

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: HIGH YIELD BOND PRUDENTIAL FUND (SACSF)
1b Three-digit plan number (PN): 300
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 SMALL CAP VALUE SILVERCREST ASSET MANAGEMENT SABSC | 4b EIN 4d PN 126 |
| 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> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan <u>HIGH YIELD BOND PRUDENTIAL FUND (SACSF)</u> | B Three-digit plan number (PN) | <u>300</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u> | D Employer Identification Number (EIN) <u>06-1050034</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

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

| 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 | KENNERLY, LAMISHAW AND ROSSI LLP | |
| b | Name of plan sponsor | KENNERLY, LAMISHAW AND ROSSI LLP | c EIN-PN 86-0529793-001 |
| a | Plan name | PERSONIFY HEALTH, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PERSONIFY HEALTH, INC. 401(K) PLAN | c EIN-PN 20-2547480-001 |
| a | Plan name | GLOBAL MEDICAL RESPONSE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GLOBAL MEDICAL RESPONSE, INC. 401(K) PLAN | c EIN-PN 20-1305023-001 |
| a | Plan name | AMERICAN MEDICAL RESPONSE HAWAII MONEY PURCHASE PLAN | |
| b | Name of plan sponsor | AMERICAN MEDICAL RESPONSE HAWAII MONEY PURCHASE PLAN | c EIN-PN 20-1305023-001 |
| a | Plan name | EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | EVERGLADES COLLEGE, INC. RETIREMENT SAVINGS PLAN | c EIN-PN 65-0216638-001 |
| a | Plan name | HILEX EMPLOYEES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | HILEX EMPLOYEES RETIREMENT SAVINGS PLAN | c EIN-PN 38-2073086-001 |
| a | Plan name | BNG ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BNG ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN | c EIN-PN 95-2790684-001 |
| a | Plan name | NTS TECHNICAL SYSTEMS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NTS TECHNICAL SYSTEMS, LLC 401(K) PROFIT SHARING PLAN | c EIN-PN 95-2780647-001 |
| a | Plan name | MXR IMAGING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MXR IMAGING, INC. 401(K) PROFIT SHARING PLAN | c EIN-PN 95-2295473-001 |
| a | Plan name | CONIFER HOLDINGS INC. 401K PLAN | |
| b | Name of plan sponsor | CONIFER HOLDINGS INC. 401K PLAN | c EIN-PN 27-1298795-001 |
| a | Plan name | NEWFORMA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NEWFORMA, INC. 401(K) PLAN | c EIN-PN 20-0400003-001 |
| a | Plan name | ACENTEK 401(K) PLAN | |
| b | Name of plan sponsor | ACENTEK 401(K) PLAN | c EIN-PN 41-0711571-001 |

| 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 HOFFMAN ENTERPRISES 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor HOFFMAN ENTERPRISES 401(K) SAVINGS PLAN | c EIN-PN 06-1012275-001 |
| a | Plan name FRAGOMEN, DEL REY, BERNSEN AND LOEWY, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FRAGOMEN, DEL REY, BERNSEN AND LOEWY, LLP 401(K) PROFIT SHARING PLAN | c EIN-PN 13-2726464-001 |
| a | Plan name MACGREGOR 401(K) PLAN | |
| b | Name of plan sponsor MACGREGOR 401(K) PLAN | c EIN-PN 46-3622213-001 |
| a | Plan name LOCKHEED MARTIN EVOLVE 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor LOCKHEED MARTIN EVOLVE 401(K) SAVINGS PLAN | c EIN-PN 92-2315665-001 |
| 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 COLLING GILBERT WRIGHT 401(K) AND P/S PLAN | |
| b | Name of plan sponsor COLLING GILBERT WRIGHT 401(K) AND P/S PLAN | c EIN-PN 20-2159235-001 |
| a | Plan name BRINDLEE FIRE SERVICES LLC 401(K) PLAN | |
| b | Name of plan sponsor BRINDLEE FIRE SERVICES LLC 401(K) PLAN | c EIN-PN 99-3290663-001 |
| a | Plan name HARRIS AND FORD, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor HARRIS AND FORD, LLC 401(K) RETIREMENT PLAN | c EIN-PN 35-1909612-001 |
| a | Plan name KID GLOVE WAREHOUSING, LLC 401(K) PLAN | |
| b | Name of plan sponsor KID GLOVE WAREHOUSING, LLC 401(K) PLAN | c EIN-PN 47-1999055-001 |
| a | Plan name PRAESES 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor PRAESES 401(K) RETIREMENT SAVINGS PLAN | c EIN-PN 20-8083840-001 |
| a | Plan name MEDICAL REHABILITATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor MEDICAL REHABILITATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 25-1215843-001 |
| a | Plan name GLOBAL MARITEK SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor GLOBAL MARITEK SYSTEMS, INC. 401(K) PLAN | c EIN-PN 36-4526480-001 |

