

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>GOVERNMENT FIXED FUND</u>	1b Three-digit plan number (PN) ▶ <u>009</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>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u> <u>6400 C STREET SW, MAIL STOP E1 CR</u> <u>REPORTING AND DISCLOSURE UNIT</u> <u>CEDAR RAPIDS, IA 52499</u>	2b Employer Identification Number (EIN) <u>36-6071399</u> 2c Plan Sponsor's telephone number <u>914-627-3480</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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	NEIL KOENCK
	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> 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GOVERNMENT FIXED FUND</u>	B Three-digit plan number (PN) ▶ <u>009</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)
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)
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)

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 CONSERVATION LAW FOUNDATION-THRIFT PLAN	
b	Name of plan sponsor CONSERVATION LAW FOUNDATION	c EIN-PN 02-0222237-001
a	Plan name CONSERVATION LAW FOUNDATION-THRIFT PLAN	
b	Name of plan sponsor CONSERVATION LAW FOUNDATION	c EIN-PN 02-6005322-001
a	Plan name MALDEN HOSPITAL	
b	Name of plan sponsor HALLMARK HEALTH CORPORATION, C/O BENEFITS OFFICE	c EIN-PN 04-2103587-005
a	Plan name HALLMARK HEALTH 403(B) SAVINGS PLAN	
b	Name of plan sponsor HALLMARK HEALTH CORPORATION	c EIN-PN 04-2103598-001
a	Plan name NEW ENGLAND BAPTIST HOSPITAL MATCHING RETIREMENT PROGRAM	
b	Name of plan sponsor NEW ENGLAND BAPTIST HOSPITAL	c EIN-PN 04-2103612-001
a	Plan name HALLMARK HEALTH VISITING NURSE ASSOCIATION PARTNERSHIP TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor HALLMARK HEALTH CORPORATION	c EIN-PN 04-2430764-001
a	Plan name THE SENIOR HOME CARE BOSTON III FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor SENIOR HOME CARE BOSTON III	c EIN-PN 04-2546251-001
a	Plan name LYN-LAD GROUP,LTD.401 (K) PLAN	
b	Name of plan sponsor LYN-LAD GROUP, LTD.	c EIN-PN 04-2741667-003
a	Plan name THE OAKS PENSION PLAN	
b	Name of plan sponsor SOUTHCOAST HEALTH SYSTEM, INC.	c EIN-PN 04-2984542-001
a	Plan name SUNBURST EMS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUNBURST EMS, INC.	c EIN-PN 04-3072186-001
a	Plan name THE LEON LOWENSTEIN FOUNDATION, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor NY REG ASSOC OF GRANTMAKERS ER	c EIN-PN 04-6037391-001
a	Plan name THE BROWN UNIVERSITY FIXED TDA RETIREMENT PLAN	
b	Name of plan sponsor BROWN UNIVERSITY	c EIN-PN 05-0258809-001

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 THE REHABILITATION CENTER OF SOUTHWESTERN CT., INC. FIXED ANNUITY RETIREMENT PLA N	
b	Name of plan sponsor THE REHABILITATION CENTER OF SOUTHWESTERN CT., INC.	c EIN-PN 06-0646794-002
a	Plan name THE REHABILITATION CENTER OF SOUTHWESTERN CT., INC. FIXED ANNUITY RETIREMENT PLA N	
b	Name of plan sponsor THE REHABILITATION CENTER OF SOUTHWESTERN CT., INC.	c EIN-PN 06-0879004-002
a	Plan name THE RECOVERY NETWORK OF PROGRAMS, INC. 403(B) RETIREMENT PLAN	
b	Name of plan sponsor RECOVERY NETWORK OF PROGRAMS, INC.	c EIN-PN 06-0910080-001
a	Plan name WESTHAB INC.	
b	Name of plan sponsor WESTHAB INC.	c EIN-PN 06-1064281-002
a	Plan name THE BROOKLYN HOSPITAL CENTER	
b	Name of plan sponsor THE BROOKLYN/CALEDONIAN HOSPITAL	c EIN-PN 11-1630755-002
a	Plan name BROOKDALE HOSPITAL MEDICAL CENTER	
b	Name of plan sponsor BROOKDALE HOSPITAL MEDICAL CENTER	c EIN-PN 11-1631746-001
a	Plan name KINGSBROOK JEWISH MEDICAL CENTER	
b	Name of plan sponsor KINGSBROOK JEWISH MED CNTR	c EIN-PN 11-1631759-004
a	Plan name KINGSBROOK JEWISH MEDICAL CENTER	
b	Name of plan sponsor KINGSBROOK JEWISH MED CNTR	c EIN-PN 11-1631759-506
a	Plan name WARTBURG LUTHERAN HOME FOR THE AGING	
b	Name of plan sponsor WARTBURG LUTHERAN HOME FOR THE AGING	c EIN-PN 11-1631836-003
a	Plan name NORTHWELL HEALTH 403(B) PLAN (MERGED HANYS PLANS)	
b	Name of plan sponsor NORTH SHORE-LIJ HEALTH SYSTEM	c EIN-PN 11-1667761-001
a	Plan name THE NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	
b	Name of plan sponsor NEW YORK HOSPITAL QUEENS	c EIN-PN 11-1839262-001
a	Plan name THE MEDICAL ASSOCIATES OF WOODHULL P.C. TAX DEFERRED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor MEDICAL ASSOCIATES OF WOODHULL, P.C.	c EIN-PN 11-2601581-002

