

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: TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES
2b Employer Identification Number (EIN): 95-1641973
2c Plan Sponsor's telephone number: 949-432-9480
2d Business code (see instructions): 622000

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 rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADAM MEISLIK 5271 CALIFORNIA AVE. #270 IRVINE, CA 92617	3b Administrator's EIN 95-1641973 3c Administrator's telephone number 949-432-9480
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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	190
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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)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	6
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	6
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	6
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)	190
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	6
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 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 checked="" 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 checked="" 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) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 2

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **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>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>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>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 TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES</p>	<p>D Employer Identification Number (EIN) 95-1641973</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
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(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	57115	0	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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

(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	

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

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	(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
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 4618
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 44
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 44
d	Total of balance and additions (add lines 7b and 7c(6))	7d 4662
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 4662
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 4662	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES

B Three-digit plan number (PN) ▶ **002**

C Plan sponsor's name as shown on line 2a of Form 5500
VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES

D Employer Identification Number (EIN)
95-1641973

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
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(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	57115	6	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.

(a) Total amount of commissions paid **(b)** Total amount of fees paid

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

(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	

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(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	23793
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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 610344
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 8954
	(4) Transferred from separate account	7c(4) 10735
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 19689
d	Total of balance and additions (add lines 7b and 7c(6))	7d 630033
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 605946
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 294
(5) Total deductions	7e(5) 606240	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 23793

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 C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ 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 TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES	D Employer Identification Number (EIN) 95-1641973	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VALIC RETIREMENT SERVICE COMPANY

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 26 28 29 33 37 49 50 52 57 58 59 60 63 64 65	NONE	13647	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 99			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 26 28 29 33 37 49 50 52 59 60 61 63 64 72 99	NONE	5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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 TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES	D Employer Identification Number (EIN) 95-1641973

Part I	Asset and Liability Statement
---------------	--------------------------------------

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
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)	2638924	19254
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	614962	23793
(15) Other.....	1c(15)		

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	3253886	43047
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	3253886	43047

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)		
(B) Participants	2a(1)(B)		
(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)		
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)	8998	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8998
(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)	12638	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12638
(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)		232971
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		254607

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2843396	
(2) To insurance carriers for the provision of benefits	2e(2)	608398	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3451794
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)	13652	
(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)		13652
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3465446

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3210839
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: SOREN MCADAM LLP

(2) EIN: 77-0549163

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		550000
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.			

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES</u>	D Employer Identification Number (EIN) <u>95-1641973</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 76-0519990

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Force Ten Partners, LLC
5271 California Avenue, Suite 270
Irvine, CA 92617

April 15, 2022

Via Email to albert.scott@dol.gov and drc@dol.gov

Scott Albert
U.S. Dept. of Labor
Office of the Chief Accountant
200 Constitution Ave NW, Suite 400
Washington, D.C. 20210

Re: Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties
Form 5500 Annual Report
EIN/PN: 95-1641973/002
ACK_ID: 20211015161517NAL0024193169001
Plan Year End: December 31, 2020

Dear Sir:

This correspondence is in response to your February 24, 2022 email to the Plan Administrator of the Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties (the “403(b) Plan”) regarding the Form 5500 filing of the 403(b) Plan noted above. We are writing this letter to provide a proactive response with respect to the audited financial statements for the Plan’s 2020 Form 5500. Further, we are writing you to (i) provide further information regarding the current circumstances of the 403(b) Plan and its sponsor, and (ii) to request that the Department’s Office of the Chief Accountant waive the requirement to attach audited financial statements to the Form 5500 Annual Return/Report filings, in whole or part, for the 2020 plan year that was the subject of your email, as well such requirements for the 2016 – 2022 plan years for the 403(b) Plan, in each case so as to direct the greatest amount of plan assets to participants as possible rather than to payment of third party service provider fees, while the Plan’s third party administrator, AIG, continues to administer the Plan according to its terms.

With respect to each of these, we provide additional information herein, and attached.

In addition, we also seek to clarify the role of Force Ten Partners, LLC (“Force 10”) in the operation of the 403(b) Plan. Please be advised that ***Force 10 is not the plan sponsor or employer with respect to the 403(b) Plan.*** Those roles resided with the Visiting Nurse Association of the Inland Counties (“VNAIC”). Force 10 is a financial advisor and consultant that had previously been retained to assist the 403(b) Plan’s sponsor and administrator, the

Visiting Nurse Association of the Inland Counties, with its restructuring after VNAIC filed voluntary bankruptcy under Title 11 of the U.S. Code (the “Bankruptcy Code”) on August 15, 2018. VNAIC subsequently filed a Liquidating Plan dated September 14, 2020, and such plan was approved as effective by the U.S. Bankruptcy Court on December 28, 2020. Copies of the Plan of Liquidation and approval orders are attached for reference. As of March 3, 2022, Force 10 has completed the Plan of Liquidation and is in the final steps of winding up the liquidating trust.

Plan Sponsor’s Bankruptcy & Liquidation

As noted above, VNAIC, the 403(b) Plan’s sponsor and administrator (the “Plan Sponsor”), filed for voluntary bankruptcy under Title 11 of the Bankruptcy Code on August 15, 2018. Force 10 was subsequently engaged to assist the bankruptcy restructuring of the Plan Sponsor. On December 28, 2020, the Plan Sponsor was converted into a liquidating trust under Section 1123 of the Bankruptcy Code (the “Liquidating Trust”) and implemented a court-approved Plan of Liquidation, whereby the Liquidating Trust distributed its remaining cash balances in satisfaction of its liabilities. As noted above, because the trust has been completely liquidated, after Force 10 completes the final steps of winding up the trust, it will be dissolved without delay and Force 10 will no longer be involved with any matters related to VNAIC, including the 403(b) Plan.

Because the Plan Sponsor no longer exists, except as the Liquidating Trust (which soon will be dissolved), the 403(b) Plan can no longer be maintained by the Plan Sponsor. As such, for the time being, Force 10 has been left with the task of terminating and winding up the 403(b) Plan due to the fact that all employees of VNAIC are gone and all other interested parties, including bankruptcy counsel, are no longer materially involved with the Liquidating Trust. However, in the process of administering the termination and windup of the 403(b) Plan, the following circumstances have arisen and come to the attention of Force 10.