| 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 | NEI GENERAL CONTRACTING INC 401(K) PLAN | |
| b | Name of plan sponsor | NEI GENERAL CONTRACTING INC 401(K) PLAN | c EIN-PN 04-3409881-001 |
| a | Plan name | BURKES MECHANICAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BURKES MECHANICAL, INC. 401(K) PLAN | c EIN-PN 63-0934099-001 |
| a | Plan name | RANGEWATER 401(K) PLAN | |
| b | Name of plan sponsor | RANGEWATER 401(K) PLAN | c EIN-PN 26-3956259-001 |
| a | Plan name | AVNA INC, PROFIT SHARING 401(K) RETIREMENT. | |
| b | Name of plan sponsor | AVNA INC, PROFIT SHARING 401(K) RETIREMENT. | c EIN-PN 06-1290195-001 |
| a | Plan name | ACCION LABS US 401(K) PLAN | |
| b | Name of plan sponsor | ACCION LABS US 401(K) PLAN | c EIN-PN 37-6046296-001 |
| 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 | 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 | 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 | AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN | c EIN-PN 06-1324808-001 |
| a | Plan name | THE KIECKER CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | THE KIECKER CORPORATION 401(K) PLAN | c EIN-PN 45-5580045-001 |
| a | Plan name | CASTLE AUTO GROUP 401(K) PLAN | |
| b | Name of plan sponsor | CASTLE AUTO GROUP 401(K) PLAN | c EIN-PN 36-4392164-001 |
| a | Plan name | THE MICROFLEX, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THE MICROFLEX, INC. 401(K) RETIREMENT PLAN | c EIN-PN 06-0924144-001 |

| 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 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 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 JFM ENTERPRISES, INC. | |
| b | Name of plan sponsor JFM ENTERPRISES, INC. | c EIN-PN 36-3803463-001 |
| 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 JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN | c EIN-PN 27-3546895-001 |
| a | Plan name TOYO INK 401(K) PLAN | |
| b | Name of plan sponsor TOYO INK 401(K) PLAN | c EIN-PN 22-2969724-001 |
| a | Plan name NYCDCC | |
| b | Name of plan sponsor NYCDCC | c EIN-PN 51-0174279-001 |
| a | Plan name HOLLOW METAL PENSION FUND SEPARATE BENEFIT ACCOUNT | |
| b | Name of plan sponsor HOLLOW METAL PENSION FUND SEPARATE BENEFIT ACCOUNT | c EIN-PN 11-2758544-001 |
| a | Plan name ACCURATE GAUGE AND MFG., INC. | |
| b | Name of plan sponsor ACCURATE GAUGE AND MFG., INC. | c EIN-PN 38-1845133-001 |
| a | Plan name COSMEC | |
| b | Name of plan sponsor COSMEC | c EIN-PN 04-2389147-001 |
| a | Plan name IBEW LOCAL UNION NO 102 | |
| b | Name of plan sponsor IBEW LOCAL UNION NO 102 | c EIN-PN 22-2347484-001 |
| a | Plan name CES COMPUTER SOLUTIONS, INC. | |
| b | Name of plan sponsor CES COMPUTER SOLUTIONS, INC. | c EIN-PN 11-3046272-001 |

