

<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  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>IVY SCIENCE &amp; TECHNOLOGY INV OPT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>082</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>TRANSAMERICA LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u>  <b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u>  <b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	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  <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> <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 _____ (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>	<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>IVY SCIENCE &amp; TECHNOLOGY INV OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>082</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</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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**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:

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**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)

<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	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BNL INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1226220-001
<b>a</b>	Plan name	CALIFORNIA SIDECAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	<b>c</b> EIN-PN 33-0770432-001
<b>a</b>	Plan name	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLORADO MEDICAL SOCIETY	<b>c</b> EIN-PN 84-0174440-001
<b>a</b>	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CULVER GROUP	<b>c</b> EIN-PN 33-0789218-001
<b>a</b>	Plan name	FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRANK MARTIN SONS, INC.	<b>c</b> EIN-PN 01-0279609-003
<b>a</b>	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	<b>c</b> EIN-PN 33-0570155-001
<b>a</b>	Plan name	MARDEK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARDEK ENTERPRISES INC	<b>c</b> EIN-PN 95-3045906-001
<b>a</b>	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	<b>c</b> EIN-PN 81-0579482-001
<b>a</b>	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOORETOWN RANCHERIA	<b>c</b> EIN-PN 68-0152435-003
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name	AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001

<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	B & B TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & B TRUCKING, INC.	<b>c</b> EIN-PN 38-2003867-002
<b>a</b>	Plan name	DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIO SUSI & SON, INC.	<b>c</b> EIN-PN 04-2213066-003
<b>a</b>	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	<b>c</b> EIN-PN 38-1861527-002
<b>a</b>	Plan name	PICKERING MANOR HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PICKERING MANOR HOME	<b>c</b> EIN-PN 51-0244585-001
<b>a</b>	Plan name	PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUTNAM TRUCKING, INC.	<b>c</b> EIN-PN 37-1272751-001
<b>a</b>	Plan name	ZAWADSKI HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZAWADSKI HOMES, INC.	<b>c</b> EIN-PN 47-0885206-001
<b>a</b>	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	3NSOLUTIONS, INC.	<b>c</b> EIN-PN 76-0732644-001
<b>a</b>	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 54-0623641-002
<b>a</b>	Plan name	COMMUNITY CARE NURSES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	<b>c</b> EIN-PN 05-0410613-001
<b>a</b>	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & D PLUMBING, LLC	<b>c</b> EIN-PN 88-0164801-001
<b>a</b>	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.	<b>c</b> EIN-PN 05-0495348-002

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 PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor MAT SERVICES, INC. DBA PK ELECTRIC	<b>c</b> EIN-PN 91-2180582-001
<b>a</b>	Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PNG ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 93-1203951-001
<b>a</b>	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001
<b>a</b>	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	<b>c</b> EIN-PN 38-1842231-001
<b>a</b>	Plan name COSTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor COSTA FRUIT & PRODUCE COMPANY INC.	<b>c</b> EIN-PN 04-2076359-001
<b>a</b>	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	<b>c</b> EIN-PN 27-0047953-001
<b>a</b>	Plan name ENVISION TELEPHONY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENVISION TELEPHONY, INC.	<b>c</b> EIN-PN 91-1661458-001
<b>a</b>	Plan name HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<b>a</b>	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-777
<b>a</b>	Plan name DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAKEM & ASSOCIATES, LLC.	<b>c</b> EIN-PN 86-0864545-001
<b>a</b>	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLASS INDUSTRIES	<b>c</b> EIN-PN 22-1912538-002

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 GEIGER CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GEIGER CONSTRUCTION PRODUCTS, INC.	<b>c</b> EIN-PN 31-0734619-001
<b>a</b>	Plan name GELBER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GELBER & ASSOCIATES CORP.	<b>c</b> EIN-PN 76-0572605-001
<b>a</b>	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 52-1889574-001
<b>a</b>	Plan name HERITAGE CUSTOM KITCHENS, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor HERITAGE CUSTOM KITCHENS, INC.	<b>c</b> EIN-PN 38-3220963-001
<b>a</b>	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LINGLE DESIGN GROUP	<b>c</b> EIN-PN 36-4398800-001
<b>a</b>	Plan name MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARKETING SOLUTIONS INC. & DESIGN	<b>c</b> EIN-PN 46-5300350-001
<b>a</b>	Plan name MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARRONE'S, INC.	<b>c</b> EIN-PN 48-0788184-001
<b>a</b>	Plan name PARK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK PRODUCTIONS INC.	<b>c</b> EIN-PN 83-2355487-001
<b>a</b>	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b>	Plan name SKY ROAD LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SKY ROAD LLC	<b>c</b> EIN-PN 03-0571884-001
<b>a</b>	Plan name SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	<b>c</b> EIN-PN 58-2519444-002
<b>a</b>	Plan name THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002

