

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: AMERICAN FUNDS INFLATION LINKED BOND RET OPT; 1b Three-digit plan number (PN): 406; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 82-5217478; 2c Plan Sponsor's telephone number; 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.

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>AMERICAN FUNDS INFLATION LINKED BOND RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>406</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>82-5217478</u>	

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

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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLINKSCALES PORTABLE TOILETS LLC	<b>c</b> EIN-PN 93-1086752-001
<b>a</b>	Plan name	HABITAT FOR HUMANITY SA 401(K)	
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	<b>c</b> EIN-PN 59-3034059-001
<b>a</b>	Plan name	HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAWKEYE DENTAL PROSTHETIC STUDIO	<b>c</b> EIN-PN 83-0958881-001
<b>a</b>	Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	<b>c</b> EIN-PN 82-2785228-001
<b>a</b>	Plan name	SERCOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCIENTIFIC EQUIPMENT REPAIR COMPANY	<b>c</b> EIN-PN 84-1469712-001
<b>a</b>	Plan name	SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name	SHADOWOBJECTS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHADOWOBJECTS LLC	<b>c</b> EIN-PN 27-0137849-001
<b>a</b>	Plan name	A&B MARKET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A&B MARKET, LLC	<b>c</b> EIN-PN 47-2479032-001
<b>a</b>	Plan name	COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE AGRI SERVICES	<b>c</b> EIN-PN 46-2836066-001
<b>a</b>	Plan name	COR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 11-3742607-001
<b>a</b>	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	<b>c</b> EIN-PN 87-2706193-002
<b>a</b>	Plan name	NATIONAL WATER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WATER SERVICES	<b>c</b> EIN-PN 35-2158046-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEPTUNE SHIPPING LIMITED	<b>c</b> EIN-PN 26-0630492-001
<b>a</b>	Plan name	NEXT GEN VEHICLE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT GEN VEHICLE SOLUTIONS	<b>c</b> EIN-PN 85-3872276-001
<b>a</b>	Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOBILITY HEALTH	<b>c</b> EIN-PN 81-0701839-001
<b>a</b>	Plan name	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	<b>c</b> EIN-PN 45-3438558-001
<b>a</b>	Plan name	SLOANE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	12 SOUTH DENTAL PLLC	<b>c</b> EIN-PN 46-1289540-001
<b>a</b>	Plan name	SMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	<b>c</b> EIN-PN 47-4533352-001
<b>a</b>	Plan name	SNIDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNIDER INC	<b>c</b> EIN-PN 56-1649710-001
<b>a</b>	Plan name	ACADIA.IO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACADIA.IO LLC	<b>c</b> EIN-PN 86-2788877-001
<b>a</b>	Plan name	HS BAINS INSURANCE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HS BAINS INSURANCE SERVICES	<b>c</b> EIN-PN 81-0962836-001
<b>a</b>	Plan name	HUDSON METALS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON TOOL STEEL CORPORATION	<b>c</b> EIN-PN 46-0505721-001
<b>a</b>	Plan name	HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUGO MANRIQUE, DMD, PLLC	<b>c</b> EIN-PN 92-3086974-001
<b>a</b>	Plan name	NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN CROSSARM COMPANY, INC.	<b>c</b> EIN-PN 39-0987381-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>NORTHWEST GLASS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWEST GLASS, INC.</b>	<b>c</b> EIN-PN <b>81-0447938-001</b>
<b>a</b>	Plan name <b>NOTTINGHAM RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOTTINGHAM STUDIOS</b>	<b>c</b> EIN-PN <b>47-4225120-001</b>
<b>a</b>	Plan name <b>OCEAN FOREST LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OCEAN FOREST LLC</b>	<b>c</b> EIN-PN <b>92-2466614-001</b>
<b>a</b>	Plan name <b>STAAR CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS</b>	<b>c</b> EIN-PN <b>81-4529384-001</b>
<b>a</b>	Plan name <b>STEP UP FAMILY SERVICE LLC- 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>STEP UP FAMILY SERVICES LLC</b>	<b>c</b> EIN-PN <b>83-4093830-001</b>
<b>a</b>	Plan name <b>STEWARDSHIP SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEWARDSHIP SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>46-1656504-001</b>
<b>a</b>	Plan name <b>POPE DISTRIBUTING CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POPE DISTRIBUTING CO., INC.</b>	<b>c</b> EIN-PN <b>73-0672369-001</b>
<b>a</b>	Plan name <b>RESURGENCE IT 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESURGENCE IT, INC.</b>	<b>c</b> EIN-PN <b>81-3507059-001</b>
<b>a</b>	Plan name <b>STYLECRAFT HOME COLLECTION, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STYLECRAFT HOME COLLECTION, INC.</b>	<b>c</b> EIN-PN <b>27-0439124-001</b>
<b>a</b>	Plan name <b>ASCEND REHAB 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASCEND REHAB SERVICES, INC.</b>	<b>c</b> EIN-PN <b>20-0927823-002</b>
<b>a</b>	Plan name <b>ATLAS DRILLING, LLC SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ATLAS DRILLING, LLC</b>	<b>c</b> EIN-PN <b>27-3701741-001</b>
<b>a</b>	Plan name <b>THE VICTIM CENTER INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE VICTIM CENTER INC.</b>	<b>c</b> EIN-PN <b>43-1149629-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	C.A. TAYLOR, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	C.A. TAYLOR, LLC	<b>c</b> EIN-PN 82-0677411-001
