

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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, 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 REAL ESTATE COHEN & STEERS FUND (SA5CS), 1b Three-digit plan number (PN) 305, 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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name INTERNATIONAL GROWTH I FUND (MANAGED BY AMERICAN CENTURY)	4b EIN 4d PN 844																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
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6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>REAL ESTATE COHEN & STEERS FUND (SA5CS)</u>	B Three-digit plan number (PN)	<u>305</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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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 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 TAYLOR, PORTER, BROOKS AND PHILLIPS LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor TAYLOR, PORTER, BROOKS AND PHILLIPS LLP PROFIT SHARING 401(K) PLAN	c EIN-PN 72-0402904-001
a	Plan name TAYLOR, PORTER, BROOKS AND PHILLIPS LLP PROFIT SHARING PLAN	
b	Name of plan sponsor TAYLOR, PORTER, BROOKS AND PHILLIPS LLP PROFIT SHARING PLAN	c EIN-PN 72-0402904-001
a	Plan name URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 38-2134622-001
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNIONS SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNIONS SAVINGS A	c EIN-PN 27-1722149-001
a	Plan name THE MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE MGM RESORTS 401(K) SAVINGS PLAN	c EIN-PN 88-0215232-001
a	Plan name AVIVA INVESTORS AMERICAS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor AVIVA INVESTORS AMERICAS SAVINGS AND RETIREMENT PLAN	c EIN-PN 61-1691139-001
a	Plan name ICM VENTURES RETIREMENT PLAN	
b	Name of plan sponsor ICM VENTURES RETIREMENT PLAN	c EIN-PN 82-0574978-001
a	Plan name ROMMEL COMPANIES 401K	
b	Name of plan sponsor ROMMEL COMPANIES 401K	c EIN-PN 52-1952278-001
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 WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	c EIN-PN 53-0259612-001
a	Plan name STANDARD MORTGAGE CORPORATION	
b	Name of plan sponsor STANDARD MORTGAGE CORPORATION	c EIN-PN 72-0593959-001

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 FLAT ROCK METAL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FLAT ROCK METAL, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 38-2372307-001
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 GEORGE E DELALLO COMPANY INC	
b	Name of plan sponsor GEORGE E DELALLO COMPANY INC	c EIN-PN 25-1127339-001
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 J. KNIPPER AND CO PROFIT SHARING	
b	Name of plan sponsor J. KNIPPER AND CO PROFIT SHARING	c EIN-PN 22-2755742-001
a	Plan name HERBERT F. DARLING, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor HERBERT F. DARLING, INC. 401(K) PENSION PLAN	c EIN-PN 16-0927953-001
a	Plan name SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	c EIN-PN 22-2586286-001
a	Plan name IBEW LOCAL 701 RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IBEW LOCAL 701 RETIREMENT SAVINGS PLAN	c EIN-PN 36-3667703-001
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 VOSS MANUFACTURING, INC	
b	Name of plan sponsor VOSS MANUFACTURING, INC	c EIN-PN 16-0967930-001
a	Plan name WISCONSIN NECAIBEW RETIREMENT PLAN	
b	Name of plan sponsor WISCONSIN NECAIBEW RETIREMENT PLAN	c EIN-PN 39-1571911-001
a	Plan name THE SAVINGS PLAN OF GLOBALSTAR, INC	
b	Name of plan sponsor THE SAVINGS PLAN OF GLOBALSTAR, INC	c EIN-PN 41-2116508-001

