

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan CLEARBRIDGE INTERNATIONAL GROWTH FUND (SA4BM), 1b Three-digit plan number (PN) 842, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) EMPOWER ANNUITY INSURANCE COMPANY, 2b Employer Identification Number (EIN) 06-1050034, 2c Plan Sponsor's telephone number 800-338-4015, 2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<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>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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>
<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

**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>	OMB No. 1210-0110  <hr/> <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>CLEARBRIDGE INTERNATIONAL GROWTH FUND (SA4BM)</u>	<b>B</b> Three-digit plan number (PN)	<u>842</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):		
<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)
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**d** Entity code

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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 BOYDS, L.P. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOYDS, L.P. 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-4545296-001
<b>a</b>	Plan name VOLM COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOLM COMPANIES 401(K) PLAN	<b>c</b> EIN-PN 39-0872639-001
<b>a</b>	Plan name KID GLOVE WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KID GLOVE WAREHOUSING, LLC 401(K) PLAN	<b>c</b> EIN-PN 47-1999055-001
<b>a</b>	Plan name HARRIS AND FORD, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARRIS AND FORD, LLC 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 35-1909612-001
<b>a</b>	Plan name COLLING GILBERT WRIGHT 401(K) AND P/S PLAN	
<b>b</b>	Name of plan sponsor COLLING GILBERT WRIGHT 401(K) AND P/S PLAN	<b>c</b> EIN-PN 20-2159235-001
<b>a</b>	Plan name ARCHITECTS ORANGE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTS ORANGE 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 95-3428586-001
<b>a</b>	Plan name ABM HOLDINGS, CO., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABM HOLDINGS, CO., 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-1425602-001
<b>a</b>	Plan name AGRARIA 401(K) PLAN AGRARIA	
<b>b</b>	Name of plan sponsor AGRARIA 401(K) PLAN AGRARIA	<b>c</b> EIN-PN 14-1942639-001
<b>a</b>	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION MUTUAL INSURANCEAR	
<b>b</b>	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION	<b>c</b> EIN-PN 71-0055000-001
<b>a</b>	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN EDUCATIONAL AND COOPERATIVE UNION	
<b>b</b>	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN EDUCATIONAL AN	<b>c</b> EIN-PN 45-0130613-001
<b>a</b>	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION SERVICE ASSOCIATION	
<b>b</b>	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION	<b>c</b> EIN-PN 45-0133342-001
<b>a</b>	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN AGRARIA INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN AGRARIA INSURA	<b>c</b> EIN-PN 45-0214096-001

<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	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2394890-001
<b>a</b>	Plan name	FOSTER'S AIR AND HEATING PLAN	
<b>b</b>	Name of plan sponsor	FOSTERS AIR AND HEATING PLAN	<b>c</b> EIN-PN 64-0644513-001
<b>a</b>	Plan name	PESTA, FINNIE AND ASSOC LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	PESTA, FINNIE AND ASSOC LLP 401K PLAN	<b>c</b> EIN-PN 56-1761672-001
<b>a</b>	Plan name	CIKLUM INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIKLUM INC 401(K) PLAN	<b>c</b> EIN-PN 30-0803711-001
<b>a</b>	Plan name	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES 401(K) PLAN	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	
<b>b</b>	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO LIVEOAK FIBER, LLC	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO LIVEOAK FIBER, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	POST ACUTE PARTNERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POST ACUTE PARTNERS RETIREMENT PLAN	<b>c</b> EIN-PN 27-3027795-001
<b>a</b>	Plan name	REPSOL SERVICES COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REPSOL SERVICES COMPANY 401(K) PLAN	<b>c</b> EIN-PN 20-3967665-001
<b>a</b>	Plan name	EMAGIA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMAGIA CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 77-0507476-001
<b>a</b>	Plan name	M AND S BLASTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M AND S BLASTING LLC 401(K) PLAN	<b>c</b> EIN-PN 06-1595716-001
<b>a</b>	Plan name	COMPASS STRATEGIES PUBLIC AFFAIRS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COMPASS STRATEGIES PUBLIC AFFAIRS LLC 401(K) PROFIT SHARING PLAN AND T	<b>c</b> EIN-PN 20-4509198-001

