

<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>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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>
----------------	---

<b>1a</b> Name of plan <u>IVY SCIENCE &amp; TECHNOLOGY RET ACCT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>267</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 FINANCIAL LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>36-6071399</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>		Date	Enter name of individual signing as plan administrator
	Signature of plan administrator		
<b>SIGN HERE</b>		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/22/2025	NEIL KOENCK
	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
--	--

**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)
---	---

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

<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>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>IVY SCIENCE &amp; TECHNOLOGY RET ACCT</u>	<b>B</b> Three-digit plan number (PN) <span style="float:right">▶</span> <u>267</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</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)
---------------	--

<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)
<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)
<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)



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 <b>APEX BULK CARRIERS, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APEX BULK CARRIERS, LLC</b>	<b>c</b> EIN-PN <b>11-3430280-001</b>
<b>a</b>	Plan name <b>ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECOLOGY SERVICES, INC.</b>	<b>c</b> EIN-PN <b>52-1633982-002</b>
<b>a</b>	Plan name <b>FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FULL SERVICE CONTRACTING, INC.</b>	<b>c</b> EIN-PN <b>11-2601825-001</b>
<b>a</b>	Plan name <b>GALATOIRE'S RESTAURANT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW ORLEANS EQUITY, LLC</b>	<b>c</b> EIN-PN <b>27-1326146-001</b>
<b>a</b>	Plan name <b>THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THOROUGHbred SOFTWARE INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>22-2427223-401</b>
<b>a</b>	Plan name <b>TIME STRIPING, INC. 401K</b>	
<b>b</b>	Name of plan sponsor <b>TIME STRIPING, INC.</b>	<b>c</b> EIN-PN <b>71-0669392-333</b>
<b>a</b>	Plan name <b>LEEMAN ARCHITECTURAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEEMAN CONSTRUCTION COMPANY, INC.</b>	<b>c</b> EIN-PN <b>58-1793770-001</b>
<b>a</b>	Plan name <b>LEVITT &amp; BOCCIO, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEVITT &amp; BOCCIO, LLP</b>	<b>c</b> EIN-PN <b>47-2210945-001</b>
<b>a</b>	Plan name <b>401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP</b>	
<b>b</b>	Name of plan sponsor <b>C12 CAPITAL MANAGEMENT US LP</b>	<b>c</b> EIN-PN <b>27-0582841-001</b>
<b>a</b>	Plan name <b>MPRM, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MPRM, LLC</b>	<b>c</b> EIN-PN <b>95-4676804-001</b>
<b>a</b>	Plan name <b>MRK 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MESISCA, RILEY, &amp; KREITENBERG, LLP</b>	<b>c</b> EIN-PN <b>14-1837873-001</b>
<b>a</b>	Plan name <b>NEWBROOK INSURANCE AGENCY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEWBROOK INSURANCE AGENCY, INC.</b>	<b>c</b> EIN-PN <b>11-2718154-001</b>

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 PHI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	<b>c</b> EIN-PN 13-3575492-001
<b>a</b>	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name SILC-NAKFOOR RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor JENNIFER T. SILC DDS MS, LTD.	<b>c</b> EIN-PN 85-1209970-001
<b>a</b>	Plan name COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COTTERMAN & COMPANY, INC.	<b>c</b> EIN-PN 34-1391975-001
<b>a</b>	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 95-4363145-001
<b>a</b>	Plan name TRI-SIGNAL INTEGRATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI-SIGNAL INTEGRATION, INC.	<b>c</b> EIN-PN 95-4706775-001
<b>a</b>	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003
<b>a</b>	Plan name VAZ BROS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VAZ BROS, INC.	<b>c</b> EIN-PN 91-1787391-001
<b>a</b>	Plan name GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENTILE, BRENGEL & LIN LLP	<b>c</b> EIN-PN 11-6227632-001