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	HAWAII CARPENTERS 401(K) FUND	
b	Name of plan sponsor	HAWAII CARPENTERS 401(K) FUND	c EIN-PN 55-0822045-001
a	Plan name	CES COMPUTER SOLUTIONS, INC.	
b	Name of plan sponsor	CES COMPUTER SOLUTIONS, INC.	c EIN-PN 11-3046272-001
a	Plan name	SRC AFFILIATED PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SRC AFFILIATED PROFIT SHARING 401(K) PLAN	c EIN-PN 38-2513133-001
a	Plan name	BENTLY ENTERPRISES, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	BENTLY ENTERPRISES, LLC PROFIT SHARING 401K PLAN	c EIN-PN 88-0088854-001
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	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	
b	Name of plan sponsor	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	c EIN-PN 13-1939362-001
a	Plan name	TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	c EIN-PN 24-0717470-001
a	Plan name	PMP RETIREMENT PLAN	
b	Name of plan sponsor	PMP RETIREMENT PLAN	c EIN-PN 39-1503124-001
a	Plan name	SHAPIRO AND DUNCAN INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	SHAPIRO AND DUNCAN INC. EMPLOYEE 401(K) PLAN	c EIN-PN 52-1069819-001
a	Plan name	AUTOCHLOR SERVICES EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	AUTOCHLOR SERVICES EMPLOYEES SAVINGS PLAN AND TRUST	c EIN-PN 72-0927398-001
a	Plan name	IUJAT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IUJAT 401(K) RETIREMENT PLAN	c EIN-PN 20-5201401-001
a	Plan name	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	c EIN-PN 23-2067171-001

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 BAKER ROCK RESOURCES EMPLOYEE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BAKER ROCK RESOURCES EMPLOYEE 401(K) AND PROFIT SHARING PLAN	c EIN-PN 93-0470624-001
a	Plan name SWIMUSA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SWIMUSA 401(K) RETIREMENT PLAN	c EIN-PN 23-1663062-001
a	Plan name HALOCARBON 401(K) PLAN	
b	Name of plan sponsor HALOCARBON 401(K) PLAN	c EIN-PN 84-2984704-001
a	Plan name WEA MEMBER BENEFITS 401(K) EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor WEA MEMBER BENEFITS 401(K) EMPLOYEES RETIREMENT PLAN	c EIN-PN 39-1767647-001
a	Plan name BHA/WES 401(K) PLAN	
b	Name of plan sponsor BHA/WES 401(K) PLAN	c EIN-PN 47-4473515-001
a	Plan name COMMUNICATIONS WKRS OF AMERICA	
b	Name of plan sponsor COMMUNICATIONS WKRS OF AMERICA	c EIN-PN 13-6212879-001
a	Plan name JEWETT CITY SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor JEWETT CITY SAVINGS BANK RETIREMENT PLAN	c EIN-PN 06-0405020-001
a	Plan name UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	
b	Name of plan sponsor UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	c EIN-PN 16-0869081-001
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
a	Plan name EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 36-4281606-001
a	Plan name NITTO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NITTO 401(K) RETIREMENT PLAN	c EIN-PN 13-2623346-001

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 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 JACK HENRY AND ASSOCIATES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JACK HENRY AND ASSOCIATES, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 43-1128385-001
a	Plan name OSG, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor OSG, INC. SAVINGS AND RETIREMENT PLAN	c EIN-PN 22-3168044-001
a	Plan name JBP CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor JBP CO., INC. 401(K) SAVINGS PLAN	c EIN-PN 76-0312814-001
a	Plan name THE FUGRO 401(K) PLAN	
b	Name of plan sponsor THE FUGRO 401(K) PLAN	c EIN-PN 74-2155798-001
a	Plan name DAWN FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001
a	Plan name DAWN FOODS UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS UNION RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001
a	Plan name LOZIER CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor LOZIER CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 47-0463247-001
a	Plan name LIFEPOINT HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor LIFEPOINT HEALTH, INC. RETIREMENT PLAN	c EIN-PN 20-1538254-001
a	Plan name JONESTRADING INSTITUTIONAL SERVICES LLC 401	
b	Name of plan sponsor JONESTRADING INSTITUTIONAL SERVICES LLC 401	c EIN-PN 51-0484896-001
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
a	Plan name ELMHURST CLINIC	
b	Name of plan sponsor ELMHURST CLINIC	c EIN-PN 36-4266808-001

