

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, 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: INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST
1b Three-digit plan number (PN): 508
1c Effective date of plan: 05/01/1980
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 51-6156096
2c Plan Sponsor's telephone number: 302-656-4944
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

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 c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7722
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	7722
	6a(2)	4918
	6b	
	6c	
	6d	4918
	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:
4B 4F 4H

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>508</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY TRUST</p>	<p>D Employer Identification Number (EIN) 51-6156096</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	MULTIPLE	4918	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 432943</p>	<p>(b) Total amount of fees paid 0</p>
---	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ISM INSURANCE INC **2207 CONCORD PIKE #417 WILMINGTON, DE 19803**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
432943			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1818724
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	Service Provider 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> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST	B Three-digit plan number (PN) ▶	508
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY TRUST	D Employer Identification Number (EIN) 51-6156096	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INDEPENDENT SCHOOL MANAGEMENT, INC 2207 CONCORD PIKE WILMINGTON, DE 19803 51-0207641

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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/> 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST</u>	B Three-digit plan number (PN) ▶	<u>508</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY TRUST</u>	D Employer Identification Number (EIN) <u>51-6156096</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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	AI FAITH ACADEMY	c EIN-PN	54-1981912-
-------------------------------	------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ALCUIN MONTESSORI SCHOOL	c EIN-PN	36-2464693-
-------------------------------	--------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	AYLETT COUNTRY DAY SCHOOL	c EIN-PN	54-0802840-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BLUE RIDGE CHRISTIAN SCHOOL	c EIN-PN	32-0501174-
-------------------------------	-----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BRENTWOOD SCHOOL	c EIN-PN	95-1426236-
-------------------------------	------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BRICKTON MONTESSORI SCHOOL	c EIN-PN	36-3443480-
-------------------------------	----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BROOKFIELD ACADEMY	c EIN-PN	22-2234460-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BROWNE ACADEMY	c EIN-PN	23-2261841-
-------------------------------	----------------	-----------------	-------------

a Plan name

b Name of plan sponsor	BURGUNDY FARM COUNTRY DAY SCHOOL	c EIN-PN	54-0540100-
-------------------------------	----------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	CAPITOL HILL DAY SCHOOL	c EIN-PN	52-0894477-
-------------------------------	-------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	CENTERS OF LEARNING	c EIN-PN	31-1758752-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	CHARLESTON DAY SCHOOL	c EIN-PN	57-0524184-
-------------------------------	-----------------------	-----------------	-------------

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**b** Name of plan sponsor
CHELSEA ACADEMY**c** EIN-PN
20-8995583-**a** Plan name**b** Name of plan sponsor
CHRISTCHURCH SCHOOL**c** EIN-PN
51-0236362-**a** Plan name**b** Name of plan sponsor
CHRISTOPHER ACADEMY**c** EIN-PN
91-1186983-**a** Plan name**b** Name of plan sponsor
CHURCHILL CENTER AND SCHOOL FOR LEARNING DISABILITIES**c** EIN-PN
43-1123374-**a** Plan name**b** Name of plan sponsor
COLLEGIATE SCHOOL**c** EIN-PN
54-0528203-**a** Plan name**b** Name of plan sponsor
COUNCIL FOR AMERICAN PRIVATE EDUCATION**c** EIN-PN
23-7218933-**a** Plan name**b** Name of plan sponsor
DOANE ACADEMY**c** EIN-PN
21-0634575-**a** Plan name**b** Name of plan sponsor
EDMUND BURKE SCHOOL**c** EIN-PN
52-0883668-**a** Plan name**b** Name of plan sponsor
EMMANUEL BAPTIST CHURCH**c** EIN-PN
36-2824773-**a** Plan name**b** Name of plan sponsor
EPISCOPAL DAY SCHOOL**c** EIN-PN
74-6003489-**a** Plan name**b** Name of plan sponsor
FELLOWSHIP CHRISTIAN SCHOOL**c** EIN-PN
58-2488015-**a** Plan name**b** Name of plan sponsor
FOX VALLEY MONTESSORI SCHOOL**c** EIN-PN
23-7011994-

