

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.) [ ] a single-employer plan [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: VICTORY SYCAMORE ESTABLISHED VALUE RET ACCT
1b Three-digit plan number (PN): 608
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>VICTORY SYCAMORE ESTABLISHED VALUE RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>608</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)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 365 HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-1213953-001
<b>a</b>	Plan name CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHARLES E. THOMAS COMPANY, INC.	<b>c</b> EIN-PN 95-2280159-001
<b>a</b>	Plan name CHEMSYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEMSYSTEMS, INC.	<b>c</b> EIN-PN 99-0303797-001
<b>a</b>	Plan name CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER J. WOLFE	<b>c</b> EIN-PN 82-1310367-001
<b>a</b>	Plan name GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GARTH FISHER M.D., A MEDICAL CORP.	<b>c</b> EIN-PN 95-4440917-001
<b>a</b>	Plan name K & M DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K & M DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 43-0863357-001
<b>a</b>	Plan name MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MMR RESEARCH WORLD WIDE INC.	<b>c</b> EIN-PN 01-0788273-001
<b>a</b>	Plan name MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MONAHAN LAW GROUP, LLC	<b>c</b> EIN-PN 45-4055483-001
<b>a</b>	Plan name WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WOMEN'S OB/GYN PC	<b>c</b> EIN-PN 81-0802359-001
<b>a</b>	Plan name WORLD CLASS PLASTICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WORLD CLASS PLASTICS, INC.	<b>c</b> EIN-PN 34-1781164-001
<b>a</b>	Plan name XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001
<b>a</b>	Plan name ABC OF IOWA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ABC OF IOWA	<b>c</b> EIN-PN 42-1029016-001

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 NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	<b>c</b> EIN-PN 22-2918632-001
<b>a</b>	Plan name NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW YORK ACCESSORY GROUP, INC.	<b>c</b> EIN-PN 13-4175959-002
<b>a</b>	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 11-2718154-001
<b>a</b>	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	<b>c</b> EIN-PN 94-1686016-001
<b>a</b>	Plan name PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	<b>c</b> EIN-PN 95-4442409-001
<b>a</b>	Plan name ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC	<b>c</b> EIN-PN 68-0545497-001
<b>a</b>	Plan name CIVIC ENTERTAINMENT GROUP, LLC 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CIVIC ENTERTAINMENT GROUP, LLC	<b>c</b> EIN-PN 13-4042407-001
<b>a</b>	Plan name CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLARK CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 13-3420684-001
<b>a</b>	Plan name CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CPS, INC.	<b>c</b> EIN-PN 86-0745045-001
<b>a</b>	Plan name CORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	<b>c</b> EIN-PN 20-1907597-001
<b>a</b>	Plan name CORTECH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORTECH, LLC	<b>c</b> EIN-PN 58-2449456-001
<b>a</b>	Plan name ST. JOSEPH TV, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH TV, LLC	<b>c</b> EIN-PN 46-4900496-001