EBSA Bankruptcy Claim #52 for Missing Contributions to the 403(b) Plan

As noted above, the Plan Sponsor had filed bankruptcy in August of 2018. On November 26, 2018, the EBSA filed a Proof of Claim (“Claim #19”) in connection with the bankruptcy on behalf of the 403(b) Plan regarding the Plan Sponsor’s potential failure to make or collect required employer contributions in violation of ERISA. After investigation into these matters, on May 11, 2020, the EBSA filed an additional Proof of Claim (“Claim #52”) amending Claim #19, under which the EBSA claimed on behalf of the 403(b) Plan a total of \$46,024.78 (\$43,693.56 in principal contributions, plus \$2,331.22 in interest) for unremitted contributions and remitted contributions that exceeded the time allowed to make such contributions under 29 C.F.R. § 2510.3-102. A copy of Claim #52 is attached for reference. Force 10 has no knowledge or information regarding the Plan Sponsor failures that gave rise to these claims. As such, it accepts the DOL’s conclusions on these matters and would seek to make the 403(b) Plan participants whole as indicated in the DOL’s supporting documentation for Claim #52. However, as to the availability of funds to take such action, Force 10 notes that there remain *no assets* of the Plan Sponsor from which to effect such correction in accordance with VNAIC’s court-approved Plan of Liquidation beyond what has already occurred (in the amount of approximately \$2,000).

There remain no cash assets of VNAIC from which to satisfy the amounts set forth in EBSA Claim #52 in a manner allowed by and consistent with the terms of the court-approved Plan of Liquidation. Accordingly, in its position as liquidating trustee, Force 10 cannot allocate any further assets to satisfy this claim or the amounts that the DOL has identified as due to 403(b) Plan participants.

However, the 403(b) Plan's trust does contain forfeitures maintained in a separate account within the 403(b) Plan's trust. These are unallocated forfeiture amounts in a separate account under the 403(b) Plan's trust, separate and apart from all vested participant individual accounts in the trust. The approximate amount of this forfeiture account is currently \$64,241.43. The Department, through the Los Angeles Regional Office of the Employee Benefits Security Administration and Senior Investigator Philip Hall, indicated that so long as the plan document for the 403(b) Plan did not prohibit such usage of the forfeiture funds (which the 403(b) plan document does not so prohibit), the Department would not object to allowing use of the forfeiture funds to make plan participants whole for the amounts in Claim #52, even though ordinarily such corrections would be made by the Plan Sponsor.

As noted above, there are no further assets in the Liquidating Trust of the Plan Sponsor available to contribute the amounts claimed under Claim #52 to the 403(b) Plan, and there are no other employer entities related to the Plan Sponsor or the Liquidating Trust that can make such contributions. The only assets currently available and identifiable to satisfy the contributions under Claim #52 are the 403(b) Plan's plan forfeitures. Should the 403(b) Plan's forfeitures be used to pay the administrative expenses associated with satisfying prior year and current year Form 5500 plan audits, rather than first paying participants the known and missing contributions and interest that the DOL has already identified as due to them, this would directly disadvantage affected participants.

Reducing Administrative Expenses in Favor of Paying Plan Benefits

We respectfully request, therefore, that the preparation of audited financial statements from an independent qualified public accountant ("IQPA") be waived for the 2016 – 2022 Form 5500s for the plan. Again here, Force 10 has no knowledge or information with respect to the Plan Sponsor failures that led to these missed filings and plan audits, and is simply in the position of trying to address them. Here, permitting such waivers of these requirements would significantly reduce the 403(b) Plan's administrative expenses, which – because there remain no other assets of the Plan Sponsor – otherwise could only be paid from 403(b) Plan forfeitures. The potential use of these funds to pay a service provider to prepare the needed plan audit would likely exhaust all or nearly all of the 403(b) Plan's forfeiture account, meaning that little if any forfeiture assets would be available to make participants whole for the missing contributions noted above.

2017 – 2020 Plan Years; 2016. By letter dated August 9, 2021, the EBSA provided notice to the plan administrator of the 403(b) Plan that there were no records of the 2017 – 2019 Form 5500s for the 403(b) Plan (Case No.: 21-0011N). The notice is attached for reference. Although the Form 5500s for the 2017 – 2019 plan years may have been prepared at least in a cursory fashion by the Plan's custodian, the Plan Sponsor apparently failed to engage an IQPA to prepare audited plan financial statements. No audited financial statements can be located for these years and it appears that as a result, no Form 5500 filings were made for the 403(b) Plan for those years.

Force 10 does not have information with respect to these failures as they predate the Liquidating Trust, but the Plan Sponsor's failure may be due to its failure or inability to pay vendor service fees to the 403(b) Plan's IQPA performing the 403(b) Plan's audits.

In addition, the Plan's recordkeeper, AIG, noted to Force 10 that the 2016 Form 5500 for the Plan, although filed with the EBSA, apparently did not attach audited financial statements as required. As a result, it also appears that audited financial statements for the Plan also remain outstanding for the 2016 Plan Year. As a result, Force 10 understands that the Form 5500 for the 403(b) Plan for 2016 may have been incomplete, that such filings for the 2017-2020 plan years may have been omitted entirely, and that 2021 and 2022 plan year filings would be outstanding.

While Force 10, along with the assistance of AIG, is willing to take reasonable action to bring the 403(b) Plan into compliance, if the 403(b) Plan is required to provide audited financial statements for the 2016 – 2020 Form 5500s, the vendor service fees for obtaining such audited financial statements would necessarily have to be paid from the 403(b) Plan's plan assets, as there are no remaining assets of the entity. Force 10 has contacted the most recent plan auditor that appears to have provided services to the 403(b) Plan. The auditor has indicated that cost for preparing such audited financial statements could be in the range of \$12,000-\$15,000 per year (approximately \$60,000-\$75,000 for five plan years if 2016-2020 are required). Please note that the auditor has not indicated that it would be willing to perform such audits, as Force 10 cannot guarantee the availability of participant census data for the periods pre-dating its involvement. The fee amounts noted are merely illustrative. Nonetheless, these audit fee amounts, if a willing provider could be engaged to perform the audits, would exhaust or nearly exhaust the only potential source of funds to compensate an IQPA and bring the Plan into full compliance with the Form 5500 requirements, which is the Plan's forfeiture account. As noted above, that account is currently approximately \$64,241.43, and such use of the funds would entirely foreclose the ability of the Plan to make participants whole for missed contributions noted in Claim #52.

