

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEUBERGER BERMAN REAL ESTATE RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>935</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEUBERGER BERMAN REAL ESTATE RET OPT</u>	B Three-digit plan number (PN)	<u>935</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	ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name	POLARIS WEALTH GROUP 401(K)	
b	Name of plan sponsor	KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP	c EIN-PN 45-0483308-001
a	Plan name	ESS UNIVERSAL USA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ESS UNIVERSAL USA, LLC	c EIN-PN 47-1521024-001
a	Plan name	THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name	THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor	THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name	PSG/TEP 401(K) PLAN	
b	Name of plan sponsor	PENTENBURG SEARCH GROUP, INC.	c EIN-PN 26-4202912-001
a	Plan name	LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor	LATZEL DRILLING	c EIN-PN 75-2729004-001
a	Plan name	TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor	TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name	TMG PLUMBING & DISASTER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TMG PLUMBING & DISASTER SOLUTIONS	c EIN-PN 81-2837231-001
a	Plan name	TOBROCO MACHINERY LLC 401(K) PLAN	
b	Name of plan sponsor	TOBROCO MACHINERY LLC	c EIN-PN 30-0949003-001
a	Plan name	REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN	
b	Name of plan sponsor	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER	c EIN-PN 42-0957166-001

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 FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a	Plan name CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a	Plan name ROOF MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ROOF MANAGEMENT	c EIN-PN 38-3164238-001
a	Plan name VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
a	Plan name CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name GULFSTREAM DEVELOPMENT LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GULFSTREAM DEVELOPMENT LTD	c EIN-PN 27-2563789-001
a	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor ACADIA.IO LLC	c EIN-PN 86-2788877-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name YAMATO FAMILY DENTAL 401(K) PLAN	
b	Name of plan sponsor YAMATO FAMILY DENTAL	c EIN-PN 45-4182596-001
a	Plan name YANEZ SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor YANEZ SERVICE COMPANY	c EIN-PN 27-0195199-001

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	HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor	HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
a	Plan name	PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
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	DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002
a	Plan name	U.S. GOT PEOPLE RETIREMENT PLAN	
b	Name of plan sponsor	DILLIGAS CORP. DBA U.S. GOT PEOPLE	c EIN-PN 26-2968177-001
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	CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPTURA GROUP, INC.	c EIN-PN 20-2083614-001
a	Plan name	MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name	CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CLIMATE SYSTEMS, INC.	c EIN-PN 46-0377208-001
a	Plan name	HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGER-RICHTER GEOSCIENCE, INC.	c EIN-PN 02-0381614-001

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	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name	CRANE REHAB CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name	STAR SEAL OF MINNESOTA, INC. 401(K) PLAN	
b	Name of plan sponsor	STAR SEAL OF MINNESOTA, INC.	c EIN-PN 20-8742594-001
a	Plan name	IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IRONCLAD STRATEGIES, LLC	c EIN-PN 82-5506108-001
a	Plan name	PORTER CORPORATION CASH BALANCE PLAN	
b	Name of plan sponsor	PORTER CORPORATION	c EIN-PN 85-1429006-777
a	Plan name	PORTER CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER CORPORATION	c EIN-PN 85-1429006-003
a	Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	PROPERTIES TITLE, LLC 401K PLAN	
b	Name of plan sponsor	PROPERTIES TITLE, LLC	c EIN-PN 82-2623090-001

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	BIGSMILE ORTHODONTICS RETIREMENT PLAN	
b	Name of plan sponsor	H SAM TONG DDS PHD INC.	c EIN-PN 90-0288471-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a	Plan name	MOLE STREET 401(K) PLAN	
b	Name of plan sponsor	MOLE STREET PRODUCTIONS, LLC	c EIN-PN 45-2541054-001
a	Plan name	OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN	
b	Name of plan sponsor	OUR COUNTRY HOME ENTERPRISES, INC.	c EIN-PN 34-1524285-001
a	Plan name	PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001
a	Plan name	PROSERVICE HAWAII 401(K) PLAN	
b	Name of plan sponsor	PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	c EIN-PN 61-1582293-001
a	Plan name	PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE HOSPITALITY PARTNERS LLC	c EIN-PN 84-1610444-001
a	Plan name	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	c EIN-PN 76-0523049-001
a	Plan name	API RETIREMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001
a	Plan name	BATP 401(K) PLAN	
b	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS	c EIN-PN 20-4756508-001

