

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  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**

<b>1a</b> Name of plan <u>INTERNATIONAL VALUE LSV ASSET MANAGEMENT FUND (SAIV1)</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>415</u>  <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY</u>  <u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u>	<b>2b</b> Employer Identification Number (EIN) <u>06-1050034</u>  <b>2c</b> Plan Sponsor's telephone number <u>800-338-4015</u>  <b>2d</b> Business code (see instructions)
<u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u>	

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

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

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>WENDI ERNZEN</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>EMPOWER ANNUITY INSURANCE COMPANY</b> <b>c</b> Plan Name <b>INTERNATIONAL VALUE/LSV ASSET MGMT FUND - SAIV1</b>	<b>4b</b> EIN <b>06-1050034</b>  <b>4d</b> PN <b>415</b>																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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:10%;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>	0	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6d</b>	0																				
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>INTERNATIONAL VALUE LSV ASSET MANAGEMENT FUND (SAIV1)</u>	<b>B</b> Three-digit plan number (PN)	<u>415</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1050034</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 51-0226371-001
<b>a</b>	Plan name	BRACCO DIAGNOSTICS INC.	
<b>b</b>	Name of plan sponsor	BRACCO DIAGNOSTICS INC.	<b>c</b> EIN-PN 22-3303691-001
<b>a</b>	Plan name	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	<b>c</b> EIN-PN 43-1273600-001
<b>a</b>	Plan name	STATER BROS. MARKETS 401K	
<b>b</b>	Name of plan sponsor	STATER BROS. MARKETS 401K	<b>c</b> EIN-PN 95-2586175-001
<b>a</b>	Plan name	CARROLS CORPORATION	
<b>b</b>	Name of plan sponsor	CARROLS CORPORATION	<b>c</b> EIN-PN 16-0958146-001
<b>a</b>	Plan name	IBEW LOCAL 98 PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 98 PROFIT SHARING PLAN	<b>c</b> EIN-PN 23-2289872-001
<b>a</b>	Plan name	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	<b>c</b> EIN-PN 21-0524185-001
<b>a</b>	Plan name	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-4770616-001
<b>a</b>	Plan name	YAMATO TRANSPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YAMATO TRANSPORT 401(K) PLAN	<b>c</b> EIN-PN 13-3019110-001
<b>a</b>	Plan name	JUKI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUKI 401(K) PLAN	<b>c</b> EIN-PN 13-5573513-001
<b>a</b>	Plan name	MITSUBISHI CEMENT RETIREMENT SAVINGS PLAN FOR SALARIED EMP.	
<b>b</b>	Name of plan sponsor	MITSUBISHI CEMENT RETIREMENT SAVINGS PLAN FOR SALARIED EMP.	<b>c</b> EIN-PN 33-0278414-001
<b>a</b>	Plan name	MITSUBISHI CEMENT CORP CAP ACCUMULATION PLAN HRLY	
<b>b</b>	Name of plan sponsor	MITSUBISHI CEMENT CORP CAP ACCUMULATION PLAN HRLY	<b>c</b> EIN-PN 33-0278414-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	CES COMPUTER SOLUTIONS, INC.	
<b>b</b> Name of plan sponsor	CES COMPUTER SOLUTIONS, INC.	<b>c</b> EIN-PN 11-3046272-001
<b>a</b> Plan name	SOUTHEAST TEXAS CLASSIC AUTO	
<b>b</b> Name of plan sponsor	SOUTHEAST TEXAS CLASSIC AUTO	<b>c</b> EIN-PN 76-0603797-001
<b>a</b> Plan name	COSMEC	
<b>b</b> Name of plan sponsor	COSMEC	<b>c</b> EIN-PN 04-2389147-001
<b>a</b> Plan name	KING AMERICAN AMBULANCE CO.	
<b>b</b> Name of plan sponsor	KING AMERICAN AMBULANCE CO.	<b>c</b> EIN-PN 94-1279326-001
<b>a</b> Plan name	MITSUBISHI IMAGING (MPM), INC.	
<b>b</b> Name of plan sponsor	MITSUBISHI IMAGING (MPM), INC.	<b>c</b> EIN-PN 13-3763470-001
<b>a</b> Plan name	IBEW LOCAL 701 RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	IBEW LOCAL 701 RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 36-3667703-001
<b>a</b> Plan name	SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	
<b>b</b> Name of plan sponsor	SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	<b>c</b> EIN-PN 06-0932220-001
<b>a</b> Plan name	MARYLAND ELECTRICAL INDUSTRY SEVERANCE AND ANNUITY FUND	
<b>b</b> Name of plan sponsor	MARYLAND ELECTRICAL INDUSTRY SEVERANCE AND ANNUITY FUND	<b>c</b> EIN-PN 52-1042609-001
<b>a</b> Plan name	J. KNIPPER AND CO PROFIT SHARING	
<b>b</b> Name of plan sponsor	J. KNIPPER AND CO PROFIT SHARING	<b>c</b> EIN-PN 22-2755742-001
<b>a</b> Plan name	IATSE LOCAL #8	
<b>b</b> Name of plan sponsor	IATSE LOCAL #8	<b>c</b> EIN-PN 23-2785557-001
<b>a</b> Plan name	CREATIVE FOAM 401(K) PLAN	
<b>b</b> Name of plan sponsor	CREATIVE FOAM 401(K) PLAN	<b>c</b> EIN-PN 38-1905349-001
<b>a</b> Plan name	MORRIS EXPORT CRATING COMPANY	
<b>b</b> Name of plan sponsor	MORRIS EXPORT CRATING COMPANY	<b>c</b> EIN-PN 76-0064753-001