| 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 | ACUSPORT CORP. RETIREMENT PLAN | |
| b | Name of plan sponsor | ACUSPORT CORP. RETIREMENT PLAN | c EIN-PN 34-1355555-001 |
| 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 | ELITECH GROUP INC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ELITECH GROUP INC PROFIT SHARING PLAN | c EIN-PN 87-0284733-001 |
| a | Plan name | ROCCO ALTOBELLI, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ROCCO ALTOBELLI, INC. 401(K) PLAN | c EIN-PN 41-1226659-001 |
| a | Plan name | TEAMSTERSNATIONAL 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | TEAMSTERSNATIONAL 401(K) SAVINGS PLAN | c EIN-PN 52-1967784-001 |
| a | Plan name | ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN | c EIN-PN 06-0703533-001 |
| a | Plan name | THE LOCAL 74 USWU 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | THE LOCAL 74 USWU 401(K) SAVINGS PLAN | c EIN-PN 27-2570808-001 |
| a | Plan name | PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN | c EIN-PN 38-3347788-001 |
| a | Plan name | PROFIT SHARING AND SAVINGS PLAN FOR THE EMPLOYEES OF IE SHAFFER | |
| b | Name of plan sponsor | PROFIT SHARING AND SAVINGS PLAN FOR THE EMPLOYEES OF IE SHAFFER | c EIN-PN 22-1750854-001 |
| a | Plan name | PLASTERERS' LOCAL 8 ANNUITY PLAN | |
| b | Name of plan sponsor | PLASTERERS LOCAL 8 ANNUITY PLAN | c EIN-PN 23-6929739-001 |
| a | Plan name | ROTHMAN GORDON, P.C. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROTHMAN GORDON, P.C. PROFIT SHARING PLAN | c EIN-PN 25-1310422-001 |
| 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 |

| 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 SECURITY BENEFIT FUND AND UFA 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor SECURITY BENEFIT FUND AND UFA 401(K) SAVINGS PLAN | c EIN-PN 13-5456100-001 |
| a | Plan name MONEY PURCHASE PENSION PLAN FOR TRUSTEES OF THE UFA | |
| b | Name of plan sponsor MONEY PURCHASE PENSION PLAN FOR TRUSTEES OF THE UFA | c EIN-PN 13-4108489-001 |
| a | Plan name OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN | |
| b | Name of plan sponsor OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN | c EIN-PN 20-2140560-001 |
| a | Plan name SUN AMERICA LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor SUN AMERICA LLC 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 47-2960116-001 |
| a | Plan name VICO THERAPEUTICS US INC 401(K) PLAN | |
| b | Name of plan sponsor VICO THERAPEUTICS US INC 401(K) PLAN | c EIN-PN 93-4452748-001 |
| a | Plan name PACIFIC PATIO INC 401(K) PLAN | |
| b | Name of plan sponsor PACIFIC PATIO INC 401(K) PLAN | c EIN-PN 20-3159050-001 |
| a | Plan name BRIAN CLINIC, LLP 401(K) PLAN | |
| b | Name of plan sponsor BRIAN CLINIC, LLP 401(K) PLAN | c EIN-PN 72-0477182-001 |
| 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 BELLA VISTA EQUINE VETERINARY SERVICES, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor BELLA VISTA EQUINE VETERINARY SERVICES, LLC 401(K) PROFIT SHARING PLAN | c EIN-PN 27-4629282-001 |
| a | Plan name ADVANCED FAMILY DENTISTRY PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADVANCED FAMILY DENTISTRY PROFIT SHARING PLAN | c EIN-PN 27-1396191-001 |
| a | Plan name A AND R ERECTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor A AND R ERECTORS, INC. 401(K) PLAN | c EIN-PN 35-1823702-001 |
| a | Plan name TEPA PRODUCE INC. 401(K) PLAN | |
| b | Name of plan sponsor TEPA PRODUCE INC. 401(K) PLAN | c EIN-PN 81-1317241-001 |