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	ISLAND PEER REVIEW ORGANIZATION, INC.	
b	Name of plan sponsor	ISLAND PEER REVIEW ORGANIZATION, INC.	c EIN-PN 11-2662689-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ISLAND PEER REVIEW ORGANIZATION, INC.	
b	Name of plan sponsor	ISLAND PEER REVIEW ORGANIZATION, INC.	c EIN-PN 11-2662689-001
a	Plan name	GURWIN JEWISH GERIATRIC CENTER PENSION PLAN	
b	Name of plan sponsor	GURWIN JEWISH GERIATRIC CENTER	c EIN-PN 11-2785201-001
a	Plan name	SILVERCREST EXTENDED CARE FACILITY	
b	Name of plan sponsor	SILVERCREST EXTENDED CARE FACILITY	c EIN-PN 11-2925535-001
a	Plan name	NORTHWELL HEALTH 403(B) PLAN (LEGACY PHELPS)	
b	Name of plan sponsor	NORTHWELL HEALTH, INC.	c EIN-PN 11-3418133-006
a	Plan name	THE LEON LOWENSTEIN FOUNDATION, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NY REG ASSOC OF GRANTMAKERS ER	c EIN-PN 11-3422729-001
a	Plan name	CHILDREN'S DAY TREATMENT CENTER AND SCHOOL, INC. TAX DEFERRED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	CHILDREN'S DAY TREATMENT CENTER AND SCHOOL, INC.	c EIN-PN 13-0776140-001
a	Plan name	THE CHRISTIAN HERALD ASSOCIATION INC FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	CHRISTIAN HERALD ASSOCIATION, INC.	c EIN-PN 13-1617086-001
a	Plan name	THE JUNIOR LEAGUE OF THE CITY OF NEW YORK FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	JR LEAGUE OF THE CITY	c EIN-PN 13-1624066-001
a	Plan name	THE METROPOLITAN MUSEUM OF ART FIXED TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	METROPOLITAN MUSEUM OF ART	c EIN-PN 13-1624086-001
a	Plan name	THE NATIONAL COUNCIL OF JEWISH WOMEN, INC. FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL COUNCIL OF JEWISH WOMEN	c EIN-PN 13-1624132-001
a	Plan name	THE AMERICAN NATIONAL STANDARDS INSTITUTE FIXED TDA RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN NATIONAL STANDARDS INSTITUTE	c EIN-PN 13-1635253-001