<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	YORK ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	YORK ENGINEERING 401K PLAN	<b>c</b> EIN-PN 46-4145121-001
<b>a</b>	Plan name	SAKR DENTAL ARTS INC.	
<b>b</b>	Name of plan sponsor	SAKR DENTAL ARTS INC.	<b>c</b> EIN-PN 59-3501477-001
<b>a</b>	Plan name	BAZINI ENGINEERING, PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAZINI ENGINEERING, PC RETIREMENT PLAN	<b>c</b> EIN-PN 27-3622153-001
<b>a</b>	Plan name	GULF COAST LIMESTONE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GULF COAST LIMESTONE INC 401(K) PLAN	<b>c</b> EIN-PN 74-1610650-001
<b>a</b>	Plan name	VOLT MASTER ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLT MASTER ELECTRIC 401(K) PLAN	<b>c</b> EIN-PN 76-0325562-001
<b>a</b>	Plan name	HOPE SHORES ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOPE SHORES ALLIANCE 401(K) PLAN	<b>c</b> EIN-PN 38-2245793-001
<b>a</b>	Plan name	BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN	<b>c</b> EIN-PN 76-0294908-001
<b>a</b>	Plan name	ST. JOHN OF GOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOHN OF GOD 401(K) PLAN	<b>c</b> EIN-PN 22-6088881-001
<b>a</b>	Plan name	AG DENTAL STUDIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AG DENTAL STUDIO 401(K) PLAN	<b>c</b> EIN-PN 46-1175217-001
<b>a</b>	Plan name	CAMP CHAMPIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAMP CHAMPIONS 401(K) PLAN	<b>c</b> EIN-PN 74-2761313-001
<b>a</b>	Plan name	GRCH ARCHITECTURE PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRCH ARCHITECTURE PC 401(K) PLAN	<b>c</b> EIN-PN 27-2186737-001
<b>a</b>	Plan name	MIRRORWEB INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRRORWEB INC. 401(K) PLAN	<b>c</b> EIN-PN 32-0578428-001

<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	NET NATIVES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NET NATIVES INC. 401(K) PLAN	<b>c</b> EIN-PN 61-1787451-001
<b>a</b>	Plan name	WDS AND BOFS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WDS AND BOFS 401(K) PLAN	<b>c</b> EIN-PN 84-3409571-001
<b>a</b>	Plan name	SCOTT J. ZLOTOLOW, ESQ. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOTT J. ZLOTOLOW, ESQ. 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-1827306-001
<b>a</b>	Plan name	LIVE EAT SURF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIVE EAT SURF 401(K) PLAN	<b>c</b> EIN-PN 84-4295868-001
<b>a</b>	Plan name	JERSEY COLTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JERSEY COLTS 401(K) PLAN	<b>c</b> EIN-PN 20-1534258-001
<b>a</b>	Plan name	OREGON MOBILE PHYSICAL THERAPY LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	OREGON MOBILE PHYSICAL THERAPY LLC 401(K) PSP	<b>c</b> EIN-PN 88-3358823-001
<b>a</b>	Plan name	TERRA INNOVATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRA INNOVATIONS 401(K) PLAN	<b>c</b> EIN-PN 26-1697841-001
<b>a</b>	Plan name	SMA CPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMA CPA 401(K) PLAN	<b>c</b> EIN-PN 87-3523115-001
<b>a</b>	Plan name	KEET O'GARY CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEET OGARY CONSTRUCTION 401(K) PLAN	<b>c</b> EIN-PN 46-4445388-001
<b>a</b>	Plan name	EVTDA DBA FANTASY SPRINGS RESORT CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVTDA DBA FANTASY SPRINGS RESORT CASINO 401(K) PLAN	<b>c</b> EIN-PN 95-3835364-001
<b>a</b>	Plan name	JKJ SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JKJ SAVINGS PLAN	<b>c</b> EIN-PN 23-1568259-001
<b>a</b>	Plan name	THE DALLAS GROUP OF AMERICA, INC EE'S PROFIT SHARING PL AND TRUST	
<b>b</b>	Name of plan sponsor	THE DALLAS GROUP OF AMERICA, INC EES PROFIT SHARING PL AND TRUST	<b>c</b> EIN-PN 22-2952954-001

<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	HERZFELD AND RUBIN, P.C. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERZFELD AND RUBIN, P.C. EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 13-2688520-001
<b>a</b>	Plan name	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-1788478-001
<b>a</b>	Plan name	KOBE STEEL USA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KOBE STEEL USA RETIREMENT PLAN	<b>c</b> EIN-PN 13-3458454-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO MICHIGAN ENERGY SERVICE COMPANY DBA MYESCO	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO MICHIGAN ENERGY SERVICE COMPANY DB	<b>c</b> EIN-PN 45-4305162-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO CHURCH HILL ACTIVITIES AND TUTORING	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO CHURCH HILL ACTIVITIES AND TUTORIN	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO NETTXIO, INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO NETTXIO, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO PRIME CORPORATE SERVICES, LLC	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO PRIME CORPORATE SERVICES, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO JJAB OAKS LLC DBA CRUMBL OF OAKS PA	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO JJAB OAKS LLC DBA CRUMBL OF OAKS P	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO AJAX SYSTEMS INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO AJAX SYSTEMS INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO ANODYNE HOME MAKER SERVICES CORP.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO ANODYNE HOME MAKER SERVICES CORP.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO NEXT VENTURES US INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO NEXT VENTURES US INC.	<b>c</b> EIN-PN 73-1543198-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO AC2ED SOLUTIONS, LLC	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO AC2ED SOLUTIONS, LLC	<b>c</b> EIN-PN 59-3708427-001