| 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 | MR. ROOTER 401(K) PLAN | |
| b | Name of plan sponsor | MR. ROOTER 401(K) PLAN | c EIN-PN 20-1910560-001 |
| a | Plan name | JASON D. TORANTO, MD INC. | |
| b | Name of plan sponsor | JASON D. TORANTO, MD INC. | c EIN-PN 47-4846524-001 |
| a | Plan name | COMBINED RESOURCES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | COMBINED RESOURCES, INC. 401(K) PLAN | c EIN-PN 36-3468701-001 |
| a | Plan name | EYAS GROUP 401(K) PLAN | |
| b | Name of plan sponsor | EYAS GROUP 401(K) PLAN | c EIN-PN 86-3128348-001 |
| a | Plan name | LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN | |
| b | Name of plan sponsor | LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN | c EIN-PN 81-5077149-001 |
| a | Plan name | A.C. TOOL AND MACHINE 401(K) PLAN | |
| b | Name of plan sponsor | A.C. TOOL AND MACHINE 401(K) PLAN | c EIN-PN 39-1387862-001 |
| a | Plan name | LIFESTYLES 401(K) PLAN | |
| b | Name of plan sponsor | LIFESTYLES 401(K) PLAN | c EIN-PN 38-1981385-001 |
| a | Plan name | UPSTATE WARRIOR SOLUTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | UPSTATE WARRIOR SOLUTION, INC. 401(K) PLAN | c EIN-PN 46-1699670-001 |
| a | Plan name | JOHANNES BUS SERVICE, INC. | |
| b | Name of plan sponsor | JOHANNES BUS SERVICE, INC. | c EIN-PN 36-2554115-001 |
| a | Plan name | PRESIDENTIAL EXTERIORS 401(K) PLAN | |
| b | Name of plan sponsor | PRESIDENTIAL EXTERIORS 401(K) PLAN | c EIN-PN 47-3930493-001 |
| a | Plan name | EANDL MEAT COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EANDL MEAT COMPANY 401(K) PROFIT SHARING PLAN | c EIN-PN 38-2141947-001 |
| a | Plan name | KOHNNEN AND PATTON, LLP PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KOHNNEN AND PATTON, LLP PROFIT SHARING PLAN | c EIN-PN 31-0845809-001 |

