

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>INFLATION-ADJUSTED BOND FUND</u>	1b Three-digit plan number (PN) ▶ <u>096</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>83-1098532</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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.	OMB No. 1210-0110 <hr/> 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>INFLATION-ADJUSTED BOND FUND</u>	B Three-digit plan number (PN)	<u>096</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>83-1098532</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:		
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)
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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:

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)

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d Entity code

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d Entity code

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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)

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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)

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)

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 ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	c EIN-PN 58-0871550-001
a	Plan name INTELLIPRO SERVICE MEP	
b	Name of plan sponsor INTELLIPRO SERVICE INC.	c EIN-PN 83-3224197-001
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name NAUTICAL VENTURES GROUP 401(K) PLAN	
b	Name of plan sponsor NAUTICAL VENTURES GROUP, INC.	c EIN-PN 46-4362332-001
a	Plan name PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name UNIQUE PLUMBING 401(K) PLAN	
b	Name of plan sponsor UNIQUE PLUMBING	c EIN-PN 82-1924329-001
a	Plan name 360 ELECTRICAL & ENGINEERING SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor 360 ELECTRICAL & ENGINEERING	c EIN-PN 84-1772949-001
a	Plan name 360 ENERGY SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor 360 ENERGY SOLUTIONS	c EIN-PN 46-2459351-001
a	Plan name A LA CARTE FOODS 401(K) PLAN	
b	Name of plan sponsor A LA CARTE	c EIN-PN 81-2972833-001

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 A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor A. COLARUSSO & SON, INC.	c EIN-PN 14-1424400-001
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 CABRILLO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor CABRILLO HOLDINGS, LLC	c EIN-PN 35-2485780-001
a	Plan name CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANNIBLE & MCKEE, LLP	c EIN-PN 33-0996661-001
a	Plan name EXCEL CABINETS, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL CABINETS, INC.	c EIN-PN 33-0521926-001
a	Plan name EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name F.G .SCHAEFER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor F.G. SCHAEFER COMPANY, INC.	c EIN-PN 31-0749184-001
a	Plan name GPA 401(K) PLAN	
b	Name of plan sponsor GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name IVY HAWN 401(K) PLAN	
b	Name of plan sponsor VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005

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 S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor S.S. WHITE TECHNOLOGIES, INC.	c EIN-PN 22-2903476-001
a	Plan name SACATE PELLETT MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACATE PELLETT MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	c EIN-PN 25-1603610-001
a	Plan name HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HALLKEEN MANAGEMENT, INC.	c EIN-PN 04-3097814-001
a	Plan name HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HERTZ, CHERSON & ROSENTHAL, P.C.	c EIN-PN 11-3138051-004
a	Plan name THE PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
a	Plan name ABIGDESTINATION 401(K) PLAN	
b	Name of plan sponsor ABIGDESTINATION LLC	c EIN-PN 26-2206411-001
a	Plan name J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J & L WINES, INC.	c EIN-PN 25-1434953-001
a	Plan name JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	c EIN-PN 94-2948334-001
a	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001

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 UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor UROLOGY ASSOCIATES MEDICAL GROUP, LLC	c EIN-PN 95-3970604-001
a	Plan name ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name ALH 401(K) PLAN	
b	Name of plan sponsor ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name ATLAS TESTING LABORATORIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ATLAS TESTING LABORATORIES, INC.	c EIN-PN 95-3729677-001
a	Plan name BELLINGER FAMILY, LTD 401(K) PLAN	
b	Name of plan sponsor BELLINGER DEVELOPMENT, LTD.	c EIN-PN 74-2831468-001
a	Plan name CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAL, INC.	c EIN-PN 77-0002188-001
a	Plan name CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
b	Name of plan sponsor CAMRON PUBLIC RELATIONS U.S., LLC	c EIN-PN 83-3466137-001
a	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
b	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	c EIN-PN 38-3553403-001
a	Plan name CENTRIC 401(K) PLAN	
b	Name of plan sponsor CENTRIC CONSTRUCTION, INC.	c EIN-PN 81-0608550-001
a	Plan name CHAMPION DISCS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CHAMPION DISCS, INC.	c EIN-PN 95-3894688-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001