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 VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACME ENGRAVING COMPANY, INC.	<b>c</b> EIN-PN 22-2136958-001
<b>a</b>	Plan name CITY WELDING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 04-2990922-001
<b>a</b>	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001
<b>a</b>	Plan name THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE FRATE GROUP	<b>c</b> EIN-PN 20-5168941-001
<b>a</b>	Plan name GKY DENTAL ARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GKY DENTAL ARTS INC.	<b>c</b> EIN-PN 88-4323547-001
<b>a</b>	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	<b>c</b> EIN-PN 64-0604860-010
<b>a</b>	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	<b>c</b> EIN-PN 52-1207242-002
<b>a</b>	Plan name MASADA HOMES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASADA HOMES	<b>c</b> EIN-PN 95-2479348-001
<b>a</b>	Plan name QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUALITY CASING & NETTING COMPANY, INC.	<b>c</b> EIN-PN 31-1365171-001
<b>a</b>	Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTISTIC TILE, INC.	<b>c</b> EIN-PN 22-3247240-001
<b>a</b>	Plan name ATSUMI CAR EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATSUMI CAR EQUIPMENT, INC.	<b>c</b> EIN-PN 54-2044418-001

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 <a href="#">DEGRUCHY MASONRY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEGRUCHY MASONRY, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2460052-001</a>
<b>a</b>	Plan name <a href="#">MISKO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MISKO, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2506409-001</a>
<b>a</b>	Plan name <a href="#">VINVISION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VINVISION, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0315550-001</a>
<b>a</b>	Plan name <a href="#">BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEACON TRI-STATE SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">32-0277555-001</a>
<b>a</b>	Plan name <a href="#">DOWNEY &amp; COMPANY, LLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOWNEY &amp; COMPANY, LLP</a>	<b>c</b> EIN-PN <a href="#">04-3106302-001</a>
<b>a</b>	Plan name <a href="#">DPE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DPE, INC.</a>	<b>c</b> EIN-PN <a href="#">58-2110906-001</a>
<b>a</b>	Plan name <a href="#">INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INGRAM FINANCIAL GROUP, INC. 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">59-1745402-001</a>
<b>a</b>	Plan name <a href="#">SGF MANAGEMENT, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SGF MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1850857-001</a>
<b>a</b>	Plan name <a href="#">NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW HAMPSHIRE HYDRAULICS, INC.</a>	<b>c</b> EIN-PN <a href="#">02-0338098-001</a>
<b>a</b>	Plan name <a href="#">SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SMP SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">20-2816544-001</a>
<b>a</b>	Plan name <a href="#">LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS</a>	<b>c</b> EIN-PN <a href="#">86-0880585-001</a>
<b>a</b>	Plan name <a href="#">ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALUMINUM COMPANY OF NC, INC.</a>	<b>c</b> EIN-PN <a href="#">83-0791382-001</a>

