

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>LARGE CAP GROWTH II FUND (MANAGED BY ALLIANCEBERNSTEIN) (SACG)</u>	1b Three-digit plan number (PN) ▶ <u>128</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY</u> <u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u>	2b Employer Identification Number (EIN) <u>06-1050034</u> 2c Plan Sponsor's telephone number <u>800-338-4015</u> 2d Business code (see instructions)
<u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u>	

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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>MICHAEL LEWIS</u>
	Signature of DFE	Date	Enter name of individual signing as 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	
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 PRUDENTIAL SHORT-TERM BOND FUND - SA20	4b EIN	
	4d PN 041	
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.....	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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>LARGE CAP GROWTH II FUND (MANAGED BY ALLIANCEBERNSTEIN) (SACG)</u>	B Three-digit plan number (PN)	<u>128</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	ISC GROUP, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ISC GROUP, INC. 401(K) PLAN AND TRUST	c EIN-PN 75-2290811-001
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	APOLLON DYNAMIC RISK MANAGED PEP BY LORI'S GIFTS, INC.	
b	Name of plan sponsor	APOLLON DYNAMIC RISK MANAGED PEP BY LORIS GIFTS, INC.	c EIN-PN 75-2217016-001
a	Plan name	10 ELEVEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	10 ELEVEN 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4888466-001
a	Plan name	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 86-3775868-001
a	Plan name	SLAB MASTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLAB MASTERS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 37-1303237-001
a	Plan name	ATLAS AEROSPACE, LLC 401(K) PLAN	
b	Name of plan sponsor	ATLAS AEROSPACE, LLC 401(K) PLAN	c EIN-PN 20-3592321-001
a	Plan name	FRESH EXPRESS PLANT WORKERS SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FRESH EXPRESS PLANT WORKERS SAVINGS AND INVESTMENT PLAN	c EIN-PN 94-2591533-001
a	Plan name	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN CHQ	
b	Name of plan sponsor	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN CHQ	c EIN-PN 04-1923360-001
a	Plan name	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN FEX	
b	Name of plan sponsor	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN FEX	c EIN-PN 94-2591533-001
a	Plan name	RED LOBSTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) RETIREMENT PLAN	c EIN-PN 46-5134308-001
a	Plan name	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	c EIN-PN 46-5134308-001

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	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	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	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	COMFORT SYSTEMS USA, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	COMFORT SYSTEMS USA, INC. PREVAILING WAGE PLAN	c EIN-PN 76-0526487-001
a	Plan name	COMFORT SYSTEMS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	COMFORT SYSTEMS USA, INC. 401(K) PLAN	c EIN-PN 76-0526487-001
a	Plan name	SO MARYLAND ELECTRIC COOP INC 02	
b	Name of plan sponsor	SO MARYLAND ELECTRIC COOP INC 02	c EIN-PN 52-0492367-001
a	Plan name	SO MARYLAND ELECTRIC COOP INC	
b	Name of plan sponsor	SO MARYLAND ELECTRIC COOP INC	c EIN-PN 52-0492367-001
a	Plan name	CARROLS CORPORATION	
b	Name of plan sponsor	CARROLS CORPORATION	c EIN-PN 16-0958146-001
a	Plan name	AAMERICAN MACHINE AND ASSEMBLY CO. 401(K) PLAN	
b	Name of plan sponsor	AAMERICAN MACHINE AND ASSEMBLY CO. 401(K) PLAN	c EIN-PN 36-3741509-001
a	Plan name	COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	c EIN-PN 56-2084642-001
a	Plan name	THE ONE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	
b	Name of plan sponsor	THE ONE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	c EIN-PN 13-3857259-001
a	Plan name	GRAY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAY ENGINEERING, INC. 401(K) PLAN	c EIN-PN 74-2533901-001

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	EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 36-3686723-001
a	Plan name	RENU LLC 401(K) PLAN	
b	Name of plan sponsor	RENU LLC 401(K) PLAN	c EIN-PN 85-2645758-001
a	Plan name	TRAVIS COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor	TRAVIS COMPANIES, INC. 401(K) PLAN	c EIN-PN 26-1803743-001
a	Plan name	PAUL TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	PAUL TRANSPORTATION, INC. 401(K) PLAN	c EIN-PN 71-0921816-001
a	Plan name	HIGHDIVE ADVERTISING, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHDIVE ADVERTISING, LLC 401(K) PLAN	c EIN-PN 81-3176227-001
a	Plan name	STINGRAY BOAT COMPANY 401(K) PLAN	
b	Name of plan sponsor	STINGRAY BOAT COMPANY 401(K) PLAN	c EIN-PN 57-0682030-001
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	VIRGINIA PHYSICIANS, INC. 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PHYSICIANS, INC. 401(K) PLAN	c EIN-PN 54-0883363-001
a	Plan name	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4770616-001
a	Plan name	CONAM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONAM 401(K) RETIREMENT PLAN	c EIN-PN 95-3809553-001
a	Plan name	NEWFIELD NATIONAL BANK 401(K) PLAN	
b	Name of plan sponsor	NEWFIELD NATIONAL BANK 401(K) PLAN	c EIN-PN 21-0451020-001
a	Plan name	THE HOGAN FAMILY FOUNDATION, INC SALARY SAVINGS PLAN	
b	Name of plan sponsor	THE HOGAN FAMILY FOUNDATION, INC SALARY SAVINGS PLAN	c EIN-PN 36-4254944-001