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.)	
<b>a</b>	Plan name ROQUEMORE, PRINGLE AND MOORE INC	
<b>b</b>	Name of plan sponsor ROQUEMORE, PRINGLE AND MOORE INC	<b>c</b> EIN-PN 95-3081064-001
<b>a</b>	Plan name PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	
<b>b</b>	Name of plan sponsor PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	<b>c</b> EIN-PN 58-0873934-001
<b>a</b>	Plan name SHEPHERD CO EE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHEPHERD CO EES RETIREMENT PLAN	<b>c</b> EIN-PN 95-1217578-001
<b>a</b>	Plan name PETER RABBIT FARMS	
<b>b</b>	Name of plan sponsor PETER RABBIT FARMS	<b>c</b> EIN-PN 95-1983871-001
<b>a</b>	Plan name SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 35-1085180-001
<b>a</b>	Plan name RJS CORPORATION PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RJS CORPORATION PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 34-0814010-001
<b>a</b>	Plan name AAA NORTH PENN 401(K) PLAN	
<b>b</b>	Name of plan sponsor AAA NORTH PENN 401(K) PLAN	<b>c</b> EIN-PN 24-0637695-001
<b>a</b>	Plan name MARENGO TOOL AND DIE WORKS INC.	
<b>b</b>	Name of plan sponsor MARENGO TOOL AND DIE WORKS INC.	<b>c</b> EIN-PN 36-2513507-001
<b>a</b>	Plan name ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 53-0209087-001
<b>a</b>	Plan name AAR PENSION PLAN	
<b>b</b>	Name of plan sponsor AAR PENSION PLAN	<b>c</b> EIN-PN 53-6000125-001
<b>a</b>	Plan name ARTHUR J GALLAGHER AND CO	
<b>b</b>	Name of plan sponsor ARTHUR J GALLAGHER AND CO	<b>c</b> EIN-PN 36-2481781-001
<b>a</b>	Plan name AXIA INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AXIA INC RETIREMENT PLAN	<b>c</b> EIN-PN 52-1304561-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BEKAERT CORPORATION RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	BEKAERT CORPORATION RETIREMENT INCOME PLAN	<b>c</b> EIN-PN 13-1820699-001
<b>a</b>	Plan name	BRACCO RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	BRACCO RETIREMENT INCOME PLAN	<b>c</b> EIN-PN 22-3303691-001
<b>a</b>	Plan name	BURROWS PAPER CORP	
<b>b</b>	Name of plan sponsor	BURROWS PAPER CORP	<b>c</b> EIN-PN 27-1723368-001
<b>a</b>	Plan name	CARDINAL MCCLOSKEY SCHOOL AND HOME FOR CHILDREN I	
<b>b</b>	Name of plan sponsor	CARDINAL MCCLOSKEY SCHOOL AND HOME FOR CHILDREN I	<b>c</b> EIN-PN 13-1740443-001
<b>a</b>	Plan name	CITY OF ST ALBANS	
<b>b</b>	Name of plan sponsor	CITY OF ST ALBANS	<b>c</b> EIN-PN 03-6000669-001
<b>a</b>	Plan name	CITY OF VERO BEACH	
<b>b</b>	Name of plan sponsor	CITY OF VERO BEACH	<b>c</b> EIN-PN 59-6000445-001
<b>a</b>	Plan name	INTERMOUNTAIN POWER SER CORP	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN POWER SER CORP	<b>c</b> EIN-PN 87-0407566-001
<b>a</b>	Plan name	PATELCO CREDIT UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	<b>c</b> EIN-PN 94-0755684-001
<b>a</b>	Plan name	PENNSYLVANIA COMP RATING BUREAU	
<b>b</b>	Name of plan sponsor	PENNSYLVANIA COMP RATING BUREAU	<b>c</b> EIN-PN 23-0958260-001
<b>a</b>	Plan name	PLUMBERS AND PIPEFITTERS LOCAL 104	
<b>b</b>	Name of plan sponsor	PLUMBERS AND PIPEFITTERS LOCAL 104	<b>c</b> EIN-PN 04-2564795-001
<b>a</b>	Plan name	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	
<b>b</b>	Name of plan sponsor	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	<b>c</b> EIN-PN 05-0311968-001