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 CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSER HOMES, INC.	<b>c</b> EIN-PN 93-0670347-001
<b>a</b>	Plan name R & R WARREN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R & R WARREN, INC.	<b>c</b> EIN-PN 04-2937148-001
<b>a</b>	Plan name MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDI-WEIGHT LOSS CLINICS, LLC	<b>c</b> EIN-PN 20-3753744-001
<b>a</b>	Plan name CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CMGWT, INC.	<b>c</b> EIN-PN 91-2039059-001
<b>a</b>	Plan name HANSFORD PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANSFORD PHARMACY SERVICES, LLC	<b>c</b> EIN-PN 20-0564615-001
<b>a</b>	Plan name REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor REMY LEATHER FASHIONS, INC.	<b>c</b> EIN-PN 95-2786389-001
<b>a</b>	Plan name ASSOCIATION RESEARCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATION RESEARCH, INC.	<b>c</b> EIN-PN 52-1327256-001
<b>a</b>	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	<b>c</b> EIN-PN 22-3462774-002
<b>a</b>	Plan name MIJA INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIJA INDUSTRIES, INC.	<b>c</b> EIN-PN 04-2496402-001
<b>a</b>	Plan name DEMAIO'S INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEMAIO'S INC.	<b>c</b> EIN-PN 22-3038197-001
<b>a</b>	Plan name VITECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZUKEN VITECH, INC.	<b>c</b> EIN-PN 54-1636539-001
<b>a</b>	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EARLEY & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3480813-001

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 BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	<b>c</b> EIN-PN 54-0491651-001
<b>a</b>	Plan name K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor K & K STAMPING COMPANY	<b>c</b> EIN-PN 38-2117903-001
<b>a</b>	Plan name P.J. ALBERT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.J. ALBERT, INC.	<b>c</b> EIN-PN 04-2787609-001
<b>a</b>	Plan name STARKE MACHINE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STARKE MACHINE COMPANY	<b>c</b> EIN-PN 75-1710418-001
<b>a</b>	Plan name SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SURGEONS CHOICE MEDICAL CENTER	<b>c</b> EIN-PN 38-3162435-001
<b>a</b>	Plan name SURVEYING CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.	<b>c</b> EIN-PN 57-0756824-001
<b>a</b>	Plan name FOOT AND ANKLE CENTER'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOOT AND ANKLE CENTER LLC, WASKIN	<b>c</b> EIN-PN 20-1334520-001
<b>a</b>	Plan name BENDER'S HOME CARE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENDER'S HOME CARE, INC.	<b>c</b> EIN-PN 43-1383071-002
<b>a</b>	Plan name BERG & ASSOCIATES, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 33-0075557-001
<b>a</b>	Plan name CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001
<b>a</b>	Plan name COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor COOLING & HERBERS, P.C.	<b>c</b> EIN-PN 43-1093669-001
<b>a</b>	Plan name FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001

<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	GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHG HOLDINGS, INC.	<b>c</b> EIN-PN 46-4331213-001
<b>a</b>	Plan name	GROUP CTI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROUP CTI	<b>c</b> EIN-PN 54-1960500-001
<b>a</b>	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.	<b>c</b> EIN-PN 27-0357836-777
<b>a</b>	Plan name	HITV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HITV OPERATING CO., INC.	<b>c</b> EIN-PN 20-8485379-001
<b>a</b>	Plan name	LASHUA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LASHUA-LACHANCE & POLIKS INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-2687189-001
<b>a</b>	Plan name	LYNXSPRING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYNXSPRING, INC.	<b>c</b> EIN-PN 47-0867589-001
<b>a</b>	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 95-4618495-001
<b>a</b>	Plan name	PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE TECHNOLOGY, INC.	<b>c</b> EIN-PN 68-0229180-001
<b>a</b>	Plan name	RON WILLIAMS CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RON WILLIAMS CONSTRUCTION, INC.	<b>c</b> EIN-PN 72-1296459-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	STERLING BV, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STERLING BV, INC.	<b>c</b> EIN-PN 81-1791939-001
<b>a</b>	Plan name	T.M.C.I., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	T.M.C.I., INC.	<b>c</b> EIN-PN 95-3185598-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN

**b** Name of plan sponsor TCI INTERNATIONAL, INC. **c** EIN-PN 05-0380899-001

**a** Plan name ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN

**b** Name of plan sponsor ATLANTIC AND PACIFIC FREIGHTWAYS, INC. **c** EIN-PN 93-0984994-001

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

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**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** 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>IVY SCIENCE &amp; TECHNOLOGY INV OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>082</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<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>	
<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>	15981445
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	18116413
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	15981445	18116413
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15981445	18116413

**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>		<b>(a)</b> Amount	<b>(b)</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>		
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) 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>		
<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>	2375100	
<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>		2314760
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4689860

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4689860
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1222426
(2) From this plan .....	<b>2l(2)</b>		3777318

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