<b>a</b> Plan name	C3 INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	C3 INNOVATIONS, INC.	<b>c</b> EIN-PN 46-5657940-001
<b>a</b> Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	C3 SYSTEMS & SECURITY	<b>c</b> EIN-PN 72-1581602-001
<b>a</b> Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	<b>c</b> EIN-PN 30-0826240-001
<b>a</b> Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DANSCO ENGINEERING LLC	<b>c</b> EIN-PN 04-3788074-001
<b>a</b> Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.	<b>c</b> EIN-PN 99-0314996-001
<b>a</b> Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DUOTECH SERVICES LLC	<b>c</b> EIN-PN 59-2658665-001
<b>a</b> Plan name	ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
<b>b</b> Name of plan sponsor	ECHO PRODUCTION, INC.	<b>c</b> EIN-PN 75-1623080-001
<b>a</b> Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ECHOMARK, INC.	<b>c</b> EIN-PN 88-3138477-001
<b>a</b> Plan name	ECOPOL AMERICA 401(K) PLAN	
<b>b</b> Name of plan sponsor	ECOPOL AMERICA, INC.	<b>c</b> EIN-PN 88-0673772-001
<b>a</b> Plan name	FISH WINDOW CLEANING 401(K) PLAN	
<b>b</b> Name of plan sponsor	INCITE, LLC	<b>c</b> EIN-PN 84-3768617-001
<b>a</b> Plan name	FIVE RIVERS BANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	<b>c</b> EIN-PN 87-4571225-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name FIVE STAR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIVE STAR REAL ESTATE & PROPERTY MANAGEMENT, LLC	<b>c</b> EIN-PN 46-3215891-001
<b>a</b>	Plan name FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRANK J. GRADY M.D. ASSOC	<b>c</b> EIN-PN 74-1779810-001
<b>a</b>	Plan name IN FOCUS PSYCHIATRY 401K PLAN	
<b>b</b>	Name of plan sponsor IN FOCUS PSYCHIATRY	<b>c</b> EIN-PN 81-2638084-001
<b>a</b>	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001
<b>a</b>	Plan name KEKO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	<b>c</b> EIN-PN 47-4732055-001
<b>a</b>	Plan name OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
<b>b</b>	Name of plan sponsor W&J HOLDINGS, LLC	<b>c</b> EIN-PN 82-3571108-001
<b>a</b>	Plan name KNOWLEDGE SAVES LIVES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor KNOWLEDGE SAVES LIVES, INC.	<b>c</b> EIN-PN 27-2230784-001
<b>a</b>	Plan name MASTER PLUMBING SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MASTER PLUMBING SOLUTIONS LLC	<b>c</b> EIN-PN 46-3187028-001
<b>a</b>	Plan name MAUI PARADISE PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAUI PARADISE PROPERTIES	<b>c</b> EIN-PN 46-0867014-001
<b>a</b>	Plan name MAXTACS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAXTACS, INC	<b>c</b> EIN-PN 81-3518247-001
<b>a</b>	Plan name PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARAGON PRINT SYSTEMS, INC.	<b>c</b> EIN-PN 23-2984595-001
<b>a</b>	Plan name PROTERIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROTERIS COMPLIANCE SOLUTIONS, INC.	<b>c</b> EIN-PN 92-1583768-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>PROTREE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE &amp; TURF EQUIPMENT</b>	<b>c</b> EIN-PN <b>87-4654888-001</b>
<b>a</b>	Plan name <b>PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVIDENCE HOSPITALITY PARTNERS LLC</b>	<b>c</b> EIN-PN <b>84-1610444-001</b>
<b>a</b>	Plan name <b>PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVIDENCE PREPARATORY CHARTER SCHOOL</b>	<b>c</b> EIN-PN <b>85-2193353-001</b>
<b>a</b>	Plan name <b>ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ROCKLIN GAS, LLC</b>	<b>c</b> EIN-PN <b>82-2033920-001</b>
<b>a</b>	Plan name <b>ROELENS VACATIONS 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>GO FLORIDA, INC, DBA ROELENS VACATIONS</b>	<b>c</b> EIN-PN <b>26-1761622-001</b>
<b>a</b>	Plan name <b>TACTICAL SPORTS DEPOT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TACTICAL SPORTS DEPOT, INC.</b>	<b>c</b> EIN-PN <b>83-2481967-001</b>
<b>a</b>	Plan name <b>TALMAN CONSULTANTS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TALMAN CONSULTANTS, LLC</b>	<b>c</b> EIN-PN <b>81-2709261-001</b>
<b>a</b>	Plan name <b>TARRY MEDICAL PRODUCTS, INC. EMPLOYEES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TARRY MEDICAL PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>06-1683982-001</b>
<b>a</b>	Plan name <b>TAYLOR GRUBAUGH CHEVROLET LLC 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>TAYLOR GRUBAUGH CHEVROLET LLC</b>	<b>c</b> EIN-PN <b>93-4900507-001</b>
<b>a</b>	Plan name <b>THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ALAGIRI IMMIGRATION LAW FIRM, INC.</b>	<b>c</b> EIN-PN <b>47-3003463-001</b>
<b>a</b>	Plan name <b>AUSTIN PX 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AUSTIN PX, LLC</b>	<b>c</b> EIN-PN <b>26-0769754-001</b>
<b>a</b>	Plan name <b>BAY AREA PROPANE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAY AREA PROPANE</b>	<b>c</b> EIN-PN <b>84-3871195-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TRAFFIC SCHOOL (401 K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRAFFIC SAFETY CONSULTANTS, INC. DBA COMEDY SCHOOL ONLINE.COM	<b>c</b> EIN-PN 95-3312949-001
<b>a</b>	Plan name TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRAVERTINE, INC.	<b>c</b> EIN-PN 73-1616445-001
<b>a</b>	Plan name TRAYER SOLUTIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor TRAYER SOLUTIONS, LLC	<b>c</b> EIN-PN 46-4500573-001
<b>a</b>	Plan name TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	<b>c</b> EIN-PN 91-1981784-001
<b>a</b>	Plan name TRI CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 04-2786413-001