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	PLEASANT TRAVEL SERVICE SALARY SAVINGS PLAN	
b	Name of plan sponsor	PLEASANT TRAVEL SERVICE SALARY SAVINGS PLAN	c EIN-PN 95-2222689-001
a	Plan name	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
b	Name of plan sponsor	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	c EIN-PN 04-2103221-001
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	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	BOILERMAKERS LOCAL LODGE NO.5	
b	Name of plan sponsor	BOILERMAKERS LOCAL LODGE NO.5	c EIN-PN 13-6106830-001
a	Plan name	CAMBRIAN COAL LLC 401(K) PLAN	
b	Name of plan sponsor	CAMBRIAN COAL LLC 401(K) PLAN	c EIN-PN 61-1373394-001
a	Plan name	KING AMERICAN AMBULANCE CO.	
b	Name of plan sponsor	KING AMERICAN AMBULANCE CO.	c EIN-PN 94-1279326-001
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	COSTA CRUISE LINES N.V.	
b	Name of plan sponsor	COSTA CRUISE LINES N.V.	c EIN-PN 65-0221239-001
a	Plan name	MORRIS EXPORT CRATING COMPANY	
b	Name of plan sponsor	MORRIS EXPORT CRATING COMPANY	c EIN-PN 76-0064753-001
a	Plan name	BOSTON SHIPPING ASSOCIATION	
b	Name of plan sponsor	BOSTON SHIPPING ASSOCIATION	c EIN-PN 04-2034907-001
a	Plan name	BUCHANAN MARINE LTD PARTNERSHIP UNION EMPLOYEES 401(K) RET PLAN	
b	Name of plan sponsor	BUCHANAN MARINE LTD PARTNERSHIP UNION EMPLOYEES 401(K) RET PLAN	c EIN-PN 06-1008149-001

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 HILLBEHAN LUMBER COMPANY	
b	Name of plan sponsor HILLBEHAN LUMBER COMPANY	c EIN-PN 43-0322480-001
a	Plan name PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	
b	Name of plan sponsor PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	c EIN-PN 58-0873934-001
a	Plan name SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	c EIN-PN 83-1939971-001
a	Plan name WORTH CONSTRUCTION CO., INC.	
b	Name of plan sponsor WORTH CONSTRUCTION CO., INC.	c EIN-PN 22-2189724-001
a	Plan name PETER RABBIT FARMS	
b	Name of plan sponsor PETER RABBIT FARMS	c EIN-PN 95-1983871-001
a	Plan name INFORMATION MGT INT'L, INC.	
b	Name of plan sponsor INFORMATION MGT INTL, INC.	c EIN-PN 94-2798165-001
a	Plan name NATIONAL FIRE ADJUSTMENT	
b	Name of plan sponsor NATIONAL FIRE ADJUSTMENT	c EIN-PN 16-0978385-001
a	Plan name NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN	c EIN-PN 16-0978385-001
a	Plan name CHARTER FABRICS INC	
b	Name of plan sponsor CHARTER FABRICS INC	c EIN-PN 13-1960237-001
a	Plan name SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	c EIN-PN 35-1085180-001
a	Plan name NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	c EIN-PN 53-0175414-001
a	Plan name ROMMEL COMPANIES 401K	
b	Name of plan sponsor ROMMEL COMPANIES 401K	c EIN-PN 52-1952278-001

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	TRI CITY NATIONAL BANK 401(K) RETIREMENT SAVING PLAN	
b	Name of plan sponsor	TRI CITY NATIONAL BANK 401(K) RETIREMENT SAVING PLAN	c EIN-PN 39-1158740-001
a	Plan name	APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLDINGS, LLC	
b	Name of plan sponsor	APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLDINGS, LLC	c EIN-PN 46-1497939-001
a	Plan name	CNC FOUNDATIONS RETIREMENT PLAN	
b	Name of plan sponsor	CNC FOUNDATIONS RETIREMENT PLAN	c EIN-PN 83-2409946-001
a	Plan name	COMPANION ASSOCIATES INC. 401(K) P/S PLAN	
b	Name of plan sponsor	COMPANION ASSOCIATES INC. 401(K) P/S PLAN	c EIN-PN 58-2351307-001
a	Plan name	HANKINS PLASTIC SURGERY 401(K) PLAN	
b	Name of plan sponsor	HANKINS PLASTIC SURGERY 401(K) PLAN	c EIN-PN 26-4281396-001
a	Plan name	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 82-3706323-001
a	Plan name	MEASURE LEARNING 401(K) PLAN	
b	Name of plan sponsor	MEASURE LEARNING 401(K) PLAN	c EIN-PN 27-1893486-001
a	Plan name	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	
b	Name of plan sponsor	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	c EIN-PN 34-4266170-001
a	Plan name	ACCION LABS US 401(K) PLAN	
b	Name of plan sponsor	ACCION LABS US 401(K) PLAN	c EIN-PN 47-0520375-001
a	Plan name	GREGORY, DOYLE, CALHOUN AND ROGERS, LLC PROFESSIONALS 401(K) PLAN	
b	Name of plan sponsor	GREGORY, DOYLE, CALHOUN AND ROGERS, LLC PROFESSIONALS 401(K) PLAN	c EIN-PN 26-3656506-001
a	Plan name	GREGORY, DOYLE, CALHOUN AND ROGERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREGORY, DOYLE, CALHOUN AND ROGERS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 26-3656506-001
a	Plan name	RANGEWATER 401(K) PLAN	
b	Name of plan sponsor	RANGEWATER 401(K) PLAN	c EIN-PN 26-3956259-001

