

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 GROWTH RET OPT; 1b Three-digit plan number (PN): 789; 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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

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 GROWTH RET OPT</u>		B Three-digit plan number (PN) ▶	<u>789</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)
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d Entity code

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	PLENARY AMERICAS USA LTD. 401(K) PLAN	
b	Name of plan sponsor	PLENARY AMERICAS USA LTD.	c EIN-PN 38-3923534-001
a	Plan name	THE AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	THE BLACK HAWK CASINO 401(K) PLAN	
b	Name of plan sponsor	SAUK BUSINESS ENTERPRISES	c EIN-PN 02-0713814-001
a	Plan name	EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor	EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name	PROHEALTH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PROHEALTH GROUP, INC.	c EIN-PN 47-5658024-002
a	Plan name	KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	KW CORPORATION	c EIN-PN 26-0355410-001
a	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name	LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name	TKOR 401(K) PLAN	
b	Name of plan sponsor	RESTON CONSTRUCTION, LLC	c EIN-PN 85-3812403-001
a	Plan name	TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001
a	Plan name	RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor	ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name	GEMINI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	GEMINI SERVICES, LLC	c EIN-PN 35-2212355-001

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	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name	WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WEST WIND DENTAL	c EIN-PN 81-4317214-001
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name	ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a	Plan name	ON DISPLAY 401(K) PLAN	
b	Name of plan sponsor	ON DISPLAY LTD	c EIN-PN 31-1480546-002
a	Plan name	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	c EIN-PN 02-0574359-001
a	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name	ASPEN TREE EXPERT CO INC 401(K) PLAN	
b	Name of plan sponsor	ASPEN TREE EXPERT CO INC	c EIN-PN 22-2817065-001

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	RENEW IT GROUP 401(K) PLAN	
b	Name of plan sponsor	RENEW IT GROUP LLC	c EIN-PN 46-5146944-001
a	Plan name	U.S. COMMUNICATION 401 (K) PLAN	
b	Name of plan sponsor	U.S. COMMUNICATION INDUSTRIES, INC.	c EIN-PN 36-3138121-001
a	Plan name	C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor	MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
a	Plan name	MAJJAK FINANCIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAJJAK FINANCIAL SERVICES, INC.	c EIN-PN 27-2778208-001
a	Plan name	VALLEY NORTH DISTRIBUTING, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY NORTH DISTRIBUTING, INC.	c EIN-PN 39-1711392-001
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name	101 CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor	101 CONCEPTS, LLC	c EIN-PN 20-2176716-001
a	Plan name	CLYDE P. HOUSTON, DDS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	CLYDE P. HOUSTON, DDS, INC.	c EIN-PN 39-2027649-001
a	Plan name	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001

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	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SKIENCE, LLC	c EIN-PN 54-2058238-001
a	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001
a	Plan name	DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	c EIN-PN 46-4936140-001
a	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
a	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	c EIN-PN 61-1025614-001
a	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	TOP NOTCH LANDSCAPING & SUPPLY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOP NOTCH LANDSCAPING & SUPPLY, LLC	c EIN-PN 90-1021218-001
a	Plan name	METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METHODIST HOMES FOR THE AGING	c EIN-PN 63-0376518-001

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	PPT FLORIDA 401(K) PLAN
b	Name of plan sponsor	PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.
c	EIN-PN	59-3428824-002
a	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RIZZETTA & COMPANY, INC.
c	EIN-PN	59-3075187-001
a	Plan name	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	BOSTON LEDGE, LLC
c	EIN-PN	87-3066674-001
a	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.
c	EIN-PN	20-3200494-001
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	THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	FORTUNA & CARTELLI, P.C.
c	EIN-PN	06-0887135-001
a	Plan name	VAN SANT ENTERPRISES, INC. 401(K) PLAN
b	Name of plan sponsor	VAN SANT ENTERPRISES INC.
c	EIN-PN	42-1464060-001
a	Plan name	911 CELLULAR 401(K) PLAN
b	Name of plan sponsor	911 CELLULAR LLC
c	EIN-PN	46-2956466-001
a	Plan name	A NEW HORIZON COUNSELING & PSYCHOTHERAPY 401K PLAN
b	Name of plan sponsor	A NEW HORIZON COUNSELING & PSYCHOTHERAPY
c	EIN-PN	86-1106322-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM
c	EIN-PN	23-1352002-002
a	Plan name	AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AMERICAN RELIANCE INDUSTRIES COMPANY
c	EIN-PN	35-2131825-001
a	Plan name	APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION RETIREMENT PLAN
b	Name of plan sponsor	APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION
c	EIN-PN	36-2752703-001