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	UNITED WAY OF AMERICA	
b	Name of plan sponsor	UNITED WAY WORLDWIDE	c EIN-PN 13-1635294-002
a	Plan name	NEW YORK INSTITUTE FOR SPECIAL EDUCATION TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NY INSTITUTE FOR SPECIAL EDUCATION	c EIN-PN 13-1740010-002
a	Plan name	DOBBS FERRY HOSPITAL	
b	Name of plan sponsor	DOBBS FERRY HOSPITAL C/O ST. JOHN'S RIVERSIDE HOSPITAL	c EIN-PN 13-1740103-001
a	Plan name	BON SECOURS CHARITY HEALTH SYSTEM - GOOD SAMARITAN HOSPITAL	
b	Name of plan sponsor	BON SECOURS HEALTH SYSTEM, INC.	c EIN-PN 13-1740104-002
a	Plan name	HUDSON VALLEY HOSPITAL CENTER	
b	Name of plan sponsor	HUDSON VALLEY HOSPITAL CENTER	c EIN-PN 13-1740120-001
a	Plan name	ST. JOHN'S RIVERSIDE HOSPITAL VOLUNTARY SUPPLEMENTARY TAX DEFERRED RETIREMENT PLAN	
b	Name of plan sponsor	ST. JOHN'S RIVERSIDE HOSPITAL	c EIN-PN 13-1740126-002
a	Plan name	THE EDUCATIONAL BROADCASTING CORPORATION FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	WNET	c EIN-PN 13-1945149-001
a	Plan name	THE LOWER EASTSIDE SERVICE CENTER INC FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	LOWER EASTSIDE SERVICE CENTER, INC.	c EIN-PN 13-1972876-002
a	Plan name	LEGAL SERVICES FOR NEW YORK CITY	
b	Name of plan sponsor	LEGAL SERVICES FOR NEW YORK CITY	c EIN-PN 13-2600199-002
a	Plan name	HUDSON RIVER HEALTHCARE, INC.	
b	Name of plan sponsor	HUDSON RIVER HEALTHCARE, INC.	c EIN-PN 13-2828349-001
a	Plan name	THE LEON LOWENSTEIN FOUNDATION, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NY REG ASSOC OF GRANTMAKERS ER	c EIN-PN 13-2852371-001
a	Plan name	TERENCE CARDINAL COOKE HEALTH CARE CENTER	
b	Name of plan sponsor	TERENCE CARDINAL COOKE HEALTH CARE CENTER	c EIN-PN 13-3007801-002

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	CONSERVATION LAW FOUNDATION-THRIFT PLAN	
b	Name of plan sponsor	CONSERVATION LAW FOUNDATION	c EIN-PN 13-3089956-001
a	Plan name	PHELPS CHILD CARE CENTER, INC.	
b	Name of plan sponsor	PHELPS CHILD CARE CENTER, INC.	c EIN-PN 13-3467714-001
a	Plan name	VILLAGE CENTER FOR CARE, INC.	
b	Name of plan sponsor	VILLAGECARE	c EIN-PN 13-3854754-001
a	Plan name	STELLARIS HEALTH EMPLOYEES' TAX DEFERRED RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	HEALTHSTAR NETWORK, INC. D/B/A STELLARIS HEALTH NETWORK	c EIN-PN 13-3911773-001
a	Plan name	NYU DOWNTOWN HOSPITAL	
b	Name of plan sponsor	NYU DOWNTOWN HOSPITAL	c EIN-PN 13-3957095-004
a	Plan name	STARNET EMERGENCY SERVICES, INC.	
b	Name of plan sponsor	STARNET EMERGENCY SERVICES, INC. D/B/A WESTCHESTER EMS	c EIN-PN 13-4091675-001
a	Plan name	THE BETH ISRAEL MEDICAL CENTER TAX DEFERRED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	BETH ISRAEL MEDICAL CENTER	c EIN-PN 13-5564934-001
a	Plan name	THE COUNCIL ON FOUNDATION INC. FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	COUNCIL ON FOUNDATIONS IN	c EIN-PN 13-6068327-001
a	Plan name	OPEN SOCIETY INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor	OPEN SOCIETY INSTITUTE	c EIN-PN 13-7029285-001
a	Plan name	SARATOGA HOSPITAL	
b	Name of plan sponsor	SARATOGA HOSPITAL	c EIN-PN 14-1338544-003
a	Plan name	VASSAR BROTHERS HOSPITAL	
b	Name of plan sponsor	HEALTH QUEST SYSTEMS, INC.	c EIN-PN 14-1338586-001
a	Plan name	ST. LUKES HOSPITAL CENTER	
b	Name of plan sponsor	ST LUKES HOSPITAL CENTER	c EIN-PN 14-1405826-005