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 ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ELECTECH HAWAII, INC.	<b>c</b> EIN-PN 99-0229338-001
<b>a</b>	Plan name TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOWER ENGINEERING SOLUTIONS, LLC.	<b>c</b> EIN-PN 46-2297448-001
<b>a</b>	Plan name TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRUE NORTH HUMAN CAPITAL, LLC	<b>c</b> EIN-PN 47-4797475-777
<b>a</b>	Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	<b>c</b> EIN-PN 81-3879700-001
<b>a</b>	Plan name FCBI 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOOTHILLS COMMERCIAL BUILDERS, INC.	<b>c</b> EIN-PN 84-1150396-222
<b>a</b>	Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	<b>c</b> EIN-PN 20-5463282-001
<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 INNOVANT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INNOVANT, INC.	<b>c</b> EIN-PN 45-0499207-001
<b>a</b>	Plan name INVO PEO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INVO PEO, INC.	<b>c</b> EIN-PN 27-1067748-001
<b>a</b>	Plan name ISHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISHR, LLC.	<b>c</b> EIN-PN 26-1160348-333
<b>a</b>	Plan name KMFY LAW GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KOOPERMAN MENTEL FERGUSON YAROSS, LTD.	<b>c</b> EIN-PN 46-1106102-001
<b>a</b>	Plan name LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	<b>c</b> EIN-PN 45-5257377-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADHAN PIPING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">16-1370100-001</a>
<b>a</b>	Plan name <a href="#">NARTKER, GRUNEWALD &amp; CO 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC</a>	<b>c</b> EIN-PN <a href="#">31-0872466-001</a>
<b>a</b>	Plan name <a href="#">ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALSAHLANI AND ALBAZAZZ DENTAL, LTD.</a>	<b>c</b> EIN-PN <a href="#">36-3365578-001</a>
<b>a</b>	Plan name <a href="#">AMBIOPHARM, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBIOPHARM, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3940281-222</a>
<b>a</b>	Plan name <a href="#">NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NMS PROPERTY SERVICES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">95-4848549-001</a>
<b>a</b>	Plan name <a href="#">NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOLL-FISHER, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1098448-001</a>
<b>a</b>	Plan name <a href="#">NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHTOWNS CARDIOLOGY, PLLC</a>	<b>c</b> EIN-PN <a href="#">45-1765093-001</a>
<b>a</b>	Plan name <a href="#">AVANTE GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVANTE GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">65-1033707-001</a>
<b>a</b>	Plan name <a href="#">PHI RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAPROFESSIONAL HEALTHCARE INSTITUTE</a>	<b>c</b> EIN-PN <a href="#">13-3575492-001</a>
<b>a</b>	Plan name <a href="#">PIEDMONT PEDIATRICS, LLC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PIEDMONT PEDIATRICS, LLC</a>	<b>c</b> EIN-PN <a href="#">58-1108592-001</a>
<b>a</b>	Plan name <a href="#">PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PINNACLE EMPLOYEE SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">47-1368882-333</a>
<b>a</b>	Plan name <a href="#">PLANNED RETIREMENT CONSULTANTS &amp; ADMINISTRATORS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLANNED RETIREMENT CONSULTANTS &amp; ADMINISTRATORS, LLC</a>	<b>c</b> EIN-PN <a href="#">22-2116608-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BYRON PRODUCTS	<b>c</b> EIN-PN 31-1192208-001
<b>a</b>	Plan name	COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COLUMBUS CITIZENS HOUSE INC.	<b>c</b> EIN-PN 13-2852037-001
<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	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 45-4813650-001
<b>a</b>	Plan name	SOFTGENETICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOFTGENETICS, LLC	<b>c</b> EIN-PN 25-1899879-001
<b>a</b>	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name	STONY POINT DENTAL, PC	
<b>b</b>	Name of plan sponsor	STONY POINT DENTAL, PC	<b>c</b> EIN-PN 27-2392177-002
<b>a</b>	Plan name	STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATFORD CHIROPRACTIC LLC	<b>c</b> EIN-PN 33-0994708-001
<b>a</b>	Plan name	STRATUS.HR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STRATUS.HR	<b>c</b> EIN-PN 45-3548842-333
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
<b>b</b>	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	<b>c</b> EIN-PN 13-4063379-777
<b>a</b>	Plan name	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONET SYSTEMS, LLC	<b>c</b> EIN-PN 13-3851048-001
<b>a</b>	Plan name	VISIONARY PAYROLL SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISIONARY PAYROLL SOLUTIONS, LLC	<b>c</b> EIN-PN 45-4077661-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FIRST FREIGHT TRANSPORT, INC.
<b>c</b>	EIN-PN	16-1227272-001
<b>a</b>	Plan name	AGC SELECT 401(K)
<b>b</b>	Name of plan sponsor	AGC SELECT 401(K)
<b>c</b>	EIN-PN	74-0490820-002
<b>a</b>	Plan name	CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CEDAR RAPIDS OB-GYN SPECIALISTS, PC
<b>c</b>	EIN-PN	42-1232291-001
<b>a</b>	Plan name	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC
<b>c</b>	EIN-PN	46-5167460-001
<b>a</b>	Plan name	COMPUTER EXCHANGE, LTD. 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMPUTER EXCHANGE, LTD.
<b>c</b>	EIN-PN	58-1649904-003
<b>a</b>	Plan name	DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	DAVIS, BENGTON & YOUNG, APLC
<b>c</b>	EIN-PN	27-0646365-001
<b>a</b>	Plan name	GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	GUARDIAN CREDIT UNION
<b>c</b>	EIN-PN	39-0334442-002
<b>a</b>	Plan name	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL
<b>c</b>	EIN-PN	33-0416470-222
<b>a</b>	Plan name	JAGRO CUSTOM BROKERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.
<b>c</b>	EIN-PN	13-3009245-002
<b>a</b>	Plan name	NATIONAL RETIREMENT PLAN EXCHANGE
<b>b</b>	Name of plan sponsor	NATIONAL RETIREMENT PLAN EXCHANGE
<b>c</b>	EIN-PN	45-4813651-001
<b>a</b>	Plan name	OCEANWIDE CENTER NY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	OCEANWIDE CENTER NY LLC
<b>c</b>	EIN-PN	81-1714900-001
<b>a</b>	Plan name	OHIO CONTRACTORS ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	OHIO CONTRACTORS ASSOCIATION
<b>c</b>	EIN-PN	31-4269300-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OHIO VALLEY EYE INSTITUTE, P.C.	<b>c</b> EIN-PN 35-1907178-001
<b>a</b>	Plan name SPECIALTY PROPERTY, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY PROPERTY, LTD	<b>c</b> EIN-PN 74-2938057-001
<b>a</b>	Plan name SPORTIME RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPORTIME CLUBS, LLC	<b>c</b> EIN-PN 11-3224021-222
<b>a</b>	Plan name SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUCCESS ADVERTISING, INC.	<b>c</b> EIN-PN 22-1919260-001
<b>a</b>	Plan name SWLOMELI, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor SWLOMELI, INC.	<b>c</b> EIN-PN 20-3253715-001
<b>a</b>	Plan name UNION RESCUE MISSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNION RESCUE MISSION	<b>c</b> EIN-PN 95-1709293-001
<b>a</b>	Plan name UNITED TECH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.	<b>c</b> EIN-PN 47-3252875-333
<b>a</b>	Plan name WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST MIDTOWN MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 13-3952613-001
<b>a</b>	Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.	<b>c</b> EIN-PN 33-0078013-001
<b>a</b>	Plan name DIABLO GENERAL ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUCREW, INC. DBA DIABLO GENERAL ENGINEERING CO.	<b>c</b> EIN-PN 47-0874153-001
<b>a</b>	Plan name DIXON A.C. & R. CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIXON A.C. & R. CORPORATION	<b>c</b> EIN-PN 24-0830389-001
<b>a</b>	Plan name JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JAY KNIGHT DDS, PLC	<b>c</b> EIN-PN 05-0539009-001

