-1493231-001
a	Plan name	ZIPP AND TANNENBAUM PROFIT SHARING PLAN	
b	Name of plan sponsor	ZIPP AND TANNENBAUM PROFIT SHARING PLAN	c EIN-PN 22-3771630-001
a	Plan name	SHAWNEE HEATING AND COOLING 401(K) PLAN	
b	Name of plan sponsor	SHAWNEE HEATING AND COOLING 401(K) PLAN	c EIN-PN 48-0951352-001
a	Plan name	KANSAS CITY PSYCHIATRIC GROUP, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KANSAS CITY PSYCHIATRIC GROUP, P.A. 401K PROFIT SHARING PLAN	c EIN-PN 48-1107374-001
a	Plan name	BIOMICROBICS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BIOMICROBICS GROUP 401(K) RETIREMENT PLAN	c EIN-PN 48-1182296-001
a	Plan name	STEEL TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STEEL TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	c EIN-PN 61-0712014-001

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 PEARSON RETIREMENT PLAN 401(K)	
b Name of plan sponsor	THE PEARSON RETIREMENT PLAN 401(K)	c EIN-PN 51-0261654-001

a Plan name	CITY OF TEHACHAPI 457(B) PLAN	
b Name of plan sponsor	CITY OF TEHACHAPI 457(B) PLAN	c EIN-PN 95-6000801-001

a Plan name	AVON PERSONAL SAVINGS ACCOUNT PLAN	
b Name of plan sponsor	AVON PERSONAL SAVINGS ACCOUNT PLAN	c EIN-PN 13-0544597-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan T. ROWE PRICE U.S. MID CAP GROWTH EQUITY FUND (IS PLATFORM)(SA4BT)	B Three-digit plan number (PN) ▶ 848
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)	410998 203669
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22649677 15808220
(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)	193728 258981
(B) Common	1c(4)(B)	322143671 574052891
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	345398074	590323761
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12449217	64624
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12449217	64624
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	332948857	590259137

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)	1087222	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1087222
(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)	3136576	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3136576
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9414897	
(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)	46363220	
(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	-11971
d Total income. Add all income amounts in column (b) and enter total	2d	59989944

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)	60290
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	3025858
(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)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3086148
j Total expenses. Add all expense amounts in column (b) and enter total	2j	3086148

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	56903796
l Transfers of assets:		
(1) To this plan	2l(1)	536721550
(2) From this plan	2l(2)	336315066

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 _____.