Further with respect to IQPA fees, Force 10 notes that collecting the information required to prepare such audited financial statements will also be complicated by the Plan Sponsor's bankruptcy and conversion to a Liquidating Trust, which we believe will likely result in incomplete and, ultimately, uninformative audited financial statements. It is also not a given that Force 10 would be able to engage an IQPA for this purpose.

Therefore, in order to direct the use of the 403(b) Plan's assets to the greatest benefit of the plan's participant's and beneficiaries, we respectfully request that requirement to prepare the audited financial statements for the 2016 – 2020 plan years be waived in favor of using any existing forfeiture amounts to satisfy the contributions claimed under Claim #52 and thereby making the 403(b) Plan's participants whole. Given the degree of the apparent failures of the Plan Sponsor to comply with its Form 5500 obligations for several years, and the fact that there are no assets of the Plan Sponsor other than the 403(b) Plan forfeiture account, there simply are not enough assets to satisfy Claim #52 *and* to also pay an IQPA service provider cost to bring the Plan into compliance with the prior Form 5500 requirements. There are sufficient forfeiture funds to do one of these, but not both. As to a choice between the two, it would appear to be in the best interest of 403(b) Plan participants to ensure that Claim #52 is satisfied.

Further, we respectfully request that any penalties associated with the 2020 Form 5500 contemplated by your February 24, 2022 email be also waived. To the extent possible, Force 10 can and will work with AIG to facilitate the preparation and filing of Form 5500 Annual Return/Report filings (minus audited financial statements) for the Plan for 2020 and for 2017-2019 to the extent that these filing obligations cannot be waived in their entirety.

2021 and 2022 Plan Years. Because the 403(b) Plan still has assets in the 2022 plan year, the 403(b) Plan will be required to file a Form 5500 for the 2021 and 2022 plan years. Based on the information above, Force 10 believes the cost of preparing the Form 5500 and preparation of audited financial statements for the 2021 and 2022 plan years would also be estimated to be \$24,000-\$30,000. ***For the foregoing reasons, we also respectfully request that the requirement to prepare the audited financial statements for the 2021 and 2022 plan years be waived.*** Force 10 can and will work with AIG to facilitate filing of the Form 5500 reports for the 2021 and 2022 plan years, including the final return for the Plan, which Force 10 would anticipate would occur during 2022 with the termination of the Plan.

Plan Termination

As a result of the completion of the VNAIC Plan of Liquidation and the necessary dissolution of the VNAIC entity that will follow, Force 10 has been left in a position of uncertainty with respect to the Plan. In order to fully wind up the entity, the Plan will have to be terminated. Force 10 desires to take actions in the best interests of Plan participants, but it is not the plan sponsor of the Plan, and had no control over the prior plan sponsor actions or deficiencies. Force 10 has made attempts to request whether relief might be available to the Plan under the IRS's guidance for "orphan plans" or under the DOL's regulations on "abandoned plans," and in each case was informed that these avenues were not available. As a result, Force 10 must act to terminate the Plan as best it can. At the least, given your office's communication of February 24, 2022, Force 10 would like confirmation any penalty with respect to the 2020 Form 5500 audited financial statements would be waived, and further that the Department would find any penalty associated with prior Form 5500 audited financial statements would also be waived, and prospectively find that such requirements for 2021 and 2022 audited financial statements would not apply so that the Plan termination can be carried out and assets distributed to participant and beneficiaries of the Plan.

As noted above, because the Plan of Liquidation is complete, and the dissolution of VNAIC is imminent, please inform Force 10 of your ability to provide the waivers requested herein as soon as possible, but in no event later than June 1, 2022, as Force 10 anticipates it will have to either initiate the termination of the Plan by that time or abandon the Plan as Force 10's involvement with VNAIC will have ceased.

If you have any questions or need further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Adam Meislik". The signature is written in a cursive style with a large initial 'A'.

Adam Meislik

Plan Administrator of the Tax Deferred Annuity Plan of the Visiting Nurse Association of the
Inland Counties

Email: ameislik@force10partners.com

d 949-357-2359 m 949-281-6458

Enclosures

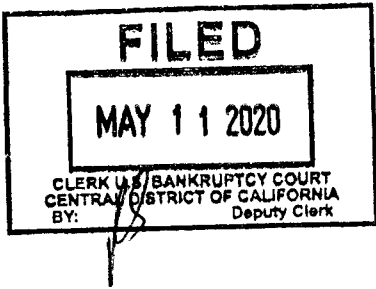
Fill in this information to identify the case:

Debtor 1 Visiting Nurse Association of the Inland Counties

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number 6:18-bk-16908



Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Eugene Scalia, U.S. Sec. of Labor, on behalf of the participants of the Tax Deferred Annuity Plan
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: (cont.) of the Visiting Nurse Association of the Inland Counties

2. Has this claim been acquired from someone else? No Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>U.S. Department of Labor - EBSA - Attn: P. Hall</u> Name <u>35 N. Lake Ave., Suite 300</u> Number Street <u>Pasadena CA 91101</u> City State ZIP Code Contact phone <u>626.229.1014</u> Contact email <u>hall.philip@dol.gov</u>	<u>Any monies owed to the Plan should be paid</u> Name <u>(cont.) directly to the Plan and not the Secretary</u> Number Street <u>(cont.) or EBSA.</u> City State ZIP Code Contact phone _____ Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? No Yes. Claim number on court claims registry (if known) 19 Filed on 11/26/2018
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 1 6 9

7. How much is the claim? \$ 46,024.78. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Possible violations of ERISA - See Attachment A

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 44,211.77

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

CRISANTA JOHNSON
Signature

Digitally signed by CRISANTA JOHNSON
Date: 2020.05.07 16:04:03 -07'00'

Print the name of the person who is completing and signing this claim:

Name	<u>Crisanta</u>	<u>Johnson</u>
	First name	Last name
Title	<u>Regional Director</u>	
Company	<u>United States Department of Labor - Employee Benefit Security Administration</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>Same as above</u>	
	Number	Street
	City	State ZIP Code
Contact phone	_____	Email _____

UNITED STATES BANKRUPTCY COURT FOR THE
CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION

***** *
IN RE: *
*
VISITING NURSE ASSOCIATION OF THE *
INLAND COUNTIES *
*
Debtor. *
*
*

Case No.: 6:18-bk-16908
Chapter 11

***** *

**ATTACHMENT TO
PROOF OF CLAIM OF THE
U.S. DEPARTMENT OF LABOR**

The Secretary of the United States Department of Labor (hereafter, the “Department”) is charged with responsibility for the enforcement of the fiduciary provisions of Title I of the Employee Retirement Income Security Act of 1974, 29 U.S.C. §§ 1001 – 1191c, as amended (hereafter, “ERISA”), including the investigation of employee benefit plans covered by ERISA pursuant to ERISA § 504(a), 29 U.S.C. § 1134(a). Such investigations fall within an exception to the Bankruptcy Code’s automatic stay provisions, set forth at 11 U.S.C. § 362(b)(4).