| 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 RECREATE WASTE COLLABORATIVE 401(K) PLAN | |
| b | Name of plan sponsor RECREATE WASTE COLLABORATIVE 401(K) PLAN | c EIN-PN 85-2003170-001 |
| a | Plan name MAVERICK STRATEGIES LLC UNION 401(K) PLAN | |
| b | Name of plan sponsor MAVERICK STRATEGIES LLC UNION 401(K) PLAN | c EIN-PN 88-2554027-001 |
| a | Plan name MAVERICK STRATEGIES LLC 401(K) PLAN | |
| b | Name of plan sponsor MAVERICK STRATEGIES LLC 401(K) PLAN | c EIN-PN 88-2554027-001 |
| a | Plan name ENVIVE HEALTHCARE 401(K) PLAN | |
| b | Name of plan sponsor ENVIVE HEALTHCARE 401(K) PLAN | c EIN-PN 87-1052170-001 |
| a | Plan name BIOWOUND SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor BIOWOUND SOLUTIONS 401(K) PLAN | c EIN-PN 93-4008960-001 |
| a | Plan name INTERIOR GARDEN SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor INTERIOR GARDEN SERVICES, INC. 401(K) PLAN | c EIN-PN 36-3236556-001 |
| a | Plan name FINLEN WARRANTY PROCESSING 401(K) PLAN | |
| b | Name of plan sponsor FINLEN WARRANTY PROCESSING 401(K) PLAN | c EIN-PN 93-3069402-001 |
| a | Plan name GROVE POINT MARINAS 401(K) PLAN | |
| b | Name of plan sponsor GROVE POINT MARINAS 401(K) PLAN | c EIN-PN 83-2916995-001 |
| a | Plan name UNITED DESIGN PARTNERS 401(K) PLAN | |
| b | Name of plan sponsor UNITED DESIGN PARTNERS 401(K) PLAN | c EIN-PN 33-1693231-001 |
| a | Plan name 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 ALLIANCE GLOBAL SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor ALLIANCE GLOBAL SOLUTIONS 401(K) PLAN | c EIN-PN 93-2763736-001 |
| a | Plan name CAZES FAMILY DENTISTRY, LLC 401(K) PLAN | |
| b | Name of plan sponsor CAZES FAMILY DENTISTRY, LLC 401(K) PLAN | c EIN-PN 22-3697881-001 |

| 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 | BARTNIK TRUCKING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BARTNIK TRUCKING, INC. 401(K) PLAN | c EIN-PN 39-1319469-001 |
| 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 | LUDVIK ELECTRIC CO. 401(K) PLAN | |
| b | Name of plan sponsor | LUDVIK ELECTRIC CO. 401(K) PLAN | c EIN-PN 84-0811586-001 |
| a | Plan name | INSPIRED FLIGHT TECHNOLOGIES 401(K) | |
| b | Name of plan sponsor | INSPIRED FLIGHT TECHNOLOGIES 401(K) | c EIN-PN 82-1865089-001 |
| a | Plan name | FAMILY HOME CARE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FAMILY HOME CARE, INC. 401(K) PLAN | c EIN-PN 72-1241996-001 |
| 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 | ROBBINS LLC 401(K) PLAN | |
| b | Name of plan sponsor | ROBBINS LLC 401(K) PLAN | c EIN-PN 82-1080808-001 |
| a | Plan name | PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN | c EIN-PN 15-0611554-001 |
| a | Plan name | TPD PARTNERS 401(K) PLAN | |
| b | Name of plan sponsor | TPD PARTNERS 401(K) PLAN | c EIN-PN 81-1343542-001 |
| a | Plan name | STANTON AUTOMATICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | STANTON AUTOMATICS, INC. 401(K) PLAN | c EIN-PN 16-1250247-001 |
| 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 | SAKR DENTAL ARTS INC. | |
| b | Name of plan sponsor | SAKR DENTAL ARTS INC. | c EIN-PN 59-3501477-001 |

| 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 | FAMILY INVESTORS COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FAMILY INVESTORS COMPANY, INC. 401(K) PLAN | c EIN-PN 22-1715407-001 |
| a | Plan name | VITALIZE LABS LLC 401(K) PLAN | |
| b | Name of plan sponsor | VITALIZE LABS LLC 401(K) PLAN | c EIN-PN 75-3230617-001 |
| a | Plan name | COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 22-2864269-001 |
| a | Plan name | BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 47-4479339-001 |
| a | Plan name | IDAHO TAX AND ACCOUNTING 401(K) PLAN | |
| b | Name of plan sponsor | IDAHO TAX AND ACCOUNTING 401(K) PLAN | c EIN-PN 90-1011766-001 |
| a | Plan name | FRM / BMC 401(K) PLAN | |
| b | Name of plan sponsor | FRM / BMC 401(K) PLAN | c EIN-PN 58-1051947-001 |
| a | Plan name | BROOKS RIGGING CORP. 401 (K) PLAN | |
| b | Name of plan sponsor | BROOKS RIGGING CORP. 401 (K) PLAN | c EIN-PN 16-1077445-001 |
| a | Plan name | PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN | c EIN-PN 15-0611554-001 |
| a | Plan name | VS ENGINEERING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | VS ENGINEERING, INC. 401(K) PLAN | c EIN-PN 35-1494479-001 |
| a | Plan name | GILLAN AND HARTMAN, INC. PROFIT SHARING / 401(K) PLAN | |
| b | Name of plan sponsor | GILLAN AND HARTMAN, INC. PROFIT SHARING / 401(K) PLAN | c EIN-PN 23-1898177-001 |
| a | Plan name | WESTERN FOUNDATIONS AND SHORING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WESTERN FOUNDATIONS AND SHORING, INC. 401(K) PLAN | c EIN-PN 95-3866043-001 |
| a | Plan name | US HEALTHVEST GROUP 401(K) PLAN | |
| b | Name of plan sponsor | US HEALTHVEST GROUP 401(K) PLAN | c EIN-PN 46-5717505-001 |