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 CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name CIB PLANNING	
b	Name of plan sponsor COMMUNITY IMAGE BUILDERS	c EIN-PN 45-5419410-001
a	Plan name DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
a	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name HONOR CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor HONOR CONTRACTING LLC	c EIN-PN 81-4244688-001
a	Plan name INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL AEROSPACE COATINGS, INC.	c EIN-PN 91-1517966-002
a	Plan name J2H PARTNERS 401(K) PLAN	
b	Name of plan sponsor J2H PARTNERS, LLC	c EIN-PN 47-4314260-001
a	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002

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	COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a	Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a	Plan name	CROSTOWN COURIER, INC. 401(K) PLAN	
b	Name of plan sponsor	CROSTOWN COURIER, INC.	c EIN-PN 62-1591750-001
a	Plan name	DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor	DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002
a	Plan name	ROBERT A. VIGNERI, MD, PC 401(K) PLAN	
b	Name of plan sponsor	ROBERT A. VIGNERI, MD, PC	c EIN-PN 83-0337204-001
a	Plan name	SEER TEAM RETIREMENT PLAN	
b	Name of plan sponsor	THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	c EIN-PN 03-0512205-001
a	Plan name	WINDOW ENERGY FILM, INC. / SOLAR TINT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WINDOW ENERGY FILM, INC. / SOLAR TINT	c EIN-PN 03-0381876-001

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	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAMES W. REILLY, DDS PC	c EIN-PN 58-2592630-001
a	Plan name	PRESERVATION WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PRESERVATION WEALTH MANAGEMENT OF LOUISIANA, LLC	c EIN-PN 82-4898568-001
a	Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c EIN-PN 61-1197581-001
a	Plan name	SOLAR SPRING COMPANY 401(K) PLAN & TRUST	
b	Name of plan sponsor	SOLAR SPRING COMPANY DBA SOLAR SPRING & WIRE FORMS	c EIN-PN 36-3093551-001
a	Plan name	SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	SYMONS FIRE PROTECTION, INC.	c EIN-PN 03-0378557-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	DOORWAY HOME LOANS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL CITY MORTGAGE, INC.	c EIN-PN 33-0231744-001
a	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001
a	Plan name	MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	MURTCO, INC.	c EIN-PN 61-1127838-001
a	Plan name	RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor	RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name	THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor	RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001

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	WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name	WSA USA 401(K) PLAN	
b	Name of plan sponsor	WSA USA	c EIN-PN 27-4503720-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	ABEL SCHILLINGER, LLP 401(K) PLAN	
b	Name of plan sponsor	ABEL SCHILLINGER, LLP	c EIN-PN 27-4813054-001
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor	KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name	MDL 401(K) PLAN	
b	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name	MECHANICAL SPECIALTIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MECHANICAL SPECIALTIES, LLC	c EIN-PN 37-1489883-001
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE CROWN PRODUCTS	c EIN-PN 39-1785048-001
a	Plan name	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002

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	B&F CONTRACTING 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	B&F CONTRACTING, INC.	c	EIN-PN	86-0677300-002
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c	EIN-PN	92-0185518-001
a	Plan name	MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	MILLER ENVIRONMENTAL, INC.	c	EIN-PN	33-0878786-002
a	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	REALEFLOW, LLC	c	EIN-PN	20-8679477-001
a	Plan name	SALTER HEALY, LLC 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	SALTER HEALY, LLC	c	EIN-PN	26-1337937-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c	EIN-PN	59-2396906-001
a	Plan name	TEXAS BANK 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	TEXAS BANK	c	EIN-PN	75-1405029-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRANSAMERICA GROWTH RET OPT	B Three-digit plan number (PN) ▶ 789
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)	
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)	7249711
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7997899
(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	7249711	7997899
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	7249711	7997899

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)	2659232	
(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		2659232

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)	27518	
(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)		27518
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2631714
l Transfers of assets:			
(1) To this plan.....	2l(1)		1169210
(2) From this plan	2l(2)		3052736

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 _____.