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

b Name of plan sponsor	FREE UNION COUNTRY SCHOOL	c EIN-PN	54-1290795-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	FRIENDS SCHOOL (KENTUCKY)	c EIN-PN	61-1213141-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	FROSTIG SCHOOL	c EIN-PN	95-2098575-
-------------------------------	----------------	-----------------	-------------

a Plan name

b Name of plan sponsor	GEORGIA INDEPENDENT SCHOOL ASSOCIATION	c EIN-PN	23-7099412-
-------------------------------	--	-----------------	-------------

a Plan name

b Name of plan sponsor	GRACE EPISCOPAL DAY SCHOOL	c EIN-PN	52-0895144-
-------------------------------	----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	GRAND LAKE MONTESSORI	c EIN-PN	94-2558375-
-------------------------------	-----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	GRANVILLE CHRISTIAN ACADEMY	c EIN-PN	47-1245702-
-------------------------------	-----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	GRYMES MEMORIAL SCHOOL	c EIN-PN	54-0617529-
-------------------------------	------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	HAMPTON ROADS INTERNATIONAL MONTESSORI SCHOOL	c EIN-PN	54-1588832-
-------------------------------	---	-----------------	-------------

a Plan name

b Name of plan sponsor	HERITAGE CLASSICAL CHRISTIAN ACADEMY	c EIN-PN	43-1816787-
-------------------------------	--------------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	HIGH MEADOWS SCHOOL	c EIN-PN	58-1846247-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	HIGHLANDS SCHOOL	c EIN-PN	06-1482655-
-------------------------------	------------------	-----------------	-------------

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

b Name of plan sponsor	INDEPENDENT SCHOOL ASSOCIATION OF THE CENTRAL STATES	c EIN-PN	36-2715311-
-------------------------------	--	-----------------	-------------

a Plan name

b Name of plan sponsor	INTERNATIONAL COALITION OF GIRLS' SCHOOLS, INC.	c EIN-PN	04-3158798-
-------------------------------	---	-----------------	-------------

a Plan name

b Name of plan sponsor	ISLE OF WIGHT ACADEMY	c EIN-PN	54-6062440-
-------------------------------	-----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	JOLIET MONTESSORI SCHOOL	c EIN-PN	36-2595751-
-------------------------------	--------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	LA SALLE ACADEMY	c EIN-PN	05-0449426-
-------------------------------	------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	LOGANVILLE CHRISTIAN ACADEMY	c EIN-PN	58-2227554-
-------------------------------	------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	MADISON CHRISTIAN SCHOOL	c EIN-PN	31-1001860-
-------------------------------	--------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	MEMORIAL DAY SCHOOL	c EIN-PN	58-1115699-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	MILLER SCHOOL OF ALBEMARLE	c EIN-PN	54-0515717-
-------------------------------	----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	MONTESSORI ACADEMY OF NEW JERSEY	c EIN-PN	22-1774347-
-------------------------------	----------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	MONTESSORI SCHOOL OF MAUI	c EIN-PN	99-0223419-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	NATIONAL CHILD RESEARCH CENTER	c EIN-PN	53-0196619-
-------------------------------	--------------------------------	-----------------	-------------

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

b Name of plan sponsor	NATIONAL BUSINESS OFFICERS ASSOCIATION C/O INDEPENDENT SCHOOL MANAGEME	c EIN-PN	52-2086855-
-------------------------------	--	-----------------	-------------

a Plan name

b Name of plan sponsor	NORTH CROSS SCHOOL	c EIN-PN	54-0699572-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	OAKWOOD SCHOOL	c EIN-PN	56-1938898-
-------------------------------	----------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ORCHARD FRIENDS SCHOOL	c EIN-PN	22-3589582-
-------------------------------	------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ORCHARD HOUSE, INC.	c EIN-PN	54-1902937-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	PACIFIC PRIMARY SCHOOL	c EIN-PN	23-7373767-
-------------------------------	------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	PALMETTO CHRISTIAN ACADEMY OF GREENWOOD, INC. DBA PALMETTO CHRISTIAN A	c EIN-PN	26-1323530-
-------------------------------	--	-----------------	-------------

a Plan name

b Name of plan sponsor	PETOSKEY MONTESSORI CHILDREN'S HOUSE	c EIN-PN	35-1269818-
-------------------------------	--------------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	PRAISE ACADEMY	c EIN-PN	81-3602868-
-------------------------------	----------------	-----------------	-------------

a Plan name

b Name of plan sponsor	PRINCETON ACADEMY OF THE SACRET HEART	c EIN-PN	22-3623112-
-------------------------------	---------------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	RICHMOND WALDORF SCHOOL	c EIN-PN	54-1518603-
-------------------------------	-------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	RIVERSIDE SCHOOL	c EIN-PN	54-0895408-
-------------------------------	------------------	-----------------	-------------