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 ZINGERMAN'S COMMUNITY OF BUSINESSES EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor ZINGERMANS COMMUNITY OF BUSINESSES EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name ZINGERMAN'S COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ZINGERMANS COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name FRAGOMEN, DEL REY, BERNSSEN AND LOEWY, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRAGOMEN, DEL REY, BERNSSEN AND LOEWY, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 13-2726464-001
a	Plan name BARTLETT COCKE GENERAL CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor BARTLETT COCKE GENERAL CONTRACTORS 401(K) PLAN	c EIN-PN 74-1654769-001
a	Plan name BANDD INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BANDD INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 85-0196391-001
a	Plan name ARTHUR J GALLAGHER AND CO	
b	Name of plan sponsor ARTHUR J GALLAGHER AND CO	c EIN-PN 36-2481781-001
a	Plan name FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	
b	Name of plan sponsor FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	c EIN-PN 06-1566311-001
a	Plan name FUJIFILM GROUP PENSION PLAN	
b	Name of plan sponsor FUJIFILM GROUP PENSION PLAN	c EIN-PN 11-3757275-001
a	Plan name MEDIANEWS GROUP PENSION PLAN	
b	Name of plan sponsor MEDIANEWS GROUP PENSION PLAN	c EIN-PN 76-0425553-001
a	Plan name NTN EMPLOYEES PENSION PLAN	
b	Name of plan sponsor NTN EMPLOYEES PENSION PLAN	c EIN-PN 36-3726692-001
a	Plan name NTNBCA CORP PENSION PL HRLYGREENSBURG	
b	Name of plan sponsor NTNBCA CORP PENSION PL HRLYGREENSBURG	c EIN-PN 36-3726692-001
a	Plan name NTNPOWER CORP PENSION PL HRLYHAMILTON	
b	Name of plan sponsor NTNPOWER CORP PENSION PL HRLYHAMILTON	c EIN-PN 36-3726692-001

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	PATELCO CREDIT UNION PENSION PLAN	
b	Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	c EIN-PN 94-0755684-001
a	Plan name	RET PLAN FOR EES OF ADVANCE ROSS CORP	
b	Name of plan sponsor	RET PLAN FOR EES OF ADVANCE ROSS CORP	c EIN-PN 36-0707560-001
a	Plan name	RETIREMENT PLAN FOR EES OF SMECO	
b	Name of plan sponsor	RETIREMENT PLAN FOR EES OF SMECO	c EIN-PN 52-0492367-001
a	Plan name	SHEET METAL WORKERS LOCAL #194	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL #194	c EIN-PN 23-2203610-001
a	Plan name	STAHL USA INC PENSION PLAN	
b	Name of plan sponsor	STAHL USA INC PENSION PLAN	c EIN-PN 04-3584961-001
a	Plan name	TOWN OF WATERTOWN	
b	Name of plan sponsor	TOWN OF WATERTOWN	c EIN-PN 06-6002122-001
a	Plan name	TOWN OF WATERTOWN POLICE	
b	Name of plan sponsor	TOWN OF WATERTOWN POLICE	c EIN-PN 06-6002122-001
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		
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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LARGE CAP GROWTH II FUND (MANAGED BY ALLIANCEBERNSTEIN) (SACG)</u>	B Three-digit plan number (PN) ▶ <u>128</u>
C Plan 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	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)	1398395
		80234
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20230325
(2) U.S. Government securities	1c(2)	10009078
(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)	497231467
(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	518860187	684956948
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1014835	105489
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1014835	105489
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	517845352	684851459

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)	772140	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		772140
(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)	2992303	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	35851379	
(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)	98707813	
(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	-15958
d Total income. Add all income amounts in column (b) and enter total.....	2d	138307677

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)	61224
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	3010907
(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)	16501
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3088632
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	3088632

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	135219045
l Transfers of assets:		
(1) To this plan.....	2l(1)	126322570
(2) From this plan	2l(2)	94535508

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 _____.