

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): LINK ASSOCIATES EMPLOYER 403(B) RETIREME
2b Employer Identification Number (EIN): 42-0815363
2c Plan Sponsor's telephone number: 515-262-8888
2d Business code (see instructions): 624310

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	133
	6a(2)	129
	6b	
	6c	278
	6d	407
	6e	
	6f	407
	6g(1)	396
6g(2)	407	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2L

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LINK ASSOCIATES EMPLOYER 403(B) RETIREME</p>	<p>D Employer Identification Number (EIN) 42-0815363</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	53519	407	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">7463</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SHAWN MONAHAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5331			3

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

DANIEL A. ALLEN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
901			3

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

TEAM, CLIENT SUPPORT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
673			3

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

DAVID DYKSTRA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
542			3

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

PAM CORRICK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	484923
5	Current value of plan's interest under this contract in separate accounts at year end.....	2935626
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 449541
c	Additions: (1) Contributions deposited during the year	7c(1) 22713
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 12432
	(4) Transferred from separate account	7c(4) 54648
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 89793
d	Total of balance and additions (add lines 7b and 7c(6))	7d 539334
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 53129
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 1282
(5) Total deductions	7e(5) 54411	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 484923

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LINK ASSOCIATES EMPLOYER 403(B) RETIREME	D Employer Identification Number (EIN) 42-0815363

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2806260
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	449541
(15) Other.....	1c(15)	2935626

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3255801	3420549
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3255801	3420549

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4951	
(B) Participants.....	2a(1)(B)	247634	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		252585
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	12432	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		12432
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		298547
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		563564

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	391036	
(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)		391036
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	7780	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7780
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		398816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		164748
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DENMAN CPA LLP

(2) EIN: 42-0794029

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**Link Associates Employer 403(b) Retirement Plan
West Des Moines, Iowa**

FINANCIAL REPORT

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Plan Trustees
Link Associates Employer 403(b) Retirement Plan
West Des Moines, Iowa

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of Link Associates Employer 403(b) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Link Associates Employer 403(b) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Link Associates Employer 403(b) Retirement Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Link Associates Employer 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, Link Associates Employer 403(b) Retirement Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Link Associates Employer 403(b) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Link Associates Employer 403(b) Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Link Associates Employer 403(b) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2024 and schedule of delinquent participant contributions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Denman CPA LLP
Denman CPA LLP

West Des Moines, Iowa
June 24, 2025

Link Associates Employer 403(b) Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value		
Value of interest in registered investment companies	\$ 2,935,626	\$ 2,806,260
Value of funds held in insurance company general account	484,923	449,541
Total investments at fair value	<u>3,420,549</u>	<u>3,255,801</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,420,549</u>	<u>\$ 3,255,801</u>

See Notes to Financial Statements.

**Link Associates Employer 403(b) Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year ended December 31	
	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 298,547	\$ 363,021
Interest	12,432	11,226
Total investment income	310,979	374,247
Contributions		
Employer contributions	4,951	5,157
Participant contributions	247,634	254,468
Total contributions	252,585	259,625
Total additions	563,564	633,872
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	391,036	58,727
Administrative fees	7,780	4,727
Total deductions	398,816	63,454
NET INCREASE	164,748	570,418
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	3,255,801	2,685,383
Ending	\$ 3,420,549	\$ 3,255,801

**Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Link Associates Employer 403(b) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Link Associates (the Organization). An employee becomes eligible for participation in the Plan on his/her first day of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

All participants are eligible to make elective deferrals. Each year participants may elect to contribute a portion of their pre-tax compensation, as defined by the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants also have the option to contribute post-tax compensation through Roth contributions. The Plan provides for discretionary employer contributions. Effective June 2022, the Organization authorized a matching contribution equal to two percent of the employee's contribution.