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	MUNTERS CORPORATION	
b	Name of plan sponsor	MUNTERS CORPORATION	c EIN-PN 84-0830599-001
a	Plan name	DYCOM INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DYCOM INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 59-1277135-001
a	Plan name	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	c EIN-PN 51-0226371-001
a	Plan name	WYOMING MACHINERY COMPANY	
b	Name of plan sponsor	WYOMING MACHINERY COMPANY	c EIN-PN 87-0217645-001
a	Plan name	REVERE HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REVERE HEALTH 401(K) PROFIT SHARING PLAN	c EIN-PN 87-0281028-001
a	Plan name	MUSCO PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MUSCO PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	c EIN-PN 42-1107452-001
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	WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 72-0488863-001
a	Plan name	FEMWELL GROUP HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	FEMWELL GROUP HEALTH, INC. 401(K) PLAN	c EIN-PN 65-0505313-001
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	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 23-2143130-001
a	Plan name	GENEVA ENTERPRISES, LLC	
b	Name of plan sponsor	GENEVA ENTERPRISES, LLC	c EIN-PN 54-1570600-001

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 METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP,	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, IN	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCTS	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCT	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	c EIN-PN 01-0606601-001

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 METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	c EIN-PN 01-0606601-001
a	Plan name WCIRB OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor WCIRB OF CALIFORNIA 401(K) PLAN	c EIN-PN 94-0358760-001
a	Plan name VITALMD 401(K) PLAN	
b	Name of plan sponsor VITALMD 401(K) PLAN	c EIN-PN 54-2129332-001
a	Plan name NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 73-1640190-001
a	Plan name KALERIS 401(K) PLAN	
b	Name of plan sponsor KALERIS 401(K) PLAN	c EIN-PN 94-3314201-001
a	Plan name MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor MITSUBISHI CHEMICAL AMERICA EMPLOYEES SAVINGS PLAN	c EIN-PN 52-2196843-001
a	Plan name MASTERHALCO, INC. RETIREMENT SAVINGS VALUE PLAN	
b	Name of plan sponsor MASTERHALCO, INC. RETIREMENT SAVINGS VALUE PLAN	c EIN-PN 95-2871932-001
a	Plan name AMERICAN SURVEYING AND ENGINEERING, LTD. RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN SURVEYING AND ENGINEERING, LTD. RETIREMENT PLAN	c EIN-PN 36-3307274-001
a	Plan name CARGOTEC HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor CARGOTEC HOLDING, INC. 401(K) PLAN	c EIN-PN 58-1730881-001

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	KALMAR USA HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor	KALMAR USA HOLDING, INC. 401(K) PLAN	c EIN-PN 93-3129004-001
a	Plan name	CAMS 401(K) PLAN	
b	Name of plan sponsor	CAMS 401(K) PLAN	c EIN-PN 41-2239010-001
a	Plan name	CAMS UNION RETIREMENT PLAN	
b	Name of plan sponsor	CAMS UNION RETIREMENT PLAN	c EIN-PN 41-2239010-001
a	Plan name	NORTH OAKS HEALTH SYSTEM EMPLOYEE PENSION PLAN	
b	Name of plan sponsor	NORTH OAKS HEALTH SYSTEM EMPLOYEE PENSION PLAN	c EIN-PN 72-0765132-001
a	Plan name	ANYWHERE REAL ESTATE GROUP LLC 1	
b	Name of plan sponsor	ANYWHERE REAL ESTATE GROUP LLC 1	c EIN-PN 20-4381990-001
a	Plan name	API RETIREMENT INCOME PLAN	
b	Name of plan sponsor	API RETIREMENT INCOME PLAN	c EIN-PN 13-0433430-001
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	AXIA INC RETIREMENT PLAN	
b	Name of plan sponsor	AXIA INC RETIREMENT PLAN	c EIN-PN 52-1304561-001
a	Plan name	BEKAERT CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	BEKAERT CORPORATION RETIREMENT INCOME PLAN	c EIN-PN 13-1820699-001
a	Plan name	BURROWS PAPER CORP	
b	Name of plan sponsor	BURROWS PAPER CORP	c EIN-PN 27-1723368-001
a	Plan name	CHARLES COUNTY GOVERNMENT	
b	Name of plan sponsor	CHARLES COUNTY GOVERNMENT	c EIN-PN 52-6000925-001
a	Plan name	CITY OF AOPKA FIRE RET TRUST FUND	
b	Name of plan sponsor	CITY OF AOPKA FIRE RET TRUST FUND	c EIN-PN 59-6000265-888