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	HEALTH SERVICES MEDICAL CORP OF CENTRAL NY, INC.	
b	Name of plan sponsor	EXCELLUS HEALTH PLAN, INC.	c EIN-PN 15-0329043-001
a	Plan name	DELAWARE VALLEY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DELAWARE VALLEY HOSPITAL	c EIN-PN 15-0524324-001
a	Plan name	CORTLAND MEMORIAL HOSPITAL	
b	Name of plan sponsor	GUTHRIE CORTLAND MEDICAL CENTER	c EIN-PN 15-0532079-004
a	Plan name	UNITED MEMORIAL MEDICAL CENTER NORTH STREET CAMPUS	
b	Name of plan sponsor	UNITED MEMORIAL MEDICAL CENTER (NORTH STREET)	c EIN-PN 16-0743029-002
a	Plan name	ST. LUKE'S HOME RESIDENTIAL HEALTHCARE FACILITY, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	ST. LUKE'S HOME RESIDENTIAL HEALTHCARE FACILITY, INC.	c EIN-PN 16-1476372-001
a	Plan name	BABE RUTH LEAGUE, INC. FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	BABE RUTH LEAGUE, INC	c EIN-PN 21-0652304-001
a	Plan name	CONSERVATION LAW FOUNDATION-THRIFT PLAN	
b	Name of plan sponsor	CONSERVATION LAW FOUNDATION	c EIN-PN 22-1539642-001
a	Plan name	PAPER MILL PLAYHOUSE RETIREMENT PLAN	
b	Name of plan sponsor	PAPER MILL PLAYHOUSE	c EIN-PN 22-1550515-001
a	Plan name	NORTH HUDSON COMMUNITY ACTION CORP.	
b	Name of plan sponsor	NORTH HUDSON COMMUNITY ACTION CORPORATION	c EIN-PN 22-1818699-001
a	Plan name	SERV CENTERS OF NEW JERSEY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SERV CENTERS OF NEW JERSEY, INC.	c EIN-PN 22-2090976-001
a	Plan name	THE NEWARK PUBLIC RADIO/WBGO TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NEWARK PUBLIC RADIO/WBGO	c EIN-PN 22-2137728-001
a	Plan name	PEN BAY HEALTHCARE 403(B) PENSION PLAN	
b	Name of plan sponsor	COASTAL HEALTHCARE ALLIANCE	c EIN-PN 22-2494475-001

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	AMI COMPANIES 401(K) PLAN	
b	Name of plan sponsor	DRUMMER ACQUISITION LLC C/O PENSKE TRUCK LEASING CO, L.P.	c EIN-PN 23-2518618-016
a	Plan name	SETTLEMENT HOUSING FUND, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SETTLEMENT HOUSING FUND, INC.	c EIN-PN 23-7078882-001
a	Plan name	THE LEON LOWENSTEIN FOUNDATION, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NY REG ASSOC OF GRANTMAKERS ER	c EIN-PN 23-7252609-001
a	Plan name	NATIONAL CENTER FOR LAW AND ECONOMIC JUSTICE, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	NATIONAL CENTER FOR LAW AND ECONOMIC JUSTICE, INC.	c EIN-PN 23-7311208-001
a	Plan name	THE GERALDINE R. DODGE FOUNDATION TAX DEFERRED ANNUITY PLAN THRIFT PLAN	
b	Name of plan sponsor	GERALDINE R. DODGE FOUNDATION	c EIN-PN 23-7406010-001
a	Plan name	AVS EMPLOYEES CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	ADVANCED VISUAL SYSTEMS, INC.	c EIN-PN 30-0582871-001
a	Plan name	ALLIANCE COMMUNITY HOSPITAL/OHIO NURSES ASSOCIATION MATCHED FUND RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE COMMUNITY HOSPITAL/OHIO NURSES ASSOCIATION	c EIN-PN 34-0714581-002
a	Plan name	THE DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	SCPM RETIREMENT PLAN	c EIN-PN 36-2181973-002
a	Plan name	THE REHABILITATION INSTITUTE OF CHICAGO FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	REHABILITATION INSTITUTE OF CHICAGO	c EIN-PN 36-2256036-001
a	Plan name	THE NORTHERN ILLINOIS POLICE CRIME LABORATORY FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN ILLINOIS POLICE CRIME LAB	c EIN-PN 36-2658725-001
a	Plan name	CENTERS FOR NEW HORIZONS, INC	
b	Name of plan sponsor	CENTERS FOR NEW HORIZONS, INC.	c EIN-PN 36-2729721-001
a	Plan name	PARK LAWN SCHOOL AND ACTIVITY CENTER	
b	Name of plan sponsor	PARK LAWN SCHOOL AND ACTIVITY CENTER	c EIN-PN 36-2806708-001