The Department has determined that the above-referenced Debtor is or may be the sponsor and/or fiduciary of the Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties (hereafter, the “Retirement Plan” or “Plan”), to which the provisions of ERISA apply.

Under its investigative authority, the Department has initiated, and is continuing, an investigation of the Plan to determine whether any entity or person has violated or is about to violate any provision of Title I of ERISA.

The records supporting this claim are voluminous and are maintained by the Plan Administrator, Visiting Nurse Association of the Inland Counties. A schedule prepared by the Department of Labor depicting the employee withholdings and interest thereon is attached as Schedule A.

In addition, the Secretary has copies of payroll and trust account records and schedules supporting the amount of employee contributions withheld from employee paychecks and the date such contributions were received by the Retirement Plan, if at all. In accordance with

the instructions to the Proof of Claim form, these records are not attached due to the volume of material.

The Secretary files a total claim on behalf of the Retirement Plan in the amount of \$46,024.78 (\$43,693.56 in principal contributions plus \$2,331.22 in interest) for unremitted contributions and remitted contributions that exceeded the time allowed to make such contributions under 29 C.F.R. § 2510.3-102. See Schedule A. The employee contributions were withheld between January 1, 2016 and July 17, 2019.

Amount Entitled to Priority Under § 507(a)(5)

Of the total amount of employee contributions claimed, \$44,211.77 (\$43,693.56 in principal contributions plus \$518.21 in interest) is entitled to priority status, since the contributions were withheld between February 16, 2018 and August 3, 2018, within the 180-day period before the bankruptcy filing date.

The Secretary's investigation of the subject Plan is continuing. If necessary, this Proof of Claim will be amended upon completion of the investigation.

Because the money claimed by the Department is owed to the Plan or its participants and beneficiaries, the Department requests that payment be made directly to the Plan (or, if appropriate, to its participants or beneficiaries), and not to the Department of Labor.

Debtor may also be assessed a civil penalty pursuant to § 502(l) of ERISA, 29, U.S.C. § 1132(l), by the Secretary of Labor, which penalty is owed to the U.S. Treasury.

This is to advise the Debtor and the Court that, pursuant to 11 U.S.C. § 1106(a)(1), which references 11 U.S.C. § 704(a)(11), "if, at the time of the commencement of the case, the debtor (or any entity designated by the debtor) served as the administrator (defined in section 3 of the Employee Retirement Income Security Act of 1974) of an employee benefit plan, [the trustee shall] continue to perform the obligations required of the administrator."

Any questions regarding this Proof of Claim and Attachment should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Attn.: Hall, Philip - EBSA, Investigator (Case No. 72-037169(48))
35 N. Lake Ave., Suite 300
Pasadena, CA 91101
Telephone: (626) 229-1014

Payment to the Plan should be sent to:

Any monies owed to the Plan should be paid directly to the Plan and not to the Secretary or EBSA.

**Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties
Case Number 72-037168, File Prepared by Philip Hall on May 5, 2020
Period covered: January 11, 2016 through August 15, 2018**

Summary

Employee Contributions Withheld:	\$1,262,576.91
Participant Loan Repayments Withheld:	\$20,904.75
Total Withheld:	\$1,283,481.66
Employee Contributions Deposit:	\$1,223,629.56
Participant Loan Repayments Deposit:	\$20,904.75
Total Deposit:	\$1,244,534.31
Total Paid Late (Including Amounts Outstanding):	\$523,705.21
Average Workdays from Withholding to Deposit:	9
Average Calendar Days Late:	14
Maximum Calendar Days Late:	175
Total Interest Owed:	\$2,331.22
Employee Contributions Outstanding:	\$43,693.56
Participant Loan Repayments Outstanding:	\$0.00
Total Outstanding:	\$43,693.56
Grand Total Owed to Plan:	\$46,024.78

**Case Number 72-037168, File Prepared by Philip Hall on May 5, 2020
Period covered: January 11, 2016 through August 15, 2018**

Summary by Plan Year

PYE	All Years	12/31/2019	12/31/2018	12/31/2017	12/31/2016	12/31/2015	12/31/2014	12/31/2013	12/31/2012
Employee Contributions Withheld:	\$1,262,576.91	\$96,974.39	\$252,766.75	\$351,195.91	\$561,639.86	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Repayments Withheld:	\$20,904.75	\$0.00	\$0.00	\$20,904.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Withheld:	\$1,283,481.66	\$96,974.39	\$252,766.75	\$372,100.66	\$561,639.86	\$0.00	\$0.00	\$0.00	\$0.00
Employee Contributions Deposit:	\$1,223,629.56	\$97,199.39	\$213,072.13	\$351,718.18	\$561,639.86	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Repayments Deposit:	\$20,904.75	\$0.00	\$0.00	\$20,904.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Deposit:	\$1,244,534.31	\$97,199.39	\$213,072.13	\$372,622.93	\$561,639.86	\$0.00	\$0.00	\$0.00	\$0.00
Total Paid Late (Including Amounts Outstanding)	\$523,705.21	\$0.00	\$248,729.49	\$217,151.83	\$57,823.89	\$0.00	\$0.00	\$0.00	\$0.00
Average Workdays from Withholding to Deposit	9	0	15	16	1				
Average Calendar Days Late	14	0	23	23	2				
Maximum Calendar Days Late	175	0	47	175	21	0	0	0	0
Total Interest Owed:	\$2,331.22	\$0.00	\$786.58	\$1,433.53	\$111.11	\$0.00	\$0.00	\$0.00	\$0.00
Employee Contributions Outstanding:	\$43,693.56	\$0.00	\$43,693.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Repayments Outstanding:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Contributions Outstanding	\$43,693.56	\$0.00	\$43,693.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Outstanding:	\$43,693.56	\$0.00	\$43,693.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Owed to Plan	\$46,024.78	\$0.00	\$44,480.14	\$1,433.53	\$111.11	\$0.00	\$0.00	\$0.00	\$0.00