| 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 | STEVE RICH AND ASSOCIATES INC 401K PLAN | |
| b | Name of plan sponsor | STEVE RICH AND ASSOCIATES INC 401K PLAN | c EIN-PN 22-3536789-001 |
| a | Plan name | AIR FILTRATION SYSTEMS LLC 401(K) PLAN | |
| b | Name of plan sponsor | AIR FILTRATION SYSTEMS LLC 401(K) PLAN | c EIN-PN 04-3414838-001 |
| 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 | RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 20-2318494-001 |
| a | Plan name | THE CIGNA GROUP 401(K) PLAN | |
| b | Name of plan sponsor | THE CIGNA GROUP 401(K) PLAN | c EIN-PN 06-1059331-001 |
| a | Plan name | FLUSHING BANK 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | FLUSHING BANK 401(K) SAVINGS PLAN | c EIN-PN 41-2231564-001 |
| a | Plan name | EMPLOYERS MUTUAL CASUALTY COMPANY 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | EMPLOYERS MUTUAL CASUALTY COMPANY 401(K) SAVINGS PLAN | c EIN-PN 42-0234980-001 |
| a | Plan name | UC HEALTH 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | UC HEALTH 401(K) RETIREMENT SAVINGS PLAN | c EIN-PN 31-1435820-001 |
| a | Plan name | GEODIS USA RETIREMENT PLAN | |
| b | Name of plan sponsor | GEODIS USA RETIREMENT PLAN | c EIN-PN 62-1628798-001 |
| a | Plan name | AKIMA, LLC 401(K) PLAN | |
| b | Name of plan sponsor | AKIMA, LLC 401(K) PLAN | c EIN-PN 27-0072039-001 |
| a | Plan name | RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RUIZ FOOD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | c EIN-PN 94-1626717-001 |
| a | Plan name | SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor | SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN | c EIN-PN 38-2898513-001 |

| 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 | CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST | c EIN-PN 84-3055712-001 |
| a | Plan name | CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN | |
| b | Name of plan sponsor | CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN | c EIN-PN 84-3055712-001 |
| a | Plan name | PROFIT SHARING PLAN OF CADES SCHUTTE (003) | |
| b | Name of plan sponsor | PROFIT SHARING PLAN OF CADES SCHUTTE (003) | c EIN-PN 99-0055190-001 |
| a | Plan name | AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER | |
| b | Name of plan sponsor | AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER | c EIN-PN 25-1613116-001 |
| a | Plan name | ZONES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ZONES, LLC 401(K) PLAN | c EIN-PN 91-1431894-001 |
| a | Plan name | GULF INTERSTATE ENGINEERING COMPANY SAVINGS PLAN | |
| b | Name of plan sponsor | GULF INTERSTATE ENGINEERING COMPANY SAVINGS PLAN | c EIN-PN 74-1387676-001 |
| a | Plan name | FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN | c EIN-PN 30-0431740-001 |
| a | Plan name | COLLIERS ENGINEERING AND DESIGN 401K SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | COLLIERS ENGINEERING AND DESIGN 401K SAVINGS AND RETIREMENT PLAN | c EIN-PN 22-2651610-001 |
| 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 |
| 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 | J.N. WHITE ASSOCIATES, INC. | |
| b | Name of plan sponsor | J.N. WHITE ASSOCIATES, INC. | c EIN-PN 16-1068988-001 |
| a | Plan name | EFPR GROUP LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EFPR GROUP LLP 401(K) PROFIT SHARING PLAN | c EIN-PN 86-1198767-001 |

