

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: TEMPLETON GLOBAL BOND RET ACCT; 1b Three-digit plan number (PN): 983; 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.

Form 5500 (2024) v. 240311

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> 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>TEMPLETON GLOBAL BOND RET ACCT</u>	B Three-digit plan number (PN)	<u>983</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:		
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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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)	
<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	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
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	LINCOLN LAND SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN LAND SERVICES, LLC	c EIN-PN 20-5535148-001
a	Plan name	NCA RETIREMENT PLAN	
b	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name	PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name	A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
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	CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CVIN, LLC	c EIN-PN 77-0407563-001
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	EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001

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 IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name IVY K. REALTY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IVY K. REALTY, LLC	c EIN-PN 20-0977977-004
a	Plan name M & E, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M & E, LLC DBA CLEVES AND LONNEMANN	c EIN-PN 81-4622672-002
a	Plan name NELDON PEACOCK & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor NELDON PEACOCK & SONS, INC.	c EIN-PN 31-0839420-001
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 PK HOUSING 401(K) PLAN	
b	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name RTL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor RTL CONSTRUCTION, INC.	c EIN-PN 41-1735902-001
a	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
a	Plan name UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UPSTATE OB/GYN ASSOCIATES, P.C.	c EIN-PN 14-1600870-001
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 GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001

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	ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALADDIN CONSTRUCTION COMPANY, INC.	c EIN-PN 64-0691303-001
a	Plan name	KAHUA 401(K) PLAN	
b	Name of plan sponsor	KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name	MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARCUS, WATANABE & DAVE, LLP	c EIN-PN 95-4319447-001
a	Plan name	MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MCR DONUTS, INC.	c EIN-PN 06-1432375-777
a	Plan name	CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor	CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
a	Plan name	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name	PLUTUS CAPITAL NY INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PLUTUS CAPITAL NY INC.	c EIN-PN 82-2739089-001
a	Plan name	POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
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	DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING SUPPLY & MANUFACTURING	c EIN-PN 74-1903853-001
a	Plan name	SAN MARINO PEDIATRIC ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAN MARINO PEDIATRIC ASSOCIATES	c EIN-PN 80-0949721-001

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	NORTH HILLS DENTAL ARTS, S.C. 401(K) PLAN	
b	Name of plan sponsor	NORTH HILLS DENTAL ARTS, S.C.	c EIN-PN 39-1771911-001
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	CAPRICORN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPRICORN SYSTEMS, INC.	c EIN-PN 58-2514176-002
a	Plan name	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor	OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name	CIVIC CENTER PHARMACY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CIVIC CENTER PHARMACY	c EIN-PN 86-0824256-001
a	Plan name	PREPARING 4 TOMORROW 401(K) PLAN	
b	Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	c EIN-PN 20-8059557-001
a	Plan name	PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor	PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
a	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
b	Name of plan sponsor	EARLY SULLIVAN	c EIN-PN 27-2410239-001
a	Plan name	R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	R&R DIRECT MAIL, INC.	c EIN-PN 11-2467943-002
a	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name	SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPERTUS LANDES & JOSEPHS, LLP	c EIN-PN 46-1531301-001

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	THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLE MAKOFF LLP	c EIN-PN 27-1587480-001
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	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
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	WALDEN MACHT & HARAN LLP 401(K) PLAN	
b	Name of plan sponsor	WALDEN MACHT & HARAN LLP	c EIN-PN 47-2572262-001
a	Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	WALKER CRANE & RIGGING CORP.	c EIN-PN 06-0664957-002
a	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
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	JOHNSON MOTOR CO. OF GEORGIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON MOTOR COMPANY OF GEORGIA	c EIN-PN 58-6015890-001
a	Plan name	JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001

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 KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
a	Plan name MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	c EIN-PN 27-0313611-001
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
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 JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	c EIN-PN 94-2175344-002
a	Plan name ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
b	Name of plan sponsor ELEVATED SOLAR PERFORMANCE, INC.	c EIN-PN 81-3830390-001
a	Plan name ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001
a	Plan name GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUDDLE HOUSE, INC.	c EIN-PN 58-0916623-003

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	TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor	TOPCO SALES	c EIN-PN 45-5582989-001
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	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
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	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
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	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
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	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	COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	COXSACKIE PHYSICAL THERAPY	c EIN-PN 05-0588304-001
a	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333

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 LEXINGTON COUNTRY CLUB 401(K) PROFIT SHARING PLAN

b Name of plan sponsor LEXINGTON COUNTRY CLUB **c** EIN-PN 61-0258900-001

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

a Plan name

b Name of plan sponsor **c** EIN-PN

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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

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 TEMPLETON GLOBAL BOND RET ACCT	B Three-digit plan number (PN) ▶ 983
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3729685
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2973636
(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	3729685	2973636
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	3729685	2973636

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)	-416208	
(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		-416208

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		-416208
l Transfers of assets:			
(1) To this plan	2l(1)		558534
(2) From this plan	2l(2)		898375

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.)	4a		
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		
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.	4n		

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 _____.