Schedule A

Employee Contributions Withheld	Participant Loan Repayments Withheld	Date of Deposit	Employee Contributions Deposit	Participant Loan Repayments Deposit	Total Amount of Deposit	Date Due	Safe Harbor Date	Total Withheld	Employee Contributions Outstanding	Participant Loan Repayments Outstanding	Paid Late	Total Interest	Total Owed to Plan
\$4,037.26		Thu 12/27/18	\$4,037.26		\$4,037.26	1/2/2019	1/4/2019	\$4,037.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$3,943.07		Thu 12/20/18	\$4,186.37		\$4,186.37	12/14/2018	12/18/2018	\$3,943.07	\$0.00	\$0.00	\$3,943.07	\$3.24	\$3.24
\$4,237.16		Thu 12/13/18	\$4,237.16		\$4,237.16	11/30/2018	12/4/2018	\$4,237.16	\$0.00	\$0.00	\$4,237.16	\$7.55	\$7.55
\$2,611.84		Thu 12/6/18	\$4,402.78		\$4,402.78	11/19/2018	11/21/2018	\$2,611.84	\$0.00	\$0.00	\$2,611.84	\$6.09	\$6.09
\$4,465.33		Thu 11/29/18	\$4,645.33		\$4,645.33	11/2/2018	11/6/2018	\$4,465.33	\$0.00	\$0.00	\$4,465.33	\$16.55	\$16.55
\$5,080.74		Tue 11/20/18	\$5,405.96		\$5,405.96	10/19/2018	10/23/2018	\$5,080.74	\$0.00	\$0.00	\$5,080.74	\$22.32	\$22.32
\$7,207.90		Wed 11/14/18	\$7,667.38		\$7,667.38	10/5/2018	10/10/2018	\$7,207.90	\$0.00	\$0.00	\$7,207.90	\$39.60	\$39.60
\$9,008.81		Tue 10/30/18	\$9,008.81	\$0.00	\$9,008.81	9/21/2018	9/25/2018	\$9,008.81	\$0.00	\$0.00	\$9,008.81	\$48.25	\$48.25
\$8,200.49		Mon 10/22/18	\$8,200.49	\$0.00	\$8,200.49	9/10/2018	9/12/2018	\$8,200.49	\$0.00	\$0.00	\$8,200.49	\$47.31	\$47.31
\$8,688.32		Tue 9/25/18	\$8,688.32	\$0.00	\$8,688.32	8/24/2018	8/28/2018	\$8,688.32	\$0.00	\$0.00	\$8,688.32	\$38.17	\$38.17
\$9,517.53				\$0.00	\$0.00	8/10/2018	8/14/2018	\$9,517.53	\$9,517.53	\$0.00	\$9,517.53	\$6.52	\$9,524.05
\$11,085.46				\$0.00	\$0.00	7/27/2018	7/31/2018	\$11,085.46	\$11,085.46	\$0.00	\$11,085.46	\$28.89	\$11,114.35
\$11,525.03	\$0.00			\$0.00	\$0.00	7/13/2018	7/17/2018	\$11,525.03	\$11,525.03	\$0.00	\$11,525.03	\$52.21	\$11,577.24
\$11,565.54	\$0.00			\$0.00	\$0.00	6/29/2018	7/3/2018	\$11,565.54	\$11,565.54	\$0.00	\$11,565.54	\$74.70	\$11,640.24
\$11,727.45	\$0.00	Thu 7/19/18	\$11,727.45	\$0.00	\$11,727.45	6/15/2018	6/19/2018	\$11,727.45	\$0.00	\$0.00	\$11,727.45	\$54.95	\$54.95
\$11,602.82	\$0.00	Mon 6/25/18	\$11,602.82	\$0.00	\$11,602.82	6/4/2018	6/6/2018	\$11,602.82	\$0.00	\$0.00	\$11,602.82	\$33.66	\$33.66
\$12,119.74	\$0.00	Wed 6/20/18	\$12,119.74	\$0.00	\$12,119.74	5/18/2018	5/22/2018	\$12,119.74	\$0.00	\$0.00	\$12,119.74	\$55.33	\$55.33
\$13,028.20	\$0.00	Fri 5/25/18	\$13,028.20	\$0.00	\$13,028.20	5/4/2018	5/8/2018	\$13,028.20	\$0.00	\$0.00	\$13,028.20	\$37.95	\$37.95
\$11,747.27	\$0.00	Fri 5/18/18	\$11,747.27	\$0.00	\$11,747.27	4/20/2018	4/24/2018	\$11,747.27	\$0.00	\$0.00	\$11,747.27	\$45.70	\$45.70
\$12,563.30	\$0.00	Mon 4/23/18	\$12,563.30	\$0.00	\$12,563.30	4/6/2018	4/10/2018	\$12,563.30	\$0.00	\$0.00	\$12,563.30	\$29.75	\$29.75
\$12,814.53	\$0.00	Thu 4/19/18	\$12,814.53	\$0.00	\$12,814.53	3/23/2018	3/27/2018	\$12,814.53	\$0.00	\$0.00	\$12,814.53	\$45.39	\$45.39
\$12,195.35	\$0.00	Thu 3/22/18	\$13,195.35	\$0.00	\$13,195.35	3/9/2018	3/13/2018	\$12,195.35	\$0.00	\$0.00	\$12,195.35	\$17.73	\$17.73
\$13,192.71	\$0.00	Thu 3/22/18	\$13,192.71	\$0.00	\$13,192.71	2/26/2018	2/28/2018	\$13,192.71	\$0.00	\$0.00	\$13,192.71	\$35.44	\$35.44
\$13,071.14	\$0.00	Wed 2/21/18	\$13,071.14	\$0.00	\$13,071.14	2/9/2018	2/13/2018	\$13,071.14	\$0.00	\$0.00	\$13,071.14	\$17.60	\$17.60
\$11,822.43	\$0.00	Fri 2/2/18	\$11,822.43	\$0.00	\$11,822.43	1/26/2018	1/30/2018	\$11,822.43	\$0.00	\$0.00	\$11,822.43	\$9.30	\$9.30
