

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: TA VANGUARD SMALL-CAP GROWTH INDEX RET ACCT; 1b Three-digit plan number (PN): 131; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/22/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as 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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>TA VANGUARD SMALL-CAP GROWTH INDEX RET ACCT</u>	B Three-digit plan number (PN) <u>▶</u> <u>131</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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 365 HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	c EIN-PN 27-1213953-001
a	Plan name ARETE DENTAL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARETE DENTAL DBA NORTH HILLS DENTAL GROUP	c EIN-PN 46-5063631-001
a	Plan name CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN	
b	Name of plan sponsor CHAPTER 13 BANKRUPTCY TRUSTEE	c EIN-PN 63-1029318-001
a	Plan name CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHARLES E. THOMAS COMPANY, INC.	c EIN-PN 95-2280159-001
a	Plan name CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CICERONE ADVISERS, LLC	c EIN-PN 06-1601609-001
a	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
b	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	c EIN-PN 22-3305873-001
a	Plan name K & M DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor K & M DISTRIBUTING CO., INC.	c EIN-PN 43-0863357-001
a	Plan name PEREGRINE 401(K) PLAN	
b	Name of plan sponsor PEREGRINE GLOBAL SERVICES CORPORATION	c EIN-PN 84-4298312-001
a	Plan name SERV-U 401(K) PLAN	
b	Name of plan sponsor SERV-U	c EIN-PN 37-1325760-002
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TOM HENNES INC.	c EIN-PN 13-3692440-002
a	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WORKFIT MEDICAL LLC	c EIN-PN 13-4208386-001

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	LEEMAN ARCHITECTURAL 401(K) PLAN	
b Name of plan sponsor	LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a Plan name	PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	c EIN-PN 95-4442409-001
a Plan name	PHI RETIREMENT PLAN	
b Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a Plan name	RIVIERA FINANCE, LLC 401(K) PLAN	
b Name of plan sponsor	RIVIERA FINANCE, LLC	c EIN-PN 95-4572313-001
a Plan name	BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
b Name of plan sponsor	BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a Plan name	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a Plan name	SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b Name of plan sponsor	OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001

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	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	c EIN-PN 94-2461685-003
a	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
a	Plan name	HUDSON RIVER PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	DAVID ANDRE LEVI MC PEDIATRICS PLLC	c EIN-PN 45-3952387-001
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	KIRT04 PEO RETIREMENT PLAN	
b	Name of plan sponsor	KIRT04, INC.	c EIN-PN 45-1965930-001
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	N.I.T. INC. 401(K) PLAN	
b	Name of plan sponsor	NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	c EIN-PN 06-1649373-001
a	Plan name	NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001

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 AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name AVAILABILITY PROFESSIONAL STAFFING, LLC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AVAILABILITY PROFESSIONAL STAFFING, LLC	c EIN-PN 77-0266989-001
a	Plan name PHOENIX WOODWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX WOODWORKS	c EIN-PN 94-3288279-001
a	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C2RL, INC. ENGINEERS	c EIN-PN 62-1838912-001
a	Plan name STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRATFORD CHIROPRACTIC LLC	c EIN-PN 33-0994708-001
a	Plan name TWEEZERMEN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor TWEEZERMEN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name WATSON ADVENTURES, LLC RETIREMENT PLAN	
b	Name of plan sponsor WATSON ADVENTURES, LLC	c EIN-PN 52-2186522-001

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	FISCHER INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY	c EIN-PN 81-2008716-001
a	Plan name	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name	DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVIS & PLOMIN MECHANICAL, INC.	c EIN-PN 61-1153242-777
a	Plan name	DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DAY SECKLER LLP	c EIN-PN 26-2310586-001
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	EVENTS.COM 401(K) PLAN	
b	Name of plan sponsor	EVENTS.COM	c EIN-PN 80-0488603-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name	FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name	FOCUS HOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS HOPE	c EIN-PN 38-1948285-002
a	Plan name	HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor	HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001

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 HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAPPY ROCK MERCHANT SOLUTIONS, LLC	c EIN-PN 26-4074545-001
a	Plan name J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001
a	Plan name LUMUS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor LUMUS CONSTRUCTION, INC.	c EIN-PN 04-3413392-001
a	Plan name M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name NETCOM INFORMATION TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor NETCOM INFORMATION TECHNOLOGY, INC.	c EIN-PN 11-3464998-001
a	Plan name OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001
a	Plan name OLAN LAW CORP. 401(K) PLAN	
b	Name of plan sponsor OLAN LAW CORP.	c EIN-PN 95-4690783-001
a	Plan name POINTENORTH INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor POINTENORTH INSURANCE GROUP, LLC	c EIN-PN 27-4417003-001

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	POL SINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POL SINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001
a	Plan name	T.R. GOLDSMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	T.R. GOLDSMITH & SON, INC.	c EIN-PN 16-0750517-001
a	Plan name	TBDM LAW PLLC 401(K) P/S PLAN	
b	Name of plan sponsor	TBDM LAW PLLC	c EIN-PN 33-1623607-001
a	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name	WESTERN INTEGRATED 401(K) PLAN	
b	Name of plan sponsor	WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name	DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001

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	FRANCISCO TAVARES 401(K) PLAN	
b	Name of plan sponsor	FRANCISCO TAVARES, INC.	c EIN-PN 04-2318951-001
a	Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name	JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JIFRAM EXTRUSIONS, INC.	c EIN-PN 39-1388044-001
a	Plan name	JMK GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JMK GROUP, INC. DBA THE AGENCY	c EIN-PN 95-4133869-001
a	Plan name	MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARAN, INC.	c EIN-PN 94-2444640-777
a	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001
a	Plan name	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN	
b	Name of plan sponsor	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP	c EIN-PN 14-1625607-001
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002

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	THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001
a	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	c EIN-PN 16-1597759-001
a	Plan name	DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name	MACROVEY 401(K) PLAN	
b	Name of plan sponsor	MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name	PRO WIRELINE INC. 401(K) PLAN	
b	Name of plan sponsor	PRO WIRELINE INC.	c EIN-PN 04-3682361-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name	PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PURPLE ONION	c EIN-PN 39-1649217-001
a	Plan name	BHK OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	BHK OF AMERICA	c EIN-PN 22-2114939-001
a	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BOARDMAN, LLC	c EIN-PN 73-1470937-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name EASYCARE 401(K) PLAN	
b	Name of plan sponsor MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
b	Name of plan sponsor HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333
a	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	c EIN-PN 75-1640547-001
a	Plan name MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST	
b	Name of plan sponsor MIRRAM GROUP, LLC	c EIN-PN 13-4066469-002
a	Plan name MMD EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MMD EQUIPMENT	c EIN-PN 95-4352231-001
a	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001
a	Plan name RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b	Name of plan sponsor RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001
a	Plan name THE RIVER LOFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE RIVER LOFTS	c EIN-PN 20-3131152-001
a	Plan name THERMAL REFRIGERATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THERMAL REFRIGERATION, INC.	c EIN-PN 43-1598558-001
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TA VANGUARD SMALL-CAP GROWTH INDEX RET ACCT	B Three-digit plan number (PN) ▶ 131
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
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)	6892190
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6619007
(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	6892190	6619007
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	6892190	6619007

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)	1151838	
(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		1151838

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1151838
l Transfers of assets:			
(1) To this plan.....	2l(1)		1020754
(2) From this plan	2l(2)		2445775

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 _____.