<b>a</b>	Plan name	RUBICON LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUBICON LLC RETIREMENT PLAN	<b>c</b> EIN-PN 72-0927730-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RUBICON LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUBICON LLC RETIREMENT PLAN	<b>c</b> EIN-PN 72-0927730-001
<b>a</b>	Plan name	THE CATHOLIC CHARITIES ARCHDIOCESE OF NY	
<b>b</b>	Name of plan sponsor	THE CATHOLIC CHARITIES ARCHDIOCESE OF NY	<b>c</b> EIN-PN 13-5671639-001
<b>a</b>	Plan name	TOWN OF VERNON CONNECTICUT	
<b>b</b>	Name of plan sponsor	TOWN OF VERNON CONNECTICUT	<b>c</b> EIN-PN 06-6002112-001
<b>a</b>	Plan name	TOWN OF VERNON CONNECTICUT POLICE	
<b>b</b>	Name of plan sponsor	TOWN OF VERNON CONNECTICUT POLICE	<b>c</b> EIN-PN 06-6002112-001
<b>a</b>	Plan name	TOWN OF WATERTOWN	
<b>b</b>	Name of plan sponsor	TOWN OF WATERTOWN	<b>c</b> EIN-PN 06-6002122-001
<b>a</b>	Plan name	TOWN OF WATERTOWN POLICE	
<b>b</b>	Name of plan sponsor	TOWN OF WATERTOWN POLICE	<b>c</b> EIN-PN 06-6002122-001
<b>a</b>	Plan name	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	
<b>b</b>	Name of plan sponsor	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	<b>c</b> EIN-PN 16-0874671-001
<b>a</b>	Plan name	CITY OF ST ALBANS	
<b>b</b>	Name of plan sponsor	CITY OF ST ALBANS	<b>c</b> EIN-PN 03-6000669-001
<b>a</b>	Plan name	CITY OF VERO BEACH	
<b>b</b>	Name of plan sponsor	CITY OF VERO BEACH	<b>c</b> EIN-PN 59-6000445-001
<b>a</b>	Plan name	TOWN OF BLOOMFIELD	
<b>b</b>	Name of plan sponsor	TOWN OF BLOOMFIELD	<b>c</b> EIN-PN 06-6001962-001
<b>a</b>	Plan name	TOWN OF BLOOMFIELD POLICE RET INCOME PLN	
<b>b</b>	Name of plan sponsor	TOWN OF BLOOMFIELD POLICE RET INCOME PLN	<b>c</b> EIN-PN 06-6001962-001
<b>a</b>	Plan name	API RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	API RETIREMENT INCOME PLAN	<b>c</b> EIN-PN 13-0433430-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>INTERNATIONAL VALUE LSV ASSET MANAGEMENT FUND (SAIV1)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>415</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMPOWER ANNUITY INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1050034</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	656338 771258
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	800660 2085180
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	108385143 204872935
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	109842141	207729373
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	206650	153123
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	206650	153123
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	109635491	207576250

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	48845	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		48845
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	8811953	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5669847	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-2049121	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		-1888620
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10592904

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	74107	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1158945	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	4887	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1237939
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1237939

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9354965
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		143519388
(2) From this plan .....	<b>2l(2)</b>		54933594

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.