<b>a</b>	Plan name CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA CARDIOVASCULAR INSTITUTE	<b>c</b> EIN-PN 88-4143827-001
<b>a</b>	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARE ANGEL, INC.	<b>c</b> EIN-PN 46-5083636-001
<b>a</b>	Plan name CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor CARNIVAL EMPLOYMENT SERVICES, LLC	<b>c</b> EIN-PN 26-4824293-001
<b>a</b>	Plan name WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILLIAMS CONCRETE CONTRACTING LLC	<b>c</b> EIN-PN 26-0888255-001
<b>a</b>	Plan name DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	<b>c</b> EIN-PN 22-2028230-001
<b>a</b>	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	<b>c</b> EIN-PN 27-4834463-001
<b>a</b>	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	<b>c</b> EIN-PN 43-1479564-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EL MANDADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	<b>c</b> EIN-PN 56-2067801-001
<b>a</b>	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	<b>c</b> EIN-PN 30-0949242-001
<b>a</b>	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	<b>c</b> EIN-PN 27-0047953-001
<b>a</b>	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	<b>c</b> EIN-PN 83-3379247-001
<b>a</b>	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	<b>c</b> EIN-PN 95-2428410-001
<b>a</b>	Plan name	ANDREW CAPALDO, DMD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDREW CAPALDO, DMD, PC	<b>c</b> EIN-PN 23-2986985-001
<b>a</b>	Plan name	BIG HORN WIRELINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG HORN WIRELINE, LLC	<b>c</b> EIN-PN 88-2234263-001
<b>a</b>	Plan name	CASS CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASS CONCRETE SERVICES LLC	<b>c</b> EIN-PN 86-3815732-001
<b>a</b>	Plan name	CENTS II 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	<b>c</b> EIN-PN 47-2003612-001
<b>a</b>	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	<b>c</b> EIN-PN 35-1269099-001
<b>a</b>	Plan name	DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWNS ENERGY	<b>c</b> EIN-PN 77-0445131-002
<b>a</b>	Plan name	DRUM CORPS INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRUM CORPS INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-2754480-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EZGO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EZGO GROUP, INC.	<b>c</b> EIN-PN 36-4850864-001
<b>a</b>	Plan name	FAIRFIELD GLADE COMMUNITY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAIRFIELD GLADE COMMUNITY CLUB	<b>c</b> EIN-PN 71-0425507-001
<b>a</b>	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	<b>c</b> EIN-PN 57-1093357-001
<b>a</b>	Plan name	GMP GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GMP GROUP, INC.	<b>c</b> EIN-PN 85-2276642-001
<b>a</b>	Plan name	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JE ENGINEERING, INC.	<b>c</b> EIN-PN 20-0849858-001
<b>a</b>	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA PROVENCE BAKERY	<b>c</b> EIN-PN 20-2583441-001
<b>a</b>	Plan name	MCGUFF ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGUFF ROOFING, INC.	<b>c</b> EIN-PN 35-1693215-001
<b>a</b>	Plan name	MEKRA LANG 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEKRA LANG NORTH AMERICA, LLC	<b>c</b> EIN-PN 58-2442603-001
<b>a</b>	Plan name	MERIT TITLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIT TITLE, LLC	<b>c</b> EIN-PN 20-0467684-001
<b>a</b>	Plan name	PEGASYS TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEGASYS TECHNOLOGIES, LLC	<b>c</b> EIN-PN 82-4668955-001
<b>a</b>	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	<b>c</b> EIN-PN 87-0328548-001
<b>a</b>	Plan name	PHOENIX 401K PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX PARAMEDICS SOLUTIONS	<b>c</b> EIN-PN 82-3276454-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVISTA SOFTWARE CORPORATION</b>	<b>c</b> EIN-PN <b>38-4102924-001</b>
<b>a</b>	Plan name <b>PSG/TEP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENTENBURG SEARCH GROUP, INC.</b>	<b>c</b> EIN-PN <b>26-4202912-001</b>
<b>a</b>	Plan name <b>QUAL TECH AIR, LLC 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>QUAL TECH AIR LLC</b>	<b>c</b> EIN-PN <b>81-4869829-001</b>
<b>a</b>	Plan name <b>THE ELENCO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELENCO CARBIDE TOOL CORPORATION</b>	<b>c</b> EIN-PN <b>39-1125498-001</b>
<b>a</b>	Plan name <b>TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRINITY CONSTRUCTION GROUP, LLC</b>	<b>c</b> EIN-PN <b>35-2688581-001</b>
<b>a</b>	Plan name <b>TRISON ENTERPRISES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRISON ENTERPRISES INC.</b>	<b>c</b> EIN-PN <b>91-1177364-001</b>
<b>a</b>	Plan name <b>UNDERGRADS, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNDERGRADS, LLC</b>	<b>c</b> EIN-PN <b>82-4510160-001</b>
<b>a</b>	Plan name <b>FAMILY CARE HOME HEALTH &amp; HOSPICE LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY CARE HOME HEALTH &amp; HOSPICE LLC</b>	<b>c</b> EIN-PN <b>81-2802771-001</b>
<b>a</b>	Plan name <b>FFC CPAS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FFC CPAS, LLC</b>	<b>c</b> EIN-PN <b>84-2245616-001</b>
<b>a</b>	Plan name <b>FIDE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EMINENT CONSULTING, LLC DBA FIDE LLC</b>	<b>c</b> EIN-PN <b>82-0818461-001</b>
<b>a</b>	Plan name <b>LEGENDARY HOME SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEGENDARY HOME SOLUTIONS LLC</b>	<b>c</b> EIN-PN <b>83-3696034-001</b>
<b>a</b>	Plan name <b>LIBBOS LAW, P.C. PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LIBBOS LAW, P.C.</b>	<b>c</b> EIN-PN <b>04-3111949-001</b>