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 DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID MANCINI & SONS, INC.	c EIN-PN 27-3716806-001
a	Plan name DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID RESTAURANT GROUP, INC.	c EIN-PN 47-4444126-001
a	Plan name PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PURPLE USA, INC.	c EIN-PN 46-4128782-001
a	Plan name F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor F.W. ASSOCIATES, INC.	c EIN-PN 94-2841974-001
a	Plan name FARIA 401(K) COMMITTEE	
b	Name of plan sponsor FARIA BEEDE INSTRUMENTS, INC.	c EIN-PN 06-0774164-001
a	Plan name MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001
a	Plan name MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor MERCER THOMPSON LLC	c EIN-PN 27-0253380-222
a	Plan name MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a	Plan name BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor NOBEL CARGO SYSTEMS, INC.	c EIN-PN 65-0911588-001
a	Plan name NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005

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	NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001
a	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name	CINGULAR HR 401(K) PLAN	
b	Name of plan sponsor	CINGULAR HR	c EIN-PN 46-1128124-001
a	Plan name	PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor	PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name	EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	EAST HARTFORD ORTHODONTICS, LLC	c EIN-PN 45-3967784-001
a	Plan name	SECRET CHARM 401(K) PLAN	
b	Name of plan sponsor	SECRET CHARM	c EIN-PN 73-1678960-001
a	Plan name	SESSUMS LAW GROUP, PA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SESSUMS LAW GROUP, PA	c EIN-PN 26-2276482-001
a	Plan name	FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	FAXON LAW GROUP	c EIN-PN 27-0061719-001
a	Plan name	FOSTER MARINE CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER MARINE CONTRACTORS, INC.	c EIN-PN 59-1054370-001
a	Plan name	FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor	FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001

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	FPE 401(K)	
b	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	c EIN-PN 65-0130280-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-002
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-003
a	Plan name	HICI 401(K) PLAN	
b	Name of plan sponsor	BEAUTY CAREER'S INSTITUTE, INC.	c EIN-PN 65-1025807-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBSOURCE NORTH AMERICA, INC.	c EIN-PN 81-5133458-001
a	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	c EIN-PN 27-4466560-001
a	Plan name	KEVIN J. ROBERTSON, D.D.S., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERTSON FAMILY DENTISTRY, INC.	c EIN-PN 34-1959064-001
a	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ALPHA BROKERS CORPORATION	c EIN-PN 65-0140528-001
a	Plan name	AYKO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AYKO GROUP LLC	c EIN-PN 47-4533642-001

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 B&W PETROLEUM PROFIT SHARING PLAN	
b	Name of plan sponsor B&W PETROLEUM	c EIN-PN 77-0179501-001
a	Plan name BALD PEAK COLONY CLUB 401(K) PLAN	
b	Name of plan sponsor BALD PEAK COLONY CLUB	c EIN-PN 02-0210407-002
a	Plan name BLUE POLYMERS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE POLYMERS, LLC	c EIN-PN 92-0586961-001
a	Plan name CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
a	Plan name HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001
a	Plan name MAXMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAXMAN, INC.	c EIN-PN 95-4615335-001

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	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
a	Plan name	RBK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	RBK CONSTRUCTION INC.	c EIN-PN 52-2277650-001
a	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name	SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	SJB GROUP, INC.	c EIN-PN 20-1963915-001
a	Plan name	STACK VETERINARY HOSPITAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STACK VETERINARY HOSPITAL, PLLC	c EIN-PN 30-0773499-777
a	Plan name	THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor	THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name	VONMOD 401(K) PLAN	
b	Name of plan sponsor	VONMOD LTD.	c EIN-PN 26-0808367-222
a	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BOARDMAN, LLC	c EIN-PN 73-1470937-003
a	Plan name	COCOA COASTAL 401(K)	
b	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	c EIN-PN 59-2829907-001
a	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001