\$15,707.33	\$0.00	Fri 1/19/18	\$15,707.33	\$0.00	\$15,707.33	1/12/2018	1/17/2018	\$15,707.33	\$0.00	\$0.00	\$15,707.33	\$12.38	\$12.38
\$10,620.62	\$0.00	Fri 12/29/17	\$10,620.62	\$0.00	\$10,620.62	1/2/2018	1/4/2018	\$10,620.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$10,247.91	\$0.00	Fri 12/22/17	\$10,247.91	\$0.00	\$10,247.91	12/15/2017	12/19/2017	\$10,247.91	\$0.00	\$0.00	\$10,247.91	\$21.26	\$21.26
\$11,966.30	\$0.00	Tue 12/19/17	\$11,966.30	\$0.00	\$11,966.30	12/1/2017	12/5/2017	\$11,966.30	\$0.00	\$0.00	\$11,966.30	\$63.98	\$63.98
\$157.55	\$0.00	Wed 12/20/17	\$157.55	\$0.00	\$157.55	12/1/2017	12/5/2017	\$157.55	\$0.00	\$0.00	\$157.55	\$0.89	\$0.89
\$6,323.16	\$5,635.01	Thu 12/14/17	\$6,425.05	\$5,635.01	\$12,060.06	11/17/2017	11/21/2017	\$11,958.17	\$0.00	\$0.00	\$11,958.17	\$96.16	\$96.16
\$101.89	\$0.00	Fri 2/2/18	\$101.89	\$0.00	\$101.89	11/17/2017	11/21/2017	\$101.89	\$0.00	\$0.00	\$101.89	\$1.71	\$1.71
\$291.04	\$0.00	Fri 12/15/17	\$291.04	\$0.00	\$291.04	11/17/2017	11/21/2017	\$291.04	\$0.00	\$0.00	\$291.04	\$2.43	\$2.43
\$12,643.14	\$1,313.30	Tue 11/21/17	\$12,643.14	\$1,313.30	\$13,956.44	11/3/2017	11/7/2017	\$13,956.44	\$0.00	\$0.00	\$13,956.44	\$75.22	\$75.22
\$13,376.80	\$1,478.92	Fri 11/17/17	\$13,376.80	\$1,478.92	\$14,855.72	10/20/2017	10/24/2017	\$14,855.72	\$0.00	\$0.00	\$14,855.72	\$124.87	\$124.87
\$11,250.09	\$1,479.40	Thu 10/26/17	\$11,351.07	\$1,479.40	\$12,830.47	10/6/2017	10/11/2017	\$12,729.49	\$0.00	\$0.00	\$12,729.49	\$76.82	\$76.82
\$120.98	\$0.00	Tue 11/21/17	\$120.98	\$0.00	\$120.98	10/6/2017	10/11/2017	\$120.98	\$0.00	\$0.00	\$120.98	\$1.67	\$1.67
\$11,351.00	\$1,776.36	Fri 10/20/17	\$11,351.00	\$1,776.36	\$13,127.36	9/22/2017	9/26/2017	\$13,127.36	\$0.00	\$0.00	\$13,127.36	\$111.23	\$111.23
\$11,275.39	\$761.00	Tue 10/17/17	\$11,594.79	\$761.00	\$12,355.79	9/11/2017	9/13/2017	\$12,036.39	\$0.00	\$0.00	\$12,036.39	\$131.39	\$131.39
\$319.40	\$0.00	Fri 12/29/17	\$319.40	\$0.00	\$319.40	9/11/2017	9/13/2017	\$319.40	\$0.00	\$0.00	\$319.40	\$10.45	\$10.45
\$10,854.97	\$1,276.66	Wed 9/20/17	\$10,854.97	\$1,276.66	\$12,131.63	8/25/2017	8/29/2017	\$12,131.63	\$0.00	\$0.00	\$12,131.63	\$96.25	\$96.25
\$9,083.08	\$3,009.93	Mon 8/28/17	\$9,083.08	\$3,009.93	\$12,093.01	8/11/2017	8/15/2017	\$12,093.01	\$0.00	\$0.00	\$12,093.01	\$63.07	\$63.07
\$11,379.78	\$2,604.85	Fri 8/18/17	\$11,379.78	\$2,604.85	\$13,984.63	7/28/2017	8/1/2017	\$13,984.63	\$0.00	\$0.00	\$13,984.63	\$90.40	\$90.40
\$11,516.06	\$1,569.32	Wed 8/16/17	\$11,516.06	\$1,569.32	\$13,085.38	7/14/2017	7/18/2017	\$13,085.38	\$0.00	\$0.00	\$13,085.38	\$133.23	\$133.23
\$14,244.96	\$0.00	Mon 7/31/17	\$14,244.96	\$0.00	\$14,244.96	6/30/2017	7/5/2017	\$14,244.96	\$0.00	\$0.00	\$14,244.96	\$136.83	\$136.83
\$15,140.31	\$0.00	Fri 6/30/17	\$15,140.31	\$0.00	\$15,140.31	6/16/2017	6/20/2017	\$15,140.31	\$0.00	\$0.00	\$15,140.31	\$66.10	\$66.10
\$14,005.99	\$0.00	Fri 6/2/17	\$14,005.99	\$0.00	\$14,005.99	6/5/2017	6/7/2017	\$14,005.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$16,827.06	\$0.00	Thu 5/18/17	\$16,827.06	\$0.00	\$16,827.06	5/19/2017	5/23/2017	\$16,827.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$17,162.13	\$0.00	Mon 5/15/17	\$17,162.13	\$0.00	\$17,162.13	5/5/2017	5/9/2017	\$17,162.13	\$0.00	\$0.00	\$17,162.13	\$54.20	\$54.20
\$17,279.79	\$0.00	Thu 5/4/17	\$17,279.79	\$0.00	\$17,279.79	4/21/2017	4/25/2017	\$17,279.79	\$0.00	\$0.00	\$17,279.79	\$71.20	\$71.20