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIFELINK MEDICAL GROUP, PLLC	<b>c</b> EIN-PN 47-2362864-001
<b>a</b> Plan name	RAREMOON CONSULTING 401(K) PLAN	
<b>b</b> Name of plan sponsor	SR CONSULTING DBA RAREMOON CONSULTING, INC.	<b>c</b> EIN-PN 81-1906652-001
<b>a</b> Plan name	VANGUARD CLINICAL INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VANGUARD CLINICAL INC.	<b>c</b> EIN-PN 81-2699127-001
<b>a</b> Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	<b>c</b> EIN-PN 46-3398188-001
<b>a</b> Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	<b>c</b> EIN-PN 56-1689599-001
<b>a</b> Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	<b>c</b> EIN-PN 73-1278416-001
<b>a</b> Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
<b>b</b> Name of plan sponsor	VRK ENTERPRISES, LLC	<b>c</b> EIN-PN 81-3354376-001
<b>a</b> Plan name	ZENISCO, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZENISCO, INC.	<b>c</b> EIN-PN 47-3232410-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN FUNDS INFLATION LINKED BOND RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>406</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5217478</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2004652
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1557986
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	1557986	2004652
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	1557986	2004652

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (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>b Earnings on investments:</b>			
(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)	46033	
(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)	-7336	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		38697

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		38694
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		750635
(2) From this plan .....	<b>2l(2)</b>		342663

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.