

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: LOOMIS SAYLES BOND RET ACCT; 1b Three-digit plan number (PN): 107; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

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

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

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>LOOMIS SAYLES BOND RET ACCT</u>	B Three-digit plan number (PN)	<u>107</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	CAIL 401(K) PLAN	
b Name of plan sponsor	COMMONWEALTH ACCIDENT INJURY LAW, PC	c EIN-PN 47-4546366-001
a Plan name	CVR ASSOCIATES, INC. 401(K)	
b Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a Plan name	NELSON ANALYTICAL 401(K) PLAN	
b Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a Plan name	GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
b Name of plan sponsor	GREENWOOD MOTORS	c EIN-PN 77-0560344-001
a Plan name	THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	c EIN-PN 95-3868044-001
a Plan name	MEDICALERT 401(K) PLAN	
b Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a Plan name	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA	c EIN-PN 75-2779027-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC TRANSPORTATION LINES, INC.	c EIN-PN 99-0269857-001
a	Plan name	PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name	THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KING & SOMMER, PLLC	c EIN-PN 26-0673255-001
a	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	c EIN-PN 94-2589967-002
a	Plan name	ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON MULHOLLAND & ASSOCIATES, INC.	c EIN-PN 13-3508264-001
a	Plan name	COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COMPTON CONSTRUCTION	c EIN-PN 27-5155259-001
a	Plan name	ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELK GROVE RANCH, LLC	c EIN-PN 95-2733525-001
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name	SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-002
a	Plan name	ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE 401(K) PLAN	
b	Name of plan sponsor	ANTIOCHIAN ORTHODOX ARCHDIOCESE	c EIN-PN 11-6007930-001
a	Plan name	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor CHICAGOLAND INDEPENDENT AUCTION, INC.	c EIN-PN 85-3122017-001
a	Plan name FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name JOHNSON JOHNSON CRABTREE ARCHITECTS P.C. 401(K) PLAN	
b	Name of plan sponsor JOHNSON JOHNSON CRABTREE ARCHITECTS P.C.	c EIN-PN 62-1459434-001
a	Plan name JUST A BUCK RETIREMENT PLAN	
b	Name of plan sponsor STROBO, INC.	c EIN-PN 06-1336200-001
a	Plan name MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MONAHAN LAW GROUP, LLC	c EIN-PN 45-4055483-001
a	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor PARKWOOD LANDSCAPE MAINTENANCE, INC.	c EIN-PN 95-4199872-001
a	Plan name SERV-U 401(K) PLAN	
b	Name of plan sponsor SERV-U	c EIN-PN 37-1325760-002
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name TIME STRIPING, INC. 401K	
b	Name of plan sponsor TIME STRIPING, INC.	c EIN-PN 71-0669392-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LEEMAN ARCHITECTURAL 401(K) PLAN	
b	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
a	Plan name 4AP HOLDINGS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 4AP HOLDINGS INC.	c EIN-PN 93-2433840-222
a	Plan name MY HR PROS 401(K) PLAN	
b	Name of plan sponsor MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name ARTISAN MACHINING, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTISAN MACHINING, INC.	c EIN-PN 11-2917010-001
a	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name RIVERHEAD NISSAN 112 401(K) PLAN	
b	Name of plan sponsor RIVERHEAD AUTO MALL	c EIN-PN 11-2888474-001
a	Plan name RMD ADVERTISING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RMD ADVERTISING INC	c EIN-PN 31-1399132-001
a	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name	EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name	TRI-SIGNAL INTEGRATION 401(K) PLAN	
b	Name of plan sponsor	TRI-SIGNAL INTEGRATION, INC.	c EIN-PN 95-4706775-001
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	FEDERAL MANAGEMENT SOLUTIONS PREVAILING WAGE MEP 401(K) PLAN	
b	Name of plan sponsor	FEDERAL MANAGEMENT SOLUTIONS, LLC	c EIN-PN 80-8591566-001
a	Plan name	FERNCROFT HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	AFFINITY GOLF MANAGEMENT	c EIN-PN 20-3965825-001
a	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST	
b	Name of plan sponsor	GMG GENERAL, INC.	c EIN-PN 92-0138234-001
a	Plan name	GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
b	Name of plan sponsor	GOURMET SPECIALTY IMPORTS, LLC	c EIN-PN 23-3083089-001
a	Plan name	KAUFFMANN & SIMS DENTISTRY 401K PLAN	
b	Name of plan sponsor	KAUFFMANN AND SIMS DENTISTRY PLLC	c EIN-PN 85-0670658-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	INTEGRATED CONTROL CORP. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED CONTROL CORP.	c EIN-PN 11-2875348-001
a	Plan name	ADMINISTRATIVE ONESOURCE 401(K) PLAN	
b	Name of plan sponsor	ADMINISTRATIVE ONESOURCE, LLC	c EIN-PN 20-0714959-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor NAPA VALLEY FAMILY MEDICAL GROUP, INC.	c EIN-PN 68-0258366-001
a	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001
a	Plan name AMBASSADOR PERSONNEL, INC. 401(K) PLAN	
b	Name of plan sponsor AMBASSADOR PERSONNEL, INC.	c EIN-PN 27-4676978-001
a	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name NORTHEASTERN NONWOVENS, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEASTERN NONWOVENS, INC.	c EIN-PN 86-1130560-001
a	Plan name PIEDMONT PEDIATRICS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PIEDMONT PEDIATRICS, LLC	c EIN-PN 58-1108592-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name CLEMENTS, TAYLOR, BUTKOVICH & COHEN, LPA, CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLEMENTS, TAYLOR, BUTKOVICH & COHEN, LPA, CO.	c EIN-PN 20-0287574-001
