

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: INVESCO COMSTOCK RET OPT; 1b Three-digit plan number (PN): 581; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 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.

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>INVESCO COMSTOCK RET OPT</u>	B Three-digit plan number (PN)	<u>581</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)
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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)
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)	
<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	CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor	CESAR'S WAY, INC.	c EIN-PN 04-3812367-001
a	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name	CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.	c EIN-PN 23-7313241-001
a	Plan name	EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor	EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name	J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001
a	Plan name	KELLY PROPERTY MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	KELLY PROPERTY MANAGEMENT, INC.	c EIN-PN 20-2067590-001
a	Plan name	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777
a	Plan name	SAGE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	SAGE PARTNERS, LLC	c EIN-PN 46-3113665-001
a	Plan name	SALESMaster 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PACKAGING SPECIALTY INC. DBA SALESMaster CORP.	c EIN-PN 23-2547189-001
a	Plan name	SIMONS BROTHERS COMPANY, INC. 401(K) THRIFT/PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMONS BROTHERS COMPANY, INC.	c EIN-PN 23-1089910-001
a	Plan name	THOMPSON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON VETERINARY CLINIC	c EIN-PN 38-3184834-001
a	Plan name	WTP 401(K) PLAN	
b	Name of plan sponsor	WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001

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 APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor APPLIED AQUATIC MANAGEMENT, INC.	c EIN-PN 59-2100923-001
a	Plan name GRAEAGLE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GRAEAGLE CONSTRUCTION	c EIN-PN 88-0499070-001
a	Plan name HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	c EIN-PN 20-2149647-001
a	Plan name HUTTMANN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUTTMANN, INC.	c EIN-PN 20-1362691-001
a	Plan name KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name PARADIGM HEALTH PLANS 401(K) PLAN	
b	Name of plan sponsor PARADIGM HEALTH PLANS 401(K) PLAN	c EIN-PN 45-3581579-001
a	Plan name PIONEER PROVISIONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PIONEER PROVISIONS, LLC	c EIN-PN 20-1476406-001
a	Plan name SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor SAME DAY SERVICE COMPANY, INC.	c EIN-PN 06-1366425-001
a	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a	Plan name TILO INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-002
a	Plan name ALBERT LEUNG, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor ALBERT LEUNG, M.D., LLC	c EIN-PN 27-2134744-001

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	BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	BAIN ENTERPRISES LLC
c	EIN-PN	02-0770037-001
a	Plan name	CHARLTON CHIROPRACTIC 401(K) PLAN
b	Name of plan sponsor	CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC
c	EIN-PN	34-1960690-001
a	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN
b	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.
c	EIN-PN	23-2835896-001
a	Plan name	SAUCIER ENTERPRISES, INC. 401(K) PLAN
b	Name of plan sponsor	SAUCIER ENTERPRISES, INC.
c	EIN-PN	45-2464513-001
a	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	AMERICAN NATION BANK
c	EIN-PN	73-1258880-001
a	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE
c	EIN-PN	27-0047953-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN
b	Name of plan sponsor	FSY ARCHITECTS
c	EIN-PN	95-4638941-001
a	Plan name	HWO, INC. 401(K) PLAN
b	Name of plan sponsor	HWO, INC.
c	EIN-PN	83-2185021-001
a	Plan name	I WOOD DESIGN 401K PLAN
b	Name of plan sponsor	I WOOD DESIGN, INC.
c	EIN-PN	95-4805073-001
a	Plan name	DONWAS INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	DONWAS INC.
c	EIN-PN	45-4958843-001
a	Plan name	H & R HEALTHCARE 401(K) PLAN
b	Name of plan sponsor	H & R HEALTHCARE
c	EIN-PN	22-3324234-001
a	Plan name	POE & CRONK 401(K) PLAN AND TRUST
b	Name of plan sponsor	POE & CRONK REAL ESTATE GROUP, INC.
c	EIN-PN	54-1212380-002

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 ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARISE HIGH SCHOOL	c EIN-PN 20-8887944-001
a	Plan name CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CAPRI & ASSOCIATES INC.	c EIN-PN 23-3095696-002
a	Plan name CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARDIOVASCULAR CONSULTANTS PA	c EIN-PN 59-1923037-001
a	Plan name KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KIDZ BIZ PEDIATRICS	c EIN-PN 43-1940340-001
a	Plan name MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN BAGWELL LUKE, P.C.	c EIN-PN 46-3663316-001
a	Plan name MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OAHU METAL & GLAZING, LLC	c EIN-PN 84-3089701-001
a	Plan name PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
b	Name of plan sponsor PASCARELLA EYE CARE AND CONTACT LENSES	c EIN-PN 27-1874057-001
a	Plan name SCHULKAMP ELECTRIC 401(K) PLAN	
b	Name of plan sponsor SCHULKAMP COMPANY, INC.	c EIN-PN 26-1505393-001
a	Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name THE FULLINWIDER FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor THE FULLINWIDER FIRM, LLC	c EIN-PN 46-2738081-001