<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 SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
<b>b</b>	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 99-0242255-001
<b>a</b>	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001
<b>a</b>	Plan name	KIMBERLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIMBERLITE CORPORATION	<b>c</b> EIN-PN 77-0444505-001
<b>a</b>	Plan name	GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GRAVES MCLAIN PLLC	<b>c</b> EIN-PN 27-3216591-001
<b>a</b>	Plan name	GREENWOOD DENTAL ASSOCIATES, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREENWOOD DENTAL ASSOCIATES, LTD.	<b>c</b> EIN-PN 36-2716751-001
<b>a</b>	Plan name	INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTELLIZANT, LLC	<b>c</b> EIN-PN 26-0672456-002
<b>a</b>	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<b>a</b>	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name	KIRT04 PEO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIRT04, INC.	<b>c</b> EIN-PN 45-1965930-001
<b>a</b>	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	<b>c</b> EIN-PN 13-3990791-002
<b>a</b>	Plan name	NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NAPA VALLEY FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 68-0258366-001

<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	ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALSAHLANI AND ALBAZAZZ DENTAL, LTD.	<b>c</b> EIN-PN 36-3365578-001
<b>a</b>	Plan name	NORTHSIDE ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHSIDE ELECTRIC, INC.	<b>c</b> EIN-PN 72-0633686-001
<b>a</b>	Plan name	ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 51-0171445-001
<b>a</b>	Plan name	AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVATARLABS, INC.	<b>c</b> EIN-PN 91-2169053-001
<b>a</b>	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name	C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C2RL, INC. ENGINEERS	<b>c</b> EIN-PN 62-1838912-001
<b>a</b>	Plan name	SK USA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SK AMERICAS, INC.	<b>c</b> EIN-PN 13-4187356-777
<b>a</b>	Plan name	COUNTY CORVETTE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COUNTY CORVETTE SALES, INC.	<b>c</b> EIN-PN 23-2925644-001
<b>a</b>	Plan name	CREATIVE SUCCESS ALLIANCE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE SUCCESS ALLIANCE CORP.	<b>c</b> EIN-PN 46-1627458-001
<b>a</b>	Plan name	STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	STRATEGY CORPS	<b>c</b> EIN-PN 62-1872845-001
<b>a</b>	Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001

<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	TYCON COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE TYCON COMPANIES, INC.	<b>c</b> EIN-PN 41-1252968-001
<b>a</b>	Plan name	VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	<b>c</b> EIN-PN 27-0649868-001
<b>a</b>	Plan name	W. J. MAYER & CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W. J. MAYER & CO.	<b>c</b> EIN-PN 06-1331064-002
<b>a</b>	Plan name	FISCHER INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY	<b>c</b> EIN-PN 81-2008716-001
<b>a</b>	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 58-1278855-001
<b>a</b>	Plan name	B.E.R. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	B.E.R. REFRIGERATION, HEATING & COOLING, INC.	<b>c</b> EIN-PN 38-2862985-001
<b>a</b>	Plan name	CARPET TIME, INC. 401(K)	
<b>b</b>	Name of plan sponsor	CARPET TIME, INC.	<b>c</b> EIN-PN 33-0454234-001
<b>a</b>	Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 20-4472485-001
<b>a</b>	Plan name	EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXAKTIME INNOVATIONS, INC.	<b>c</b> EIN-PN 01-0552589-001
<b>a</b>	Plan name	FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLOORING ENVIRONMENT, INC.	<b>c</b> EIN-PN 20-1919012-001
<b>a</b>	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	<b>c</b> EIN-PN 37-1650185-001
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	<b>c</b> EIN-PN 13-3695218-003