Rollover contributions are also allowed by the Plan.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions and Plan earnings, and is charged with withdrawals and fees applicable to early withdrawal, if any. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to shares of registered investment companies or funds held in the insurance company's general account. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their elective deferrals plus actual earnings. Vesting in the employer's contribution portion of their accounts plus actual earnings is based on years of continuous service. Participants are 100% vested in the employer contributions after six years of credited service.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant or beneficiary may elect distribution under one, or any combination, of the following methods:

- 1) by payment in a lump sum; or
- 2) by payment in installments over a fixed reasonable period of time, not exceeding the life expectancy of the participant, or the joint life and last survivor expectancy of the participant and his beneficiary.

Forfeitures

As of December 31, 2024 and 2023, the forfeiture account balance was \$500 and \$485, respectively. Forfeitures may be used to reduce future employer contributions.

Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting, except as noted below.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits and supplemental schedules certain annuity and custodial accounts issued to current and former employees prior to July 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

The Plan has investments in The Variable Annuity Life Insurance Company (VALIC) general account. The interest rate credited to investments in the general account is based on a current rate, and is not dependent upon the length of time the assets are invested with VALIC. Requests for withdrawal can be made at any time and are processed on the day that they are received by VALIC, and are not dependent on the liquidation of securities in order to generate payment. The value of the general account investment reported by VALIC is the redeemable value of the fund, and there are no charges or other adjustments that would affect liquidity and investment value as the result of a withdrawal request.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the shares of registered investment companies are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan. Certain other administrative expenses of the Plan, including third party administrator fees and audit fees, are paid by the Organization.

**Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Uncertain Tax Positions

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Payment of Benefits

Benefits are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at December 31, 2024 and 2023.

NOTE 3 INFORMATION CERTIFIED BY THE VARIABLE ANNUITY LIFE INSURANCE COMPANY

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by VALIC (the custodian of the Plan).

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	<u>2024</u>	<u>2023</u>
Value of interest in registered investment companies	\$ 2,935,626	\$ 2,806,260
Value of funds held in insurance company general account	484,923	449,541
Net appreciation in fair value of investments	298,547	363,021
Interest	12,432	11,226

NOTE 4 PLAN TERMINATION

Although it has not expressed any intention to do so, the Organization has the right under the Plan document to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 5 FEDERAL INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by the Organization. Internal Revenue Service (IRS) Revenue Procedure 2013-22 was issued in April 2013, setting forth the procedures of the IRS for issuing opinion and advisory letters for pre-approved (that is, prototype) 403(b) plans. Applications for these letters were accepted by the IRS beginning June 28, 2013. As of the date of these financial statements, the prototype sponsor has not submitted an application for review. However, the Plan's management and the prototype sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS

NOTE 6 RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

NOTE 7 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification (ASC) 820 are described as follows:

Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2—Inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly, such as:

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3—Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Registered investment companies—Registered investment companies invest primarily in domestic and international long-term bonds, domestic and international stocks, or single mutual funds. The net asset value (NAV) is used as a practical expedient to determine fair value for these accounts and is based on the market value of its underlying investments which represents the NAV of the units held by the Plan at the end of the year. The NAV is not publicly quoted but is available to current investors when plan participants access their accounts via the custodian's website. Registered investment companies are deemed to have readily available fair values which are calculated on a daily basis and are actively traded within the Plan.

Insurance company general account—The Plan has investment contracts with VALIC. Deposits are invested in VALIC's general account to which interest is added at the contractual rate. Deposits into these contracts are guaranteed the contract rate of return. The investment contract is stated at fair value, determined to be amortized cost.

**Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS**

NOTE 7 FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

<u>December 31, 2024</u>	<u>Investments at Fair Value</u>			
	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Insurance company general account	\$ 484,923	\$ —	\$ 484,923	\$ —
Registered investment companies	2,935,626	2,935,626	—	—
Total investments at fair value	<u>\$3,420,549</u>	<u>\$2,935,626</u>	<u>\$ 484,923</u>	<u>\$ —</u>

<u>December 31, 2023</u>	<u>Investments at Fair Value</u>			
	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Insurance company general account	\$ 449,541	\$ —	\$ 449,541	\$ —
Registered investment companies	2,806,260	2,806,260	—	—
Total investments at fair value	<u>\$3,255,801</u>	<u>\$2,806,260</u>	<u>\$ 449,541</u>	<u>\$ —</u>