Employee Contributions Withheld	Participant Loan Repayments Withheld	Date of Deposit	Employee Contributions Deposit	Participant Loan Repayments Deposit	Total Amount of Deposit	Date Due	Safe Harbor Date	Total Withheld	Employee Contributions Outstanding	Participant Loan Repayments Outstanding	Paid Late	Total Interest	Total Owed to Plan
\$17,251.35	\$0.00	Thu 4/6/17	\$17,251.35	\$0.00	\$17,251.35	4/7/2017	4/11/2017	\$17,251.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$16,560.96	\$0.00	Wed 3/22/17	\$16,560.96	\$0.00	\$16,560.96	3/24/2017	3/28/2017	\$16,560.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$32.33	\$0.00	Thu 3/23/17	\$32.33	\$0.00	\$32.33	3/24/2017	3/28/2017	\$32.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$16,782.48	\$0.00	Mon 3/6/17	\$16,782.48	\$0.00	\$16,782.48	3/10/2017	3/14/2017	\$16,782.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$16,220.92	\$0.00	Tue 2/21/17	\$16,220.92	\$0.00	\$16,220.92	2/27/2017	3/1/2017	\$16,220.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$60.00	\$0.00	Wed 2/22/17	\$60.00	\$0.00	\$60.00	2/27/2017	3/1/2017	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$90.15	\$0.00	Wed 3/8/17	\$90.15	\$0.00	\$90.15	2/27/2017	3/1/2017	\$90.15	\$0.00	\$0.00	\$90.15	\$0.26	\$0.26
\$71.20	\$0.00	Mon 8/21/17	\$71.20	\$0.00	\$71.20	2/27/2017	3/1/2017	\$71.20	\$0.00	\$0.00	\$71.20	\$3.92	\$3.92
\$16,894.36	\$0.00	Mon 2/6/17	\$16,894.36	\$0.00	\$16,894.36	2/10/2017	2/14/2017	\$16,894.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$14,250.51	\$0.00	Mon 1/23/17	\$14,250.51	\$0.00	\$14,250.51	1/27/2017	1/31/2017	\$14,250.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$15,442.25	\$0.00	Mon 1/9/17	\$15,442.25	\$0.00	\$15,442.25	1/13/2017	1/18/2017	\$15,442.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$17,037.74	\$0.00	Thu 12/29/16	\$17,037.74	\$0.00	\$17,037.74	1/3/2017	1/5/2017	\$17,037.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$17,816.35	\$0.00	Mon 12/19/16	\$17,816.35	\$0.00	\$17,816.35	12/16/2016	12/20/2016	\$17,816.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$17,902.76	\$0.00	Thu 12/8/16	\$17,902.76	\$0.00	\$17,902.76	12/2/2016	12/6/2016	\$17,902.76	\$0.00	\$0.00	\$17,902.76	\$17.13	\$17.13
\$17,913.51	\$0.00	Fri 11/11/16	\$17,913.51	\$0.00	\$17,913.51	11/18/2016	11/22/2016	\$17,913.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$19,435.29	\$0.00	Mon 10/31/16	\$19,435.29	\$0.00	\$19,435.29	11/4/2016	11/8/2016	\$19,435.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$20,033.56	\$0.00	Thu 10/13/16	\$20,033.56	\$0.00	\$20,033.56	10/21/2016	10/25/2016	\$20,033.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$18,878.84	\$0.00	Fri 9/30/16	\$18,878.84	\$0.00	\$18,878.84	10/7/2016	10/12/2016	\$18,878.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$19,889.54	\$0.00	Tue 9/20/16	\$19,889.54	\$0.00	\$19,889.54	9/23/2016	9/27/2016	\$19,889.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$19,628.44	\$0.00	Tue 9/20/16	\$19,628.44	\$0.00	\$19,628.44	9/12/2016	9/14/2016	\$19,628.44	\$0.00	\$0.00	\$19,628.44	\$25.32	\$25.32
\$20,223.91	\$0.00	Fri 9/16/16	\$20,223.91	\$0.00	\$20,223.91	8/26/2016	8/30/2016	\$20,223.91	\$0.00	\$0.00	\$20,223.91	\$68.57	\$68.57
\$676.05	\$0.00	Fri 8/5/16	\$676.05	\$0.00	\$676.05	8/12/2016	8/16/2016	\$676.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$22,901.34	\$0.00	Fri 7/22/16	\$22,901.34	\$0.00	\$22,901.34	8/1/2016	8/3/2016	\$22,901.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$21,127.07	\$0.00	Mon 7/11/16	\$21,127.07	\$0.00	\$21,127.07	7/18/2016	7/20/2016	\$21,127.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$22,109.28	\$0.00	Fri 6/24/16	\$22,109.28	\$0.00	\$22,109.28	7/1/2016	7/6/2016	\$22,109.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$22,172.87	\$0.00	Thu 6/16/16	\$22,172.87	\$0.00	\$22,172.87	6/17/2016	6/21/2016	\$22,172.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$21,693.69	\$0.00	Thu 5/26/16	\$21,693.69	\$0.00	\$21,693.69	6/3/2016	6/7/2016	\$21,693.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$21,509.55	\$0.00	Tue 5/10/16	\$21,509.55	\$0.00	\$21,509.55	5/17/2016	5/19/2016	\$21,509.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$68.78	\$0.00	Thu 5/26/16	\$68.78	\$0.00	\$68.78	5/17/2016	5/19/2016	\$68.78	\$0.00	\$0.00	\$68.78	\$0.10	\$0.10
\$22,014.05	\$0.00	Thu 4/28/16	\$22,014.05	\$0.00	\$22,014.05	5/2/2016	5/4/2016	\$22,014.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$31,642.11	\$0.00	Fri 4/8/16	\$31,642.11	\$0.00	\$31,642.11	4/18/2016	4/20/2016	\$31,642.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$50.00	\$0.00	Mon 4/11/16	\$50.00	\$0.00	\$50.00	4/18/2016	4/20/2016	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$30,056.86	\$0.00	Mon 3/28/16	\$30,056.86	\$0.00	\$30,056.86	4/1/2016	4/5/2016	\$30,056.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$129.36	\$0.00	Thu 3/31/16	\$129.36	\$0.00	\$129.36	4/1/2016	4/5/2016	\$129.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$28,314.01	\$0.00	Wed 3/9/16	\$28,314.01	\$0.00	\$28,314.01	3/17/2016	3/21/2016	\$28,314.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$33,292.72	\$0.00	Mon 2/29/16	\$33,292.72	\$0.00	\$33,292.72	3/3/2016	3/7/2016	\$33,292.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$29,022.40	\$0.00	Tue 2/9/16	\$29,022.40	\$0.00	\$29,022.40	2/18/2016	2/22/2016	\$29,022.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$31,343.86	\$0.00	Tue 1/26/16	\$31,343.86	\$0.00	\$31,343.86	2/1/2016	2/3/2016	\$31,343.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$34,755.92	\$0.00	Fri 1/8/16	\$34,755.92	\$0.00	\$34,755.92	1/19/2016	1/21/2016	\$34,755.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,191.74	\$0.00	Thu 7/25/19	\$6,191.74	\$0.00	\$6,191.74	7/24/2019	7/26/2019	\$6,191.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,161.31	\$0.00	Thu 7/11/19	\$6,161.31	\$0.00	\$6,161.31	7/12/2019	7/16/2019	\$6,161.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,015.38	\$0.00	Thu 6/27/19	\$6,015.38	\$0.00	\$6,015.38	6/28/2019	7/2/2019	\$6,015.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,157.35	\$0.00	Thu 6/13/19	\$6,157.35	\$0.00	\$6,157.35	6/14/2019	6/18/2019	\$6,157.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,262.98	\$0.00	Thu 5/30/19	\$6,262.98	\$0.00	\$6,262.98	6/3/2019	6/5/2019	\$6,262.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$5,947.28	\$0.00	Thu 5/16/19	\$6,172.28	\$0.00	\$6,172.28	5/17/2019	5/21/2019	\$5,947.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,181.27	\$0.00	Thu 5/2/19	\$6,181.27	\$0.00	\$6,181.27	5/3/2019	5/7/2019	\$6,181.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,233.31	\$0.00	Thu 4/18/19	\$6,233.31	\$0.00	\$6,233.31	4/19/2019	4/23/2019	\$6,233.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,231.71	\$0.00	Thu 4/4/19	\$6,231.71	\$0.00	\$6,231.71	4/5/2019	4/9/2019	\$6,231.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,170.50	\$0.00	Thu 3/21/19	\$6,170.50	\$0.00	\$6,170.50	3/22/2019	3/26/2019	\$6,170.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,188.43	\$0.00	Thu 3/7/19	\$6,188.43	\$0.00	\$6,188.43	3/8/2019	3/12/2019	\$6,188.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$6,179.13	\$0.00	Thu 2/21/19	\$6,179.13	\$0.00	\$6,179.13	2/25/2019	2/27/2019	\$6,179.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$7,410.17	\$0.00	Thu 2/7/19	\$7,410.17	\$0.00	\$7,410.17	2/8/2019	2/12/2019	\$7,410.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Employee Contributions Withheld	Participant Loan Repayments Withheld	Date of Deposit	Employee Contributions Deposit	Participant Loan Repayments Deposit	Total Amount of Deposit	Date Due	Safe Harbor Date	Total Withheld	Employee Contributions Outstanding	Participant Loan Repayments Outstanding	Paid Late	Total Interest	Total Owed to Plan
\$7,569.36	\$0.00	Mon 1/28/19	\$7,569.36	\$0.00	\$7,569.36	1/28/2019	1/30/2019	\$7,569.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$8,074.47	\$0.00	Thu 1/10/19	\$8,074.47	\$0.00	\$8,074.47	1/11/2019	1/15/2019	\$8,074.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VISITING NURSE ASSOCIATION OF INLAND COUNTIES
EBSA NOTICE - PLAN YEARS 2017 – 2019