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 HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor HUDSON COMMUNITY ENTERPRISES, INC.	c EIN-PN 22-1629147-001
a	Plan name MIRCI DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor MIRCI DENTAL	c EIN-PN 84-2985731-001
a	Plan name MISSISSIPPI CENTER FOR PLASTIC SURGERY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSISSIPPI CENTER FOR PLASTIC SURGERY, PLLC	c EIN-PN 47-1243565-001
a	Plan name PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PASCO SOLUTIONS, INC.	c EIN-PN 83-3733664-001
a	Plan name SUMMIT VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor PRESTIGE WORLDWIDE VETERINARY SERVICES, LLC	c EIN-PN 88-2882796-777
a	Plan name WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name AMI DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor AMI DISTRIBUTORS	c EIN-PN 46-5048256-001
a	Plan name AMICABLE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor AMICABLE HEALTHCARE, INC.	c EIN-PN 91-1814335-001
a	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
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 BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BONDY-HANEY SERVICE, INC.	c EIN-PN 95-2391151-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001
a	Plan name	CONSTITUTION PARTNERS 401(K) PLAN	
b	Name of plan sponsor	CONSTITUTION PARTNERS LLC	c EIN-PN 92-2099552-001
a	Plan name	ELSIE DELI PROVISIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	ELSIE DELI PROVISIONS, LLC	c EIN-PN 47-1408009-001
a	Plan name	INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
b	Name of plan sponsor	INCLUSIVE HOUSING RESOURCES	c EIN-PN 84-3657368-001
a	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
a	Plan name	SURDYK'S 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURDYK'S LIQUOR, INC.	c EIN-PN 41-0878398-001
a	Plan name	TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
a	Plan name	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001
a	Plan name	MRO SYSTEMS LLC 401(K) PLAN	
b	Name of plan sponsor	MRO SYSTEMS, LLC	c EIN-PN 82-4009874-001
a	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name	PDCA PROFIT SHARING PLAN	
b	Name of plan sponsor	PERITONEAL DIALYSIS CENTER OF AMERICA	c EIN-PN 95-4430908-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001

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	PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEARLMAN PROPERTY MANAGEMENT	c EIN-PN 77-0474584-001
a	Plan name	RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name	RIVERSIDE MFG., LLC 401(K) PLAN	
b	Name of plan sponsor	RIVERSIDE MFG., LLC	c EIN-PN 26-0332652-001
a	Plan name	RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RJ HEALTHCARE SERVICES, LLC	c EIN-PN 22-3755890-001
a	Plan name	T-KAT, INC. 401(K) PLAN	
b	Name of plan sponsor	T-KAT, INC.	c EIN-PN 37-1415260-001
a	Plan name	TRINITY DESIGN BUILD, INC. 401(K) PLAN	
b	Name of plan sponsor	TRINITY DESIGN BUILD, INC.	c EIN-PN 74-3111479-001
a	Plan name	ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	ZAPPONE CHRYSLER JEEP DODGE, INC.	c EIN-PN 20-3142416-001
a	Plan name	ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor	SYNERGY HR LLC	c EIN-PN 81-3943870-002
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	BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	c EIN-PN 43-1506960-001
a	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	c EIN-PN 20-0029039-001

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	ENGLANDER CONTAINER CO. 401(K) PLAN	
b Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	c EIN-PN 74-1588088-002

a Plan name	INTEGRA GROUP, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	INTEGRA GROUP, INC.	c EIN-PN 31-1274443-001

a Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
b Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	c EIN-PN 74-1786305-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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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 INFLATION-ADJUSTED BOND FUND	B Three-digit plan number (PN) ► 096
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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)	10971265	68825681
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	10971265	68825681
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	10971265	68825681

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)	1823199	
(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		1823199

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		1823199
l Transfers of assets:			
(1) To this plan	2l(1)		87921527
(2) From this plan	2l(2)		31890310

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 _____.