Transfers between Levels

For the years ended December 31, 2024 and 2023, there were no transfers between Levels 1, 2, or 3.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of accounts maintained by VALIC. VALIC is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

The Plan's trustees and administrator participate in the Plan.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9 PROHIBITED TRANSACTIONS

During the year ended December 31, 2023, participant deferrals of \$10,926 were not deposited within the timeframe required by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. These late deposits resulted in \$23 of lost interest income, which were subsequently corrected.

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 24, 2025, the date which the financial statements were available to be issued. There were no subsequent events which required accrual or disclosure.

SUPPLEMENTAL SCHEDULES

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024

Plan employer identification number: 42-0815363
Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Fixed Account Plus		\$ 484,017
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account		906
	Subtotal – Fixed account			<u>484,923</u>
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle		307,022
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund		7,727
*	The Variable Annuity Life Insurance Company	Ariel Fund		7,447
*	The Variable Annuity Life Insurance Company	Core Bond Fund		145,606
*	The Variable Annuity Life Insurance Company	Dividend Value		6,195
*	The Variable Annuity Life Insurance Company	Emerging Economies		77,124
*	The Variable Annuity Life Insurance Company	International Value Fund		34,059
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund		27,205
*	The Variable Annuity Life Insurance Company	Global Strategy		19,696
*	The Variable Annuity Life Insurance Company	Growth Fund		23,786
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund		40,266
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund		54,911
*	The Variable Annuity Life Insurance Company	International Growth Fund		947
*	The Variable Annuity Life Insurance Company	International Equities Index Fund		166,316
*	The Variable Annuity Life Insurance Company	International Government Bond		7,561
*	The Variable Annuity Life Insurance Company	International Opportunities		42,834
*	The Variable Annuity Life Insurance Company	Invesco Bal Risk Commodities Strategy R5		26,062
*	The Variable Annuity Life Insurance Company	Large Capital Growth		18,968
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund		135,755
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth		58,424
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund		52,316
*	The Variable Annuity Life Insurance Company	Moderate Growth Lifestyle		415,387
*	The Variable Annuity Life Insurance Company	NASDAQ-100(r) Index Fund		683
*	The Variable Annuity Life Insurance Company	Science and Technology Fund		36,222
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund		675
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund		63,000
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund		2,424
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund		331
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund		77,007
*	The Variable Annuity Life Insurance Company	Stock Index Fund		193,714
*	The Variable Annuity Life Insurance Company	Systematic Core Fund		1,861
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2025		9,777
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2030		18,855
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2035		51,221
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2040		87,215
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2045		74,380
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2050		78,339
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2055		23,105
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2060		28,923

See Accompanying Independent Auditor's Report.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (continued)
December 31, 2024

Plan employer identification number: 42-0815363
 Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth		19,051
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Moderate		4,286
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc		23,426
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II		187,076
*	The Variable Annuity Life Insurance Company	Vanguard I Conservative Growth Lifestyle		19,185
*	The Variable Annuity Life Insurance Company	AM Beacon Broadway Large Cap		8,233
*	The Variable Annuity Life Insurance Company	Government Securities Fund		2,657
*	The Variable Annuity Life Insurance Company	Government Money Market Fund		154,840
*	The Variable Annuity Life Insurance Company	International Socially Responsible Fund		25,265
*	The Variable Annuity Life Insurance Company	Systemic Growth Fund		34,383
*	The Variable Annuity Life Insurance Company	Systemic Value		5,564
*	The Variable Annuity Life Insurance Company	VALIC CO I Conservative Growth Lifestyle		28,314
	Subtotal – Registered investment companies			<u>2,935,626</u>
				<u>\$3,420,549</u>

Above information was certified by The Variable Annuity Life Insurance Company.

*Indicates party-in-interest to the Plan.