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 BLACKSBURG LAW, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLACKSBURG LAW, PC	c EIN-PN 26-4464445-001
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
b	Name of plan sponsor MATTHEW G BARBER, OD PA	c EIN-PN 20-2038982-001
a	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	c EIN-PN 34-1752024-001
a	Plan name GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
a	Plan name HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HANCOCK FEDERAL CREDIT UNION	c EIN-PN 34-4430151-002
a	Plan name HANSEN CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor HANSEN CUSTOM CABINETS, INC.	c EIN-PN 36-3657875-001
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 HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor HILLCREST HOME, INC.	c EIN-PN 42-0892136-001
a	Plan name ARCHI'S 401(K) PLAN	
b	Name of plan sponsor SIRIWAN LLC	c EIN-PN 47-0882555-001
a	Plan name CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CC POOL BUILDERS & SERVICE	c EIN-PN 27-4975870-001
a	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001

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	CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
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	JACQUET 401(K) PLAN	
b Name of plan sponsor	JMS HOLDING US, INC.	c EIN-PN 20-4478645-001
a Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
a Plan name	NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b Name of plan sponsor	NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a Plan name	WISE BROWN ENTERPRISES 401(K) PLAN	
b Name of plan sponsor	WISE BROWN ENTERPRISES LLC	c EIN-PN 81-3185985-001
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	KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b Name of plan sponsor	KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a Plan name	PREP BASEBALL REPORT PA AND NY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PBR PENNSYLVANIA LLC	c EIN-PN 46-4681143-001
a Plan name	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b Name of plan sponsor	SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a Plan name	VERRATERRA 401(K) PLAN	
b Name of plan sponsor	VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a Plan name	WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
b Name of plan sponsor	WOODFIELD DEVELOPMENT COMPANY, LLC	c EIN-PN 45-3995607-001

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 ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor COMPLETE AGRI SERVICES	c EIN-PN 46-2836066-001
a	Plan name FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor PRISM CAPITAL MANAGEMENT, LLC	c EIN-PN 27-0125515-001
a	Plan name RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	c EIN-PN 42-1378309-001
a	Plan name THE SPEECH CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor THE SPEECH CLINIC, INC.	c EIN-PN 51-0352115-001
a	Plan name ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHAHAL & ASSOCIATES, INC	c EIN-PN 20-8145988-001
a	Plan name CHANDLER'S PARTS & SERVICE 401(K) PLAN	
b	Name of plan sponsor CHANDLER'S PARTS & SERVICE	c EIN-PN 72-0840036-001
a	Plan name DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DACO PRECISION, INC.	c EIN-PN 39-1710167-001
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

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 MCLEOD LAND SERVICES 401(K) PLAN 1	
b	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-001
a	Plan name MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
a	Plan name ALLIANCE 401(K) PLAN	
b	Name of plan sponsor ALLIANCE GROUP HOLDINGS, LLC DBA ALLIANCE MARKETING PARTNERS	c EIN-PN 20-1317574-001
a	Plan name CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor LOWEN HOSPITALITY MANAGEMENT, LLC	c EIN-PN 75-2946797-001
a	Plan name MICHIGAN FENCE CO., INC. 401(K) PLAN	
b	Name of plan sponsor MICHIGAN FENCE CO., INC.	c EIN-PN 38-2266859-001
a	Plan name PHOENIX CENTER RETIREMENT PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMIC PUBLIC POLICY STUDIES	c EIN-PN 52-2079266-001
a	Plan name RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN	
b	Name of plan sponsor RAYNOR OVERHEAD DOORS AND GATE INC	c EIN-PN 47-2927611-001
a	Plan name RCI 401(K) PLAN	
b	Name of plan sponsor ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001
a	Plan name TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
b	Name of plan sponsor TRIANGLE WELLNESS & RECOVERY PLLC	c EIN-PN 83-3003224-001
a	Plan name DATO AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DATO AUTOMOTIVE GROUP, INC. DBA NOVATO CHEVROLET	c EIN-PN 93-2016697-001
a	Plan name GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001

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	JOURNEYS INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	JOURNEYS INC.	c EIN-PN 46-3936603-001
a Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	REALEFLOW, LLC	c EIN-PN 20-8679477-001
a Plan name	RECONSTRUCT, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	RECONSTRUCT, LLC	c EIN-PN 47-5497147-001
a Plan name	SALT LAKE BREWING CO., LLC 401(