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	GENERAL OIL COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GENERAL OIL COMPANY, INC.	c EIN-PN 38-1868225-002
a	Plan name	PARENTS IN COMMUNITY ACTION, INC. TAX DEFERRED ANNUITY RETIREMENT PLAN TDA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARENTS IN COMMUNITY ACTION, INC.	c EIN-PN 41-0956226-001
a	Plan name	SHEPHERD CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SHEPHERD CENTER, INC.	c EIN-PN 51-0141601-001
a	Plan name	THE NATIONAL ENDOWMENT FOR DEMOCRACY FIXED TDA RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL ENDOWMENT FOR DEMOCRACY	c EIN-PN 52-1344831-001
a	Plan name	CONSERVATION LAW FOUNDATION-THRIFT PLAN	
b	Name of plan sponsor	CONSERVATION LAW FOUNDATION	c EIN-PN 52-1708211-001
a	Plan name	THE PHILLIPS COLLECTION	
b	Name of plan sponsor	THE PHILLIPS COLLECTION	c EIN-PN 53-0204620-002
a	Plan name	THE GRACE HOSPITAL, INCORPORATED	
b	Name of plan sponsor	GRACE HOSPITAL, INC.	c EIN-PN 56-0529976-002
a	Plan name	THE MOUNTAIN PROJECTS, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	MOUNTAIN PROJECTS, INC.	c EIN-PN 56-0849092-001
a	Plan name	THE CARTERET GENERAL HOSPITAL FIXED ANNUITY RETIREMENT PLAN	
b	Name of plan sponsor	CARTERET COUNTY GENERAL HOSPITAL CORPORATION	c EIN-PN 56-0952955-005
a	Plan name	WAKE MEDICAL CENTER	
b	Name of plan sponsor	WAKE MED	c EIN-PN 56-6017737-002
a	Plan name	ST. MARY'S HOSPITAL SAVINGS PLUS PLAN FOR EMPLOYEES	
b	Name of plan sponsor	SAINT MARY'S HEALTH CARE SYSTEM, INC.	c EIN-PN 58-0566223-002
a	Plan name	CANDLER HEALTH SYSTEM, INC. TAX DEFERRED PLAN FOR EMPLOYEES	
b	Name of plan sponsor	CANDLER HEALTH SYSTEM, INC.	c EIN-PN 58-1556997-001

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 CAREY COUNSELING CENTER, INC. TAX DEFERRED ANNUITY PLAN FIXED RETIREMENT PLAN	
b	Name of plan sponsor	CAREY COUNSELING CENTER, INC.	c EIN-PN 62-0851889-001
a	Plan name	THE FAULKNER UNIVERSITY FIXED TDA RETIREMENT PLAN	
b	Name of plan sponsor	FAULKNER UNIVERSITY	c EIN-PN 63-0329409-001
a	Plan name	ALTAPOINTE HEALTH SYSTEMS, INC. TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	ALTAPOINTE HEALTH SYSTEMS, INC.	c EIN-PN 63-0700401-001
a	Plan name	SOUTHERN RESEARCH INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERN RESEARCH INSTITUTE	c EIN-PN 63-1028886-001
a	Plan name	PINEBELT MENTAL HEALTHCARE	
b	Name of plan sponsor	PINEBELT MENTAL HEALTHCARE	c EIN-PN 64-0528487-001
a	Plan name	WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT DEFINED CONTRIBUTIO	
b	Name of plan sponsor	WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT	c EIN-PN 71-0603560-001
a	Plan name	SOUTHWEST MENTAL HEALTH CENTER	
b	Name of plan sponsor	SOUTHWEST MENTAL HEALTH CENTER	c EIN-PN 74-1153067-003
a	Plan name	CANCER LIFELINE	
b	Name of plan sponsor	CANCER LIFELINE	c EIN-PN 91-6182951-001
a	Plan name	MULTNOMAH SCHOOL OF THE BIBLE	
b	Name of plan sponsor	MULTNOMAH UNIVERSITY	c EIN-PN 93-0398802-001
a	Plan name	FRANCISCAN COMMUNICATIONS	
b	Name of plan sponsor	FRANCISCAN COMMUNICATIONS	c EIN-PN 95-1686321-001
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.	OMB No. 1210-0110 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 GOVERNMENT FIXED FUND	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1485649	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	158190	199954
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	27448984	28976058
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2757	0
(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)	0	2609428
(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)	422932	230956
(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	29518512	32016396
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	50218	2657199
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	50218	2657199
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29468294	29359197

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)	1154077	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1154077
(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)		
(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		1279538
d Total income. Add all income amounts in column (b) and enter total.....	2d		2433615

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)	528344	
(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)		528344
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		528344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1905271
l Transfers of assets:			
(1) To this plan.....	2l(1)		2074205
(2) From this plan	2l(2)		4088573

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 _____.