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	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	CITY OF ST ALBANS	
b Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001
a Plan name	CITY OF VERO BEACH	
b Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a Plan name	DARLING BOLT COMPANY	
b Name of plan sponsor	DARLING BOLT COMPANY	c EIN-PN 38-1852556-001
a Plan name	ELIZABETH CARBIDE DIE CO INC	
b Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a Plan name	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	MCA POLYESTER FILM	
b Name of plan sponsor	MCA POLYESTER FILM	c EIN-PN 20-3002545-001
a Plan name	MD VA MILK PRODUCERS ASSOCIATION INC	
b Name of plan sponsor	MD VA MILK PRODUCERS ASSOCIATION INC	c EIN-PN 54-0629090-001

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	MD VA MILK PRODUCERS ASSOCIATION INC	
b	Name of plan sponsor	MD VA MILK PRODUCERS ASSOCIATION INC	c EIN-PN 54-0629090-001
a	Plan name	METAL CO MULTI EMPLOYER PENSION PLAN	
b	Name of plan sponsor	METAL CO MULTI EMPLOYER PENSION PLAN	c EIN-PN 01-0606601-001
a	Plan name	NOR CAL BEVERAGE CO INC EE PENSION	
b	Name of plan sponsor	NOR CAL BEVERAGE CO INC EE PENSION	c EIN-PN 94-1722564-001
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	PENNSYLVANIA COMP RATING BUREAU	
b	Name of plan sponsor	PENNSYLVANIA COMP RATING BUREAU	c EIN-PN 23-0958260-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	
b	Name of plan sponsor	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	c EIN-PN 75-1285071-001
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	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	
b	Name of plan sponsor	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	c EIN-PN 05-0311968-001
a	Plan name	SCHWEBEL BAKING CO	
b	Name of plan sponsor	SCHWEBEL BAKING CO	c EIN-PN 34-0516340-001
a	Plan name	SCHWEBEL COLLECTIVELY BARGAINED	
b	Name of plan sponsor	SCHWEBEL COLLECTIVELY BARGAINED	c EIN-PN 34-0516340-001
a	Plan name	TOWN OF ENFIELD PENSION PLAN	
b	Name of plan sponsor	TOWN OF ENFIELD PENSION PLAN	c EIN-PN 06-6001997-001
a	Plan name	TOWN OF ENFIELD POLICE DEPARTMENT	
b	Name of plan sponsor	TOWN OF ENFIELD POLICE DEPARTMENT	c EIN-PN 06-6001997-001

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	TOWN OF PLAINVILLE	
b	Name of plan sponsor	TOWN OF PLAINVILLE	c EIN-PN 06-6002064-001
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	WCIRB OF CALIFORNIA RETIREMENT PLANE1	
b	Name of plan sponsor	WCIRB OF CALIFORNIA RETIREMENT PLANE1	c EIN-PN 94-0358760-001
a	Plan name	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	
b	Name of plan sponsor	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	c EIN-PN 16-0874671-001
a	Plan name	ANYWHERE REAL ESTATE GROUP LLC - 1	
b	Name of plan sponsor	ANYWHERE REAL ESTATE GROUP LLC - 1	c EIN-PN 20-4381990-001
a	Plan name	CITY OF ST ALBANS	
b	Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001
a	Plan name	CITY OF VERO BEACH	
b	Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name	TOWN OF EASTON MD EMP	
b	Name of plan sponsor	TOWN OF EASTON MD EMP	c EIN-PN 52-6000787-001
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.	<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 REAL ESTATE COHEN & STEERS FUND (SA5CS)	B Three-digit plan number (PN) ▶ 305
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	824209 1153864
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1516223 3770427
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	181845080 218104181
(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	184185512	223028472
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2543212	37863
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2543212	37863
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	181642300	222990609

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)	107220	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		107220
(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)	7832861	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7832861
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	606941	
(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)	6553098	
(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	-618
d Total income. Add all income amounts in column (b) and enter total	2d	15099502

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)	23846
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	1391477
(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)	5639
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1420962
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1420962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	13678540
l Transfers of assets:		
(1) To this plan	2l(1)	93288227
(2) From this plan	2l(2)	65618458

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 _____.