**EMPLOYEE BENEFITS SECURITY ADMINISTRATION
U.S. DEPARTMENT OF LABOR**

200 Constitution Ave. NW
Washington, DC 20210
202-693-8360
Email: DRC@DOL.GOV

AUG - 9. 2021

Case Number:	21-0011N
EIN:	95-1641973
Plan Number:	002
Plan Year(s) Ended:	12/31/2017 – 12/31/2019

SENT VIA UNITED PARCEL SERVICE, NEXT-DAY AIR

Plan Administrator
Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties
Visiting Nurse Association of the Inland Counties
6235 Rivercrest Drive, Ste. L
Riverside, CA 92507-0758

**RE: PLAN YEARS 2017 - 2019 FORM 5500 ANNUAL REPORTS OF TAX
DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION
OF THE INLAND COUNTIES.**

ACTIONS YOU MUST TAKE WITHIN 15 DAYS

- ✓ File Acceptable Form 5500s To Avoid Potential Civil Penalty
- ✓ Notify Us of Your Actions

Dear Plan Administrator:

The U.S. Department of Labor (“Department”) is currently reviewing its database of the 2017-2019 plan years Form 5500 Annual Return/Report filings. Pursuant to this review, we are unable to find records of the 2017-2019 Form 5500 for the Tax Deferred Annuity Plan of the Visiting Nurse Association of the Inland Counties (“Plan”).

The Plan’s Form 5500 for the year ended December 31, 2016, reported that at the end of the plan year there were active participants and assets. We therefore believe that the 2017-2019 Form 5500s are required to be filed.

YOUR NEXT STEPS

Take the following actions **within 15 Days** of this Notice date:

1. **File Acceptable Form 5500s for the Above Referenced Plan Years**

Follow the instructions for the Form 5500 Annual Return/Report and its Schedules/Attachments to electronically file Form 5500 annual reports using EFAST2.

Instructions and guidance on how to submit a Form 5500 are available at www.efast.dol.gov.

2. **Notify Us of Your Actions**

<u>Email</u>	<u>drc@dol.gov</u> Include Case Number (21-0011N) in the subject line.
<u>OR</u>	
<u>Fax</u>	202-693-8697 Include Case Number (21-0011N) on the cover sheet.

Note: If you have not filed for plan years 2017-2019, or any other years, you may want to consider using the Delinquent Filer Voluntary Compliance Program to reduce potential penalties. Information about the DFVC program can be found at www.efast.dol.gov under the ‘New and Noteworthy’ heading.

If you have any questions, please contact Christopher O’Connor via email at **drc@dol.gov** (include Case Number 21-0011N in the subject line) or call 202-693-8401.

Sincerely,



Scott C. Albert
Chief, Division of Reporting Compliance

Plan Name	TAX DEFERRED ANNUITY PLAN OF THE VISITING NURSE ASSOCIATION OF THE INLAND COUNTIES
Plan Sponsor EIN	95-1641973
ERISA Plan #	002
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	