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 <b>NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATHAN W. MOGREN, D.M.D., P.C.</b>	<b>c</b> EIN-PN <b>27-1009572-001</b>
<b>a</b>	Plan name <b>OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>OFFICE FURNITURE DIRECT, INC.</b>	<b>c</b> EIN-PN <b>11-3620000-001</b>
<b>a</b>	Plan name <b>PRECISION FABRICATING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION FABRICATING GROUP</b>	<b>c</b> EIN-PN <b>47-1669880-001</b>
<b>a</b>	Plan name <b>SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SALINAS MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>45-4187623-001</b>
<b>a</b>	Plan name <b>SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SARATOGA CLINICAL RESEARCH, LLC</b>	<b>c</b> EIN-PN <b>54-2194372-001</b>
<b>a</b>	Plan name <b>SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SBARRO, INC.</b>	<b>c</b> EIN-PN <b>11-2501939-001</b>
<b>a</b>	Plan name <b>SC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNLED COMPANY, LLC.</b>	<b>c</b> EIN-PN <b>46-0992147-001</b>
<b>a</b>	Plan name <b>SPEECH &amp; VOICE SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPEECH &amp; VOICE SOLUTIONS</b>	<b>c</b> EIN-PN <b>20-8174445-001</b>
<b>a</b>	Plan name <b>SPJ LIGHTING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPJ LIGHTING INC.</b>	<b>c</b> EIN-PN <b>95-4704234-001</b>
<b>a</b>	Plan name <b>UNITED TECH 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNITED TECH EMPLOYEE MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>47-3252875-333</b>
<b>a</b>	Plan name <b>ANGLIN FLEWELLING RASMUSSEN CAMPBELL &amp; TRYTTEN 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANGLIN FLEWELLING RASMUSSEN CAMPBELL &amp; TRYTTEN LLP</b>	<b>c</b> EIN-PN <b>95-4887678-001</b>
<b>a</b>	Plan name <b>CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL PAPER STOCK CO., INC</b>	<b>c</b> EIN-PN <b>43-1234352-001</b>

<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	CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CERRI & SON, INC.	<b>c</b> EIN-PN 45-3450785-001
<b>a</b>	Plan name	FORMING SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FORMINGS SYSTEMS, INC.	<b>c</b> EIN-PN 32-0009832-001
<b>a</b>	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOSTER/PREMIER, INC.	<b>c</b> EIN-PN 36-4139399-001
<b>a</b>	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name	P & I 401(K) AND PENSION PLAN	
<b>b</b>	Name of plan sponsor	PERLITER & INGALSBE	<b>c</b> EIN-PN 95-2124423-003
<b>a</b>	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	<b>c</b> EIN-PN 99-0268773-001
<b>a</b>	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name	THE HRB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAZAK & ASSOCIATES, LLC	<b>c</b> EIN-PN 81-4386443-201
<b>a</b>	Plan name	WINCO DEVELOPMENT 401(K)PLAN	
<b>b</b>	Name of plan sponsor	WINCO DEVELOPMENT, LLC	<b>c</b> EIN-PN 27-4131501-001
<b>a</b>	Plan name	BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEVERLY HILLS SPORTS COUNCIL, INC	<b>c</b> EIN-PN 95-4282114-001
<b>a</b>	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001
<b>a</b>	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMEGLOBAL	<b>c</b> EIN-PN 36-2983725-001

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 PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION	<b>c</b> EIN-PN 92-0180624-001
<b>a</b>	Plan name TECH VALLEY TALENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECH VALLEY TALENT LLC	<b>c</b> EIN-PN 26-2582540-001
<b>a</b>	Plan name THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b>	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DOXON, LLC	<b>c</b> EIN-PN 20-8038249-001
<b>a</b>	Plan name BMCO/BVCO 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLAIR-MARTIN CO., INC.	<b>c</b> EIN-PN 95-1786982-001
<b>a</b>	Plan name BOSTER, KOBAYASHI 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOSTER, KOBAYASHI & ASSOCIATES	<b>c</b> EIN-PN 94-2746874-001
<b>a</b>	Plan name EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HR, INC. DBA SIMPLE HR	<b>c</b> EIN-PN 81-0583874-333
<b>a</b>	Plan name HRBENEFIX 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MMGK HOLDING GROUP LLC DBA HR BENEFIX	<b>c</b> EIN-PN 27-4391628-001
<b>a</b>	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	<b>c</b> EIN-PN 75-1640547-001
<b>a</b>	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RENOWN TAG AND LABEL, INC.	<b>c</b> EIN-PN 11-2530597-001

<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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

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 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>267</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	7881557
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	9422078
<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>	7881557	9422078
<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>	7881557	9422078

**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>		
<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>	2100598	
<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>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2100598

**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>		2100598
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1566977
(2) From this plan .....	<b>2l(2)</b>		2127054

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