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

b Name of plan sponsor	SIouxLAND CHRISTIAN SCHOOL	c EIN-PN	20-1275708-
-------------------------------	----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	SPRINGMONT SCHOOL	c EIN-PN	58-0940357-
-------------------------------	-------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ST. ANDREW'S EPISCOPAL SCHOOL	c EIN-PN	52-1107876-
-------------------------------	-------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ST. CHRISTOPER'S SCHOOL	c EIN-PN	54-0883367-
-------------------------------	-------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ST. MARGARET'S SCHOOL	c EIN-PN	51-0206215-
-------------------------------	-----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ST. MICHAEL'S COUNTRY DAY SCHOOL	c EIN-PN	05-0369037-
-------------------------------	----------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	ST. NICHOLAS SCHOOL	c EIN-PN	13-4148824-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	STUART HALL SCHOOL	c EIN-PN	84-1648803-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	SULLINS ACADEMY	c EIN-PN	54-0801168-
-------------------------------	-----------------	-----------------	-------------

a Plan name

b Name of plan sponsor	SUMMERS-KNOLL SCHOOL	c EIN-PN	38-3235125-
-------------------------------	----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	SWIFT SCHOOL	c EIN-PN	58-2410129-
-------------------------------	--------------	-----------------	-------------

a Plan name

b Name of plan sponsor	TANDEM FRIENDS SCHOOL	c EIN-PN	23-7063914-
-------------------------------	-----------------------	-----------------	-------------

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

b Name of plan sponsor	THE ASSOCIATION OF INDEPENDENT SCHOOLS OF GREATER WASHINGTON	c EIN-PN	52-1241780-
-------------------------------	--	-----------------	-------------

a Plan name

b Name of plan sponsor	THE ATHENIAN SCHOOL	c EIN-PN	94-6070808-
-------------------------------	---------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE BRIGHT SCHOOL	c EIN-PN	62-0476284-
-------------------------------	-------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE CAROLINA ACADEMY INC.	c EIN-PN	57-6036661-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE CHILDREN'S SCHOOL	c EIN-PN	54-1414480-
-------------------------------	-----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE DEPAUL SCHOOL	c EIN-PN	61-0711082-
-------------------------------	-------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE J127 EDUCATION FOUNDATION	c EIN-PN	54-1371815-
-------------------------------	-------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE LAB SCHOOL OF WASHINGTON	c EIN-PN	52-1261627-
-------------------------------	------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE MONTESSORI SCHOOL (MI)	c EIN-PN	38-1985363-
-------------------------------	----------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE OXBOW SCHOOL	c EIN-PN	94-3265708-
-------------------------------	------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE PENNINGTON SCHOOL	c EIN-PN	21-0635004-
-------------------------------	-----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE PILGRIM ACADEMY	c EIN-PN	22-2331748-
-------------------------------	---------------------	-----------------	-------------

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

b Name of plan sponsor	THE SCHENCK SCHOOL	c EIN-PN	58-0958208-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE ST. MICHAEL SCHOOL OF CLAYTON	c EIN-PN	84-3788831-
-------------------------------	-----------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE STANLEY CLARK SCHOOL	c EIN-PN	35-1019540-
-------------------------------	--------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE WEBB SCHOOLS	c EIN-PN	95-1856591-
-------------------------------	------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE WESTFIELD SCHOOL	c EIN-PN	58-1092735-
-------------------------------	----------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE WHEELER SCHOOL	c EIN-PN	05-0259101-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	THE WILBERFORCE SCHOOL	c EIN-PN	20-1961626-
-------------------------------	------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	UNIVERSITY SCHOOL OF THE LOWCOUNTRY	c EIN-PN	20-8765327-
-------------------------------	-------------------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	VICTORY CHRISTIAN ACADEMY	c EIN-PN	35-2176959-
-------------------------------	---------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	VIRGINIA CHANCE SCHOOL	c EIN-PN	61-0549871-
-------------------------------	------------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	WALDEN SCHOOL (KY)	c EIN-PN	61-0883146-
-------------------------------	--------------------	-----------------	-------------