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 PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	<b>c</b> EIN-PN 13-4303956-001
<b>a</b>	Plan name SCP DRILLING EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRUCTURAL CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 54-1905754-001
<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 WKTV, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WKTV, LLC	<b>c</b> EIN-PN 46-4283848-001
<b>a</b>	Plan name WOLVERINE WATER TREATMENT SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN SOFT WATER OF WESTERN MICHIGAN, INC.	<b>c</b> EIN-PN 38-1498962-001
<b>a</b>	Plan name DELTA METALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELTA METALS, INC.	<b>c</b> EIN-PN 58-0812732-001
<b>a</b>	Plan name DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor DELTA ZETA SORORITY	<b>c</b> EIN-PN 35-0267676-001
<b>a</b>	Plan name M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
<b>b</b>	Name of plan sponsor M&W DISTRIBUTION SERVICES, INC.	<b>c</b> EIN-PN 58-1164068-001
<b>a</b>	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1148820-001
<b>a</b>	Plan name TECH TRADING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TECH TRADING OF NEW YORK, INC.	<b>c</b> EIN-PN 14-1734227-001
<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 QUALITY PAYROLL & BENEFITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY PAYROLL & BENEFITS	<b>c</b> EIN-PN 35-2175330-001

<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	THE MCLEOD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCLEOD EXPRESS, LLC	<b>c</b> EIN-PN 35-2156793-222
<b>a</b>	Plan name	DUNCAN OIL CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUNCAN OIL CO.	<b>c</b> EIN-PN 31-0925929-002
<b>a</b>	Plan name	HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SONGY HIGHROADS, LLC	<b>c</b> EIN-PN 45-4485594-001
<b>a</b>	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	<b>c</b> EIN-PN 81-0373761-001
<b>a</b>	Plan name	MERCER THOMPSON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-222
<b>a</b>	Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-777
<b>a</b>	Plan name	MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL G. LORUSSO, PC.	<b>c</b> EIN-PN 27-0944838-002
<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	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC.	<b>c</b> EIN-PN 65-0622851-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>VICTORY SYCAMORE ESTABLISHED VALUE RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>608</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>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<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>	<b>17763937</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>19484949</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	17763937	19484949
<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>	17763937	19484949

**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>	1618564	
<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>		1618564

**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>		1618564
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		3483657
(2) From this plan .....	<b>2l(2)</b>		3381209

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