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 MAETZOLD HOMES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAETZOLD HOMES, INC.	c EIN-PN 41-2009271-001
a	Plan name THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRESTWICK GROUP, INC.	c EIN-PN 39-1888813-222
a	Plan name MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANHAUER DRUG, INC.	c EIN-PN 61-0992161-001
a	Plan name MICROFIRST, INC. 401(K) PLAN	
b	Name of plan sponsor MICROFIRST, INC.	c EIN-PN 22-2783590-001
a	Plan name ROUNDERS 401(K) PLAN AND TRUST	
b	Name of plan sponsor ROUNDERS BAR & GRILL, INC.	c EIN-PN 20-5823096-001
a	Plan name WESTERN CAMPS, INC. 401(K) PLAN	
b	Name of plan sponsor WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a	Plan name DYNAMIC AIR, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC AIR, INC.	c EIN-PN 99-0322399-001
a	Plan name NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name ELITE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor ELITE CONSTRUCTION & DESIGN, INC.	c EIN-PN 20-5415510-001
a	Plan name ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
b	Name of plan sponsor ELIZABETH W BINGHAM	c EIN-PN 84-4995848-001
a	Plan name JP RUEL ELECTRIC 401(K) PLAN	
b	Name of plan sponsor JP ELECTRIC AND SON, INC.	c EIN-PN 46-2288362-001

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 ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor ST. FRANCIS SCHOOL	c EIN-PN 66-0327985-001
a	Plan name ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001
a	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
b	Name of plan sponsor QUIPT HOME MEDICAL, INC.	c EIN-PN 27-1139562-001
a	Plan name ANGEL CITY DATA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGEL CITY DATA, INC.	c EIN-PN 80-0674775-001
a	Plan name U.S. PERMA, INC. RETIREMENT PLAN	
b	Name of plan sponsor U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS	c EIN-PN 94-2910930-001
a	Plan name MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor MIKE COUNCIL PLUMBING, INC.	c EIN-PN 77-0547651-001
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 RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RUSSELL J. S. TOM, D.D.S.	c EIN-PN 99-0261249-001
a	Plan name BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name NEXT LEVEL MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor NEXT LEVEL MARKETING, INC.	c EIN-PN 59-3771780-001

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 JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JEKK TOOLS & FASTENERS, INC.	c EIN-PN 23-2278532-001
a	Plan name JENNIFER A. KENNEDY, DDS., LLC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JENNIFER A. KENNEDY, DDS., LLC.	c EIN-PN 37-1101326-001
a	Plan name SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name FOOD 4 LESS SALARY SAVINGS PLAN	
b	Name of plan sponsor PAQ, INC. DBA FOOD 4 LESS	c EIN-PN 68-0363934-002
a	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor TEC ELECTRICAL CONTRACTING, INC	c EIN-PN 46-0761832-001
a	Plan name WORLDWIDE PRODUCTION AGENCY LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WORLDWIDE PRODUCTION AGENCY LLC	c EIN-PN 46-4735048-001
a	Plan name BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIDSEN EXCAVATING, INC.	c EIN-PN 26-2880639-001
a	Plan name DDO ARTIST'S AGENCY 401(K) PLAN	
b	Name of plan sponsor DDO ARTIST'S AGENCY	c EIN-PN 95-4708020-001
a	Plan name ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor ENCORE GLASS	c EIN-PN 45-4333619-001

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 FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIRST STOP URGENT CARE	c EIN-PN 84-1649267-001
a	Plan name HARRY MILLER CORP. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor HARRY MILLER CORP.	c EIN-PN 23-0663030-001
a	Plan name HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name INTELLETRACE, INC. 401(K) PLAN	
b	Name of plan sponsor INTELLETRACE, INC.	c EIN-PN 37-1514242-001
a	Plan name JODESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor JODESIGN, LLC	c EIN-PN 68-0671125-001
a	Plan name LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
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 ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001

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 INVESCO COMSTOCK RET OPT	B Three-digit plan number (PN) ▶ 581
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.

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)	38293917
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	35514932
(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	35514932	38293917
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	35514932	38293917

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)	735359	
(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)	1486674	
(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)		2944297
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5166330

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)	287004	
(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)		287004
j Total expenses. Add all expense amounts in column (b) and enter total	2j		287004

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4879326
l Transfers of assets:			
(1) To this plan	2l(1)		5654460
(2) From this plan	2l(2)		7754801

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 _____.