a Plan name

b Name of plan sponsor	WEST SUBURBAN MONTESSORI SCHOOL	c EIN-PN	36-3586982-
-------------------------------	---------------------------------	-----------------	-------------

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST	B Three-digit plan number (PN) ▶	508
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY TRUST	D Employer Identification Number (EIN) 51-6156096	

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)	256719	19775
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1446	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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	258165	19775
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	258165	19775
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	258165	19775
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	0

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)	1818724	
(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)		1818724
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(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)		
(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		1818724

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)	1818724	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1818724
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)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1818724

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		0
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

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: **BARBACANE, THORNTON & COMPANY LLP**

(2) EIN: **51-0229493**

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.).....		X	
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.)		X	
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.).....		X	
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.).....		X	
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.).....		X	
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?		X	
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 _____.

DRAFT - FOR DISCUSSION PURPOSES ONLY

**INDEPENDENT SCHOOL GROUP LIFE AND
DISABILITY INSURANCE TRUST**

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

JUNE 30, 2024

DRAFT - FOR DISCUSSION PURPOSES ONLY

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
NOTES TO FINANCIAL STATEMENTS	6

INDEPENDENT AUDITOR'S REPORT

To be determined

To the Board of Directors
Independent School Group Life and Disability Insurance Trust
Wilmington, Delaware

Opinion

We have audited the accompanying financial statements of the Independent School Group Life and Disability Insurance Trust, which comprise the statement of net assets available for benefits as of June 30, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Independent School Group Life and Disability Insurance Trust as of June 30, 2024, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Independent School Group Life and Disability Insurance Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

To the Board of Directors
Independent School Group Life and Disability Insurance Trust

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Independent School Group Life and Disability Insurance Trust's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Independent School Group Life and Disability Insurance Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Independent School Group Life and Disability Insurance Trust's ability to continue as a going concern for a reasonable period of time.

DRAFT - FOR DISCUSSION PURPOSES ONLY

To the Board of Directors
Independent School Group Life and Disability Insurance Trust

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited the plan's June 30, 2023 financial statements, and we expressed an unmodified opinion on the respective financial statements in our report dated April 12, 2024. In our opinion, the summarized comparative information presented herein as of June 30, 2023 is consistent, in all material respects, with the audited financial statements from which it has been derived.

BARBACANE, THORNTON & COMPANY LLP

DRAFT - FOR DISCUSSION PURPOSES ONLY

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2024
(With Summarized Comparative Data as of June 30, 2023)

	<u>In Trust</u>	<u>Out of Trust</u>	<u>2024</u>	<u>2023</u>
ASSETS				
Receivable sponsor's premiums due	\$ 19,775	\$ 10,197	\$ 29,972	\$ 625,340
Prepaid premiums	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,081</u>
TOTAL ASSETS	<u>19,775</u>	<u>10,197</u>	<u>29,972</u>	<u>628,421</u>
LIABILITIES				
Premiums due to insurance company	19,775	10,197	29,972	625,340
Premiums collected in advance	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,081</u>
TOTAL LIABILITIES	<u>19,775</u>	<u>10,197</u>	<u>29,972</u>	<u>628,421</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

DRAFT - FOR DISCUSSION PURPOSES ONLY

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED JUNE 30, 2024

	<u>In Trust</u>	<u>Out of Trust</u>	<u>Total</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO			
Premiums revenue	\$ 1,818,724	\$ 2,530,075	\$ 4,348,799
DEDUCTIONS FROM NET ASSETS ATTRIBUTED			
Payment for premiums	<u>1,818,724</u>	<u>2,530,075</u>	<u>4,348,799</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	<u>-</u>	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS			
End of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF PLAN

The following description of the Independent School Group Life and Disability Insurance Trust ("the Plan") provides only general information. Participants should refer to the participating school's plan agreement for a complete description of the Plan's provisions.