a	Plan name CLUB CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor CLUB CARE, INC.	c EIN-PN 11-3106265-001
a	Plan name SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	CREATE ARCHITECTURE 401(K) PLAN
b	Name of plan sponsor	CREATE ARCHITECTURE
c	EIN-PN	45-4732170-001
a	Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.
c	EIN-PN	14-1659231-002
a	Plan name	AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AEON NEXUS CORPORATION
c	EIN-PN	54-1983534-002
a	Plan name	AGS SERVICES, LLC 401(K) PLAN
b	Name of plan sponsor	AGS SERVICES, LLC
c	EIN-PN	83-2603713-001
a	Plan name	AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	AMERICAN FEDERATION OF MUSICIANS
c	EIN-PN	22-1476432-001
a	Plan name	AMERISOURCE TRUST HRO GROUP 401(K) PLAN
b	Name of plan sponsor	AMERISOURCE TRUST HRO GROUP
c	EIN-PN	20-1006500-001
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	AMIEE LYNN, INC.
c	EIN-PN	65-1160566-001
a	Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN
b	Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.
c	EIN-PN	16-1185092-001
a	Plan name	D & W MANAGEMENT, INC. 401(K) PLAN
b	Name of plan sponsor	D & W MANAGEMENT, INC.
c	EIN-PN	77-0420267-001
a	Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.
c	EIN-PN	14-1588127-001
a	Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN
b	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC
c	EIN-PN	20-4472485-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	EVERGREEN TECHNOLOGY
c	EIN-PN	52-2258038-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name ISOLVED 401-K PLAN	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LAUNCHPOINT PEO INC. 401(K) PLAN	
b	Name of plan sponsor SUBSIDIUM INC.	c EIN-PN 31-1807891-222
a	Plan name NUBEST 401(K) PLAN	
b	Name of plan sponsor BEST & COMPANY HAIRCUTTERS, LTD, D.B.A. NUBEST	c EIN-PN 11-2302223-001
a	Plan name ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	c EIN-PN 54-1247912-001
a	Plan name TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor URSULINE SUPPORT SERVICES	c EIN-PN 25-1401610-001
a	Plan name VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name WEST COAST CONSULTING 401(K) PLAN	
b	Name of plan sponsor WEST COAST CONSULTING, LLC	c EIN-PN 33-0838176-001
a	Plan name ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DOI & ASSOCIATES CPAS, LLC	c EIN-PN 46-5649356-001
a	Plan name FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
a	Plan name FRANCISCO TAVARES 401(K) PLAN	
b	Name of plan sponsor FRANCISCO TAVARES, INC.	c EIN-PN 04-2318951-001
a	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name OVERVIEW BUSINESS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor WILLET DAIRY, LLC	c EIN-PN 16-1453541-002
a	Plan name PALPILOT 401(K) PLAN	
b	Name of plan sponsor PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name SECURCOM, INC. 401(K) PLAN	
b	Name of plan sponsor SECURCOM, INC.	c EIN-PN 34-1852124-002
a	Plan name THE BROWNSTONE AGENCY 401(K) PLAN	
b	Name of plan sponsor BROWNSTONE AGENCY, INC.	c EIN-PN 13-2766983-001
a	Plan name THE LAW OFFICES OF VINCENT TOOMEY, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE LAW OFFICES OF VINCENT TOOMEY, ESQ.	c EIN-PN 11-3039057-001
a	Plan name WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII ANALYTICAL LABORATORY LLC	c EIN-PN 47-5082201-001
a	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001
a	Plan name	HEIGHTS PARTNERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEIGHTS PARTNERS, INC.	c EIN-PN 11-2715339-001
a	Plan name	M.R.S. INDUSTRIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MRS INDUSTRIAL	c EIN-PN 31-1499453-001
a	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PRIMEGLOBAL	c EIN-PN 36-2983725-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
b	Name of plan sponsor	PULMONARY PHYSICIANS OF SARATOGA	c EIN-PN 14-1750186-001
a	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL'S / MFH, INC.	c EIN-PN 31-1117594-001
a	Plan name	MICHELSTEIN & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MICHELSTEIN & ASSOCIATES, PLLC	c EIN-PN 20-5527972-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAHMAN CAPITAL	c EIN-PN 13-3542470-001
a	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	c EIN-PN 65-0379410-001
a	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name	EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	c EIN-PN 26-1564849-001
a	Plan name	HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001
a	Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
a	Plan name	RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHARD P. STANKUS, PHD, MD	c EIN-PN 16-1381451-001
a	Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name	THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THOROUGHbred SOFTWARE INTERNATIONAL, INC.	c EIN-PN 22-2427223-401
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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 LOOMIS SAYLES BOND RET ACCT	B Three-digit plan number (PN) ▶ 107
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	9389919
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10089989
(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	9389919	10089989
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	9389919	10089989

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	653457	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		653457

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		653457
l Transfers of assets:			
(1) To this plan.....	2l(1)		1856133
(2) From this plan	2l(2)		1809520

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.