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 ONEDIGITAL POOLED EMPLOYER PLAN FBO OPIS USA, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO OPIS USA, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO HYTECH DRILLING USA, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO HYTECH DRILLING USA, INC.	<b>c</b> EIN-PN 36-4803003-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO VERB, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO VERB, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO ACUITI LABS, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO ACUITI LABS, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO ONEFINESTAY TRAVEL INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO ONEFINESTAY TRAVEL INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO FBC HOME INSURANCE SERVICES, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO FBC HOME INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO CLARK POWER CORPORATION	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO CLARK POWER CORPORATION	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO INFLUX, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO INFLUX, INC.	<b>c</b> EIN-PN 68-0683733-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO DELAPLEX, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO DELAPLEX, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO ARTISAN KITCHENS LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO ARTISAN KITCHENS LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO HAVENWOOD HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO HAVENWOOD HOLDINGS, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO METRO GROUNDS MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO METRO GROUNDS MANAGEMENT, LLC	<b>c</b> EIN-PN 59-3708427-001

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 ONEDIGITAL POOLED EMPLOYER PLAN FBO THE VILLAGE OF ARTS AND HUMANITIES	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO THE VILLAGE OF ARTS AND HUMANITIES	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO CHANGEABLE SHOE COMPANY LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO CHANGEABLE SHOE COMPANY LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO WINDACRE WEST LLC DBA MERRIAM VINEYARDS	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO WINDACRE WEST LLC DBA MERRIAM VINE	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO ADNANT, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO ADNANT, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO SAMMY'S MANAGEMENT COMPANY, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO SAMMYS MANAGEMENT COMPANY, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO KING COLE CONDOMINIUM ASSOCIATION, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO KING COLE CONDOMINIUM ASSOCIATION,	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO AMERICAN BEER WORKS, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO AMERICAN BEER WORKS, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO CUSTOM HOMES BY KAYE, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO CUSTOM HOMES BY KAYE, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO HEALTH MANAGEMENT SERVICES, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO HEALTH MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO RICHARD GREEN TRUCKING, LLC	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO RICHARD GREEN TRUCKING, LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO TSC ENDOVISION USA, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO TSC ENDOVISION USA, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN FBO IMPACT ANALYTICS, INC.	
<b>b</b>	Name of plan sponsor ONEDIGITAL POOLED EMPLOYER PLAN FBO IMPACT ANALYTICS, INC.	<b>c</b> EIN-PN 59-3708427-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO PIPE AND PLANT SOLUTIONS, INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO PIPE AND PLANT SOLUTIONS, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO REFRESHING MID ATLANTIC MGT., LLC	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO REFRESHING MID ATLANTIC MGT., LLC	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO ANSEL HEALTH, INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO ANSEL HEALTH, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	HIRSCHBACH COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIRSCHBACH COMPANIES 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 42-0883252-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN, ADOPTED BY HITE CONSULTING, INC.	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN, ADOPTED BY HITE CONSULTING, INC.	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN FBO COLEMAN ADVOCATES FOR CHILDREN AND YOUTH	
<b>b</b>	Name of plan sponsor	ONEDIGITAL POOLED EMPLOYER PLAN FBO COLEMAN ADVOCATES FOR CHILDREN AND	<b>c</b> EIN-PN 59-3708427-001
<b>a</b>	Plan name	THE AUTOMATED BUILDING SYSTEMS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE AUTOMATED BUILDING SYSTEMS, INC. PROFIT SHARING AND 401(K) PLAN	<b>c</b> EIN-PN 06-1173852-001
<b>a</b>	Plan name	BRIGHT WOOD 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT WOOD 401(K) SAVINGS AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 93-0720678-001
<b>a</b>	Plan name	MARY ANN LIEBERT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARY ANN LIEBERT, INC. 401(K) PLAN	<b>c</b> EIN-PN 13-3025783-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CLEARBRIDGE INTERNATIONAL GROWTH FUND (SA4BM)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>842</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>	288590
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7906552
<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>	227039272
<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>	208136754	235234414
<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>	517469	47264
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	517469	47264
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	207619285	235187150

**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>	221681	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		221681
<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>	3945176	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3945176
<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>	3270654	
<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>	10441619	
<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 .....	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)		
<b>c</b> Other income .....	2c		-422715
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		17456415

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		0
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	193919	
(3) Recordkeeping fees .....	2i(3)	46893	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	1016058	
(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)	6177	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1263047
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1263047

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		16193368
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		56505364
(2) From this plan .....	2l(2)		45130867

**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 \_\_\_\_\_.