General

The Plan was formed for the purpose of offering group life, long-term disability, and short-term disability insurance to private schools throughout the United States of America that desire to establish a welfare benefit plan that provides group insurance for their employees. The trustees agree to administer the Plan for the exclusive purpose of providing benefits to participants in the group life and disability plans of each school and their beneficiaries, and defraying reasonable expenses of administering the plans.

The Plan is administered by ISM Insurance, Inc. ("ISM"). ISM receives administrative fees ranging from 15% to 23.5% of the premium reported to the insurance carrier.

Certain insurance contracts are maintained outside of the primary trust agreement to comply with state laws and regulations. Contracts maintained within the primary trust agreement are reported as "In Trust" on the financial statements, and those not maintained within the primary trust agreement are reported as "Out of Trust."

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Schools are required to remit contributions (premiums) directly to Sun Life Assurance Company of Canada, except for schools located in New York who remit contributions to SunLife and Health Insurance Company (U.S.). The individual schools determine the eligibility requirements for their participants.

Plan Benefits

All benefits are funded through the Sun Life Assurance Company of Canada and Sun Life Health and Insurance Company (U.S.) (collectively, "Sun Life"), which is responsible for processing claims and making payments to participants.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Premiums Collected in Advance and Prepaid Premiums

Premiums collected in advance and prepaid premiums represent payments received from schools in advance of the period of coverage.

Comparative Data

Comparative total data for the prior year is presented in the statement of net assets available for benefits to provide an understanding of changes in the Plan's financial position and operations. That comparative data is not at the level of detail required for a presentation in conformity with accounting principles generally accepted in the United States of America and, therefore, should be read in conjunction with the Plan's financial statements as of June 30, 2023, from which the summarized information was derived.

NOTE C TAX STATUS

The Trustees believe that the Plan continues to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code ("IRC") and, accordingly, the Plan is exempt from income taxes. The Plan is not required to obtain a tax determination letter from the Internal Revenue Service, but the plan sponsor and legal counsel believe that the Plan continues to qualify and to operate in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management has evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE D RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Trustees have contracted with ISM to perform administrative functions for the Plan. ISM receives administrative fees based on the insurance premiums. No officer or employee of ISM

INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE D RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS (cont'd)

receives compensation from the Plan. Fees paid by the insurance company to ISM were \$1,004,942 for the year ended June 30, 2024. As of June 30, 2024, the amount due and payable to ISM from the insurance company was \$83,745.

The Trustees include three individuals who are employed by schools covered by the Plan. For the year ended June 30, 2024, premiums paid by these schools totaled \$73,069.

NOTE E COMMITMENTS AND CONTINGENCIES

As a condition of the contracts with Sun Life, the Plan is required to maintain a separate bank account that Sun Life controls. Sun Life is responsible for the collection of premiums, the payment of commissions, the processing of claims, and making payments to participants. Accordingly, this account is excluded from plan assets on the statement of net assets available for benefits.

In the normal course of business, there are various commitments and contingencies outstanding, which are not reflected in these financial statements. In the opinion of the plan administrator, the outcome of such events, if any, will not have a material effect on the Plan's financial position or operations.

NOTE F SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through (to be determined), the date the Plan's financial statements were available to be issued.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) G
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

<p>1a Name of plan INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY INSURANCE TRUST</p>	<p>1b Three-digit plan number (PN) ▶ 508</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INDEPENDENT SCHOOL GROUP LIFE AND DISABILITY TRUST 2207 CONCORD PIKE, #417 WILMINGTON DE 19803</p>	<p>1c Effective date of plan 05/01/1980</p> <p>2b Employer Identification Number (EIN) 51-6156096</p> <p>2c Plan Sponsor's telephone number 302-656-4944</p> <p>2d Business code (see instructions) 611000</p>

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

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

SIGN HERE	<i>Alicia Clingan</i>	4/14/25	ALICIA CLINGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	7,722
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	6a(1)	7,722
a (2) Total number of active participants at the end of the plan year	6a(2)	4,918
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,918
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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:
4B 4F 4H

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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" 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)

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 checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____