**Cost information is omitted due to transactions being participant-directed.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024

Plan employer identification number: 42-0815363
Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Fixed Account Plus		\$ 484,017
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account		906
	Subtotal – Fixed account			<u>484,923</u>
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle		307,022
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund		7,727
*	The Variable Annuity Life Insurance Company	Ariel Fund		7,447
*	The Variable Annuity Life Insurance Company	Core Bond Fund		145,606
*	The Variable Annuity Life Insurance Company	Dividend Value		6,195
*	The Variable Annuity Life Insurance Company	Emerging Economies		77,124
*	The Variable Annuity Life Insurance Company	International Value Fund		34,059
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund		27,205
*	The Variable Annuity Life Insurance Company	Global Strategy		19,696
*	The Variable Annuity Life Insurance Company	Growth Fund		23,786
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund		40,266
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund		54,911
*	The Variable Annuity Life Insurance Company	International Growth Fund		947
*	The Variable Annuity Life Insurance Company	International Equities Index Fund		166,316
*	The Variable Annuity Life Insurance Company	International Government Bond		7,561
*	The Variable Annuity Life Insurance Company	International Opportunities		42,834
*	The Variable Annuity Life Insurance Company	Invesco Bal Risk Commodities Strategy R5		26,062
*	The Variable Annuity Life Insurance Company	Large Capital Growth		18,968
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund		135,755
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth		58,424
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund		52,316
*	The Variable Annuity Life Insurance Company	Moderate Growth Lifestyle		415,387
*	The Variable Annuity Life Insurance Company	NASDAQ-100(r) Index Fund		683
*	The Variable Annuity Life Insurance Company	Science and Technology Fund		36,222
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund		675
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund		63,000
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund		2,424
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund		331
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund		77,007
*	The Variable Annuity Life Insurance Company	Stock Index Fund		193,714
*	The Variable Annuity Life Insurance Company	Systematic Core Fund		1,861
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2025		9,777
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2030		18,855
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2035		51,221
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2040		87,215
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2045		74,380
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2050		78,339
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2055		23,105
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2060		28,923

See Accompanying Independent Auditor's Report.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (continued)
December 31, 2024

Plan employer identification number: 42-0815363
 Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth		19,051
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Moderate		4,286
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc		23,426
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II		187,076
*	The Variable Annuity Life Insurance Company	Vanguard I Conservative Growth Lifestyle		19,185
*	The Variable Annuity Life Insurance Company	AM Beacon Broadway Large Cap		8,233
*	The Variable Annuity Life Insurance Company	Government Securities Fund		2,657
*	The Variable Annuity Life Insurance Company	Government Money Market Fund		154,840
*	The Variable Annuity Life Insurance Company	International Socially Responsible Fund		25,265
*	The Variable Annuity Life Insurance Company	Systemic Growth Fund		34,383
*	The Variable Annuity Life Insurance Company	Systemic Value		5,564
*	The Variable Annuity Life Insurance Company	VALIC CO I Conservative Growth Lifestyle		28,314
	Subtotal – Registered investment companies			<u>2,935,626</u>
				<u>\$3,420,549</u>

Above information was certified by The Variable Annuity Life Insurance Company.

*Indicates party-in-interest to the Plan.

**Cost information is omitted due to transactions being participant-directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[X] a single-employer plan [] a DFE (specify)
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: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): LINK ASSOCIATES EMPLOYER 403(B) RETIREME
Mailing address (include room, apt., suite no. and street, or P.O. Box): 1452 29TH STREET
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): WEST DES MOINES IA 50266-1306
2b Employer Identification Number (EIN): 42-0815363
2c Plan Sponsor's telephone number: 515-262-8888
2d Business code (see instructions): 624310

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, Date, and Name. Row 1: Linda Dunshee, 8.12.25, LINDA DUNSHEE. Row 2: Linda Dunshee, 8.12.25, LINDA DUNSHEE. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	133
a (2) Total number of active participants at the end of the plan year	6a(2)	129
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	278
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	407
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	407
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	396
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	407
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2G 2L

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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