| 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 SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU SILICONES, INC. | |
| b | Name of plan sponsor SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU SILICONES, INC. | c EIN-PN 95-4015700-001 |
| a | Plan name SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU MAGNETICS | |
| b | Name of plan sponsor SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU MAGNETICS | c EIN-PN 77-0354956-001 |
| 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 401(K) PLAN AND EMPLOYEES TRUST OF ONCOLOGY HEMATOLOGY WEST, P.C. | |
| b | Name of plan sponsor 401(K) PLAN AND EMPLOYEES TRUST OF ONCOLOGY HEMATOLOGY WEST, P.C. | c EIN-PN 47-0754790-001 |
| 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 ASSOCIATED SERVICES CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor ASSOCIATED SERVICES CORPORATION 401(K) PLAN | c EIN-PN 54-1519274-001 |
| a | Plan name MASSACHUSETTS BAR ASSOCIATION DEFINED CONTRIBUTION PENSION PLAN | |
| b | Name of plan sponsor MASSACHUSETTS BAR ASSOCIATION DEFINED CONTRIBUTION PENSION PLAN | c EIN-PN 04-1589785-001 |
| a | Plan name MASSACHUSETTS BAR ASSOCIATION RETIREMENT AND 401(K) PLAN | |
| b | Name of plan sponsor MASSACHUSETTS BAR ASSOCIATION RETIREMENT AND 401(K) PLAN | c EIN-PN 04-1589785-001 |
| a | Plan name JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN | c EIN-PN 47-0591228-001 |
| a | Plan name CONNECTICUT STATE MEDICAL SOCIETY, INC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CONNECTICUT STATE MEDICAL SOCIETY, INC 401(K) PROFIT SHARING PLAN | c EIN-PN 06-0665164-001 |
| a | Plan name AAR PENSION PLAN | |
| b | Name of plan sponsor AAR PENSION PLAN | c EIN-PN 53-6000125-001 |
| a | Plan name AGREX INC | |
| b | Name of plan sponsor AGREX INC | c EIN-PN 48-0803402-001 |

| 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 BRACCO RETIREMENT INCOME PLAN | |
| b | Name of plan sponsor BRACCO RETIREMENT INCOME PLAN | c EIN-PN 22-3303691-001 |
| a | Plan name BURROWS PAPER CORP | |
| b | Name of plan sponsor BURROWS PAPER CORP | c EIN-PN 27-1723368-001 |
| a | Plan name CIGNA PENSION PLAN 1 | |
| b | Name of plan sponsor CIGNA PENSION PLAN 1 | c EIN-PN 06-1059331-001 |
| a | Plan name CITY OF APOPKA FIRE RET TRUST FUND | |
| b | Name of plan sponsor CITY OF APOPKA FIRE RET TRUST FUND | c EIN-PN 59-6000265-888 |
| a | Plan name CITY OF APOPKA GENERAL RET TRUST FUND | |
| b | Name of plan sponsor CITY OF APOPKA GENERAL RET TRUST FUND | c EIN-PN 59-6000265-888 |
| a | Plan name CITY OF APOPKA POLICE RET TRUST FUND | |
| b | Name of plan sponsor CITY OF APOPKA POLICE RET TRUST FUND | c EIN-PN 59-6000265-888 |
| 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 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 GTE FEDERAL CREDIT UNION DB PLAN | |
| b | Name of plan sponsor GTE FEDERAL CREDIT UNION DB PLAN | c EIN-PN 59-0642956-001 |
| a | Plan name JOHNSON NEWSPAPER CORPORATION | |
| b | Name of plan sponsor JOHNSON NEWSPAPER CORPORATION | c EIN-PN 15-0253500-001 |
| a | Plan name MADISON GAS AND ELECTRIC CO 401 H BARGAIN | |
| b | Name of plan sponsor MADISON GAS AND ELECTRIC CO 401 H BARGAIN | c EIN-PN 39-0444025-001 |

