

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA PARTNERS HIGH QUALITY BOND RET OPT
1b Three-digit plan number (PN): 027
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
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.

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>TRANSAMERICA PARTNERS HIGH QUALITY BOND RET OPT</u>		B Three-digit plan number (PN) ▶ <u>027</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</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)

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)
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	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name	BLUE Q 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE Q CORPORATION	c EIN-PN 04-3521482-001
a	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name	FALKLAND GROUP 401(K) PLAN	
b	Name of plan sponsor	FALKLAND GROUP, INC.	c EIN-PN 54-2022634-001
a	Plan name	FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor	ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name	GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name	MARATHON ENGINEERING CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	MARATHON ENGINEERING, INC.	c EIN-PN 94-2259624-001
a	Plan name	MARC ALAN ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MARC ALAN ASSOCIATES, INC.	c EIN-PN 22-1801653-003
a	Plan name	MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor	MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001

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 MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
a	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
a	Plan name MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-002
a	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
a	Plan name 3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor 3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001

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	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor	D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name	PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor	GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name	PNG 401(K) PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor	PNG ENVIRONMENTAL, INC.	c EIN-PN 93-1203951-001
a	Plan name	TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
a	Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name	DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN P. CALCATERA DPM PC	c EIN-PN 26-1562402-001

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	ABC ACADEMY, INC. PLAN	
b	Name of plan sponsor	ABC ACADEMY, INC.	c EIN-PN 38-2498000-001
a	Plan name	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BARNARD MEZZANOTTE PINNIE & SEELAUS 401(K) PLAN	
b	Name of plan sponsor	BARNARD MEZZANOTTE PINNIE & SEELAUS, LLP	c EIN-PN 23-2114178-002
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name	COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor	COUNTY HEATING AND AIR CONDITIONING, INC.	c EIN-PN 95-3513835-001
a	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY TRANSPORTATION & STORAGE CO., INC.	c EIN-PN 22-1067680-001
a	Plan name	MCKIM CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	SOUTH VALLEY CHIROPRACTIC, LLC DBA MCKIM CHIROPRACTIC	c EIN-PN 82-0452136-001
a	Plan name	SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	SPRAY POLYURETHANE FOAM ALLIANCE	c EIN-PN 20-0374296-001
a	Plan name	WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATSON REALTY COMPANY	c EIN-PN 95-3462904-001
a	Plan name	ALL POINTS 401(K) PLAN	
b	Name of plan sponsor	ALL POINTS PACKAGING	c EIN-PN 58-2174673-001

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 ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY TRADERS, INC.	c EIN-PN 92-0140124-002
a	Plan name BAY TRADERS, INC. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor BAY TRADERS INC.	c EIN-PN 92-0140123-002
a	Plan name BAYSIC FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYSIC FOODS, INC.	c EIN-PN 32-0057009-001
a	Plan name BEACON TELECOMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor BEACON TELECOMMUNICATIONS ADVISORS, LLC	c EIN-PN 73-1482442-001
a	Plan name CAR-X AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor CAR-X AUTO SERVICE	c EIN-PN 74-3022523-001
a	Plan name COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001
a	Plan name D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001

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	O'HARA WARD & ASSOCIATES, INC. 401(K) PLAN	
b Name of plan sponsor	O'HARA WARD & ASSOCIATES, INC.	c EIN-PN 23-2706776-001
a Plan name	PARTRADE TRADING CO., LLC 401(K) PLAN	
b Name of plan sponsor	PARTRADE TRADING CO., LLC	c EIN-PN 84-1662256-001
a Plan name	QMSI 401(K) PLAN	
b Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001
a Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b Name of plan sponsor	SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a Plan name	L.E.C. SERVICE, INC. 401(K) PLAN	
b Name of plan sponsor	L.E.C. SERVICE, INC.	c EIN-PN 95-2891617-001
a Plan name	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC	c EIN-PN 62-1039371-001
a Plan name	LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN	
b Name of plan sponsor	LORIO ROSS STERLING ENTERTAINMENT	c EIN-PN 38-1995713-001
a Plan name	COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b Name of plan sponsor	COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a Plan name	CONCEPT 2001, INC. 401(K) PLAN	
b Name of plan sponsor	CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a Plan name	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b Name of plan sponsor	GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001

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	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor	DEJNO'S, INC.	c EIN-PN 39-1335924-001
a	Plan name	MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor	MISSION DE LA CASA	c EIN-PN 77-0525988-001
a	Plan name	MIXER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MIXER SYSTEMS, INC.	c EIN-PN 39-1322266-222
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name	SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	c EIN-PN 27-1598713-001
a	Plan name	WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN FILAMENT, INC.	c EIN-PN 95-3672588-001
a	Plan name	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name	CARNEVALE & LOHR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARNEVALE & LOHR, INC.	c EIN-PN 95-1988768-003
a	Plan name	CARPET ONE 401(K) PLAN	
b	Name of plan sponsor	HOUSE OF CARPET, INC.	c EIN-PN 43-0957081-001

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 CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
b	Name of plan sponsor CARRANO TRANSPORTATION AND LOGISTICS, LLC	c EIN-PN 06-0995395-001
a	Plan name SUN COUNTRY BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor SUN COUNTRY BUILDERS, INC.	c EIN-PN 33-0559528-002
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name COLEGIO MARISTA MONEY PURCHASE THRIFT PLAN	
b	Name of plan sponsor COLEGIO MARISTA	c EIN-PN 66-0263752-001
a	Plan name COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
a	Plan name GLENN MERCER & ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor GLENN MERCER AND ASSOCIATES	c EIN-PN 24-8843365-001
a	Plan name R.E. SMITH CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor R.E. SMITH CONTRACTOR, INC.	c EIN-PN 20-3343461-001
a	Plan name CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CRESS INSURANCE CONSULTANTS, INC.	c EIN-PN 85-0324896-001
a	Plan name HANSFORD PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor HANSFORD PHARMACY SERVICES, LLC	c EIN-PN 20-0564615-001
a	Plan name ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name DAVID COSTA ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor DAVID COSTA ENTERPRISES, INC.	c EIN-PN 62-1682719-001

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	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MODERN DAIRY, INC.	c EIN-PN 77-0499501-001
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	BRITTON INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	BRITTON INDUSTRIES, INC.	c EIN-PN 22-3769860-001
a	Plan name	JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	c EIN-PN 58-1575076-001
a	Plan name	BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BENCOR, INC.	c EIN-PN 59-3578144-001
a	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002
a	Plan name	CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001

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	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001
a	Plan name	IPR INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	IPR INTERNATIONAL, LLC	c EIN-PN 01-0658620-001
a	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001
a	Plan name	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PC CONTROLS	c EIN-PN 75-2830816-001
a	Plan name	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	ROMAR & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ROMAR & ASSOCIATES	c EIN-PN 74-1565181-002
a	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name	SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA REHABILITATION SERVICES	c EIN-PN 88-0302345-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
b	Name of plan sponsor	ADJ OF STAMFORD, INC.	c EIN-PN 13-7562991-004

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 TRANSAMERICA PARTNERS HIGH QUALITY BOND RET OPT	B Three-digit plan number (PN) ▶ 027
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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)	1
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)	4779590
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5936598
(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	4779591	5936599
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	4779591	5936599

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)	293017	
(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		293017

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)	52383	
(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)		52383
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		240634
l Transfers of assets:			
(1) To this plan	2l(1)		1801150
(2) From this plan	2l(2)		884776

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 _____.