| 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 | MADISON GAS AND ELECTRIC CO 401 H SALARY | |
| b | Name of plan sponsor | MADISON GAS AND ELECTRIC CO 401 H SALARY | c EIN-PN 39-0444025-001 |
| a | Plan name | MADISON GAS AND ELECTRIC CO BARG E | |
| b | Name of plan sponsor | MADISON GAS AND ELECTRIC CO BARG E | c EIN-PN 39-0444025-001 |
| a | Plan name | MADISON GAS AND ELECTRIC CO RETIRE | |
| b | Name of plan sponsor | MADISON GAS AND ELECTRIC CO RETIRE | c EIN-PN 39-0444025-001 |
| a | Plan name | MGE RETIREMENT PLAN | |
| b | Name of plan sponsor | MGE RETIREMENT PLAN | c EIN-PN 39-0444025-002 |
| a | Plan name | MGE RETIREMENT PLAN FOR BARGAIN EES | |
| b | Name of plan sponsor | MGE RETIREMENT PLAN FOR BARGAIN EES | c EIN-PN 39-0444025-001 |
| 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 | PENSION PLAN OF FL PUBLIC UTILITIES | |
| b | Name of plan sponsor | PENSION PLAN OF FL PUBLIC UTILITIES | c EIN-PN 59-0539080-888 |
| a | Plan name | PHH CORPORATION PENSION PLAN | |
| b | Name of plan sponsor | PHH CORPORATION PENSION PLAN | c EIN-PN 52-0551284-002 |
| a | Plan name | PILGRIM S PRIDE RET PLAN FOR UNION EES | |
| b | Name of plan sponsor | PILGRIM S PRIDE RET PLAN FOR UNION EES | c EIN-PN 75-1285071-001 |
| 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 | THE MILLER COMPANY PENSION PLAN | |
| b | Name of plan sponsor | THE MILLER COMPANY PENSION PLAN | c EIN-PN 06-1583161-001 |
| a | Plan name | TOWN OF VERNON CONNECTICUT | |
| b | Name of plan sponsor | TOWN OF VERNON CONNECTICUT | c EIN-PN 06-6002112-001 |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan HIGH YIELD BOND PRUDENTIAL FUND (SACSF) | B Three-digit plan number (PN) ▶ 300 |
| C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY | D Employer Identification Number (EIN) 06-1050034 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 8440696 | 10322178 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 11860404 | 8552990 |
| (2) U.S. Government securities | 1c(2) | 17525103 | 29993954 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 304393499 | 358333979 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 5114470 | 6466595 |
| (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) | 588115 | 15247255 |
| (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) | 12120156 | 13252364 |

| 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 | 360042443 | 442169315 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 7570185 | 4002426 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 7570185 | 4002426 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 352472258 | 438166889 |

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) | 27809775 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 27809775 |
| (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) | 1073629 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1073629 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | -2800758 | |
| (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) | 7497617 | |
| (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 | | 33580263 |

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) | 48908 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1108068 | |
| (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) | 10568 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1167544 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1167544 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 32412719 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 110166104 |
| (2) From this plan | 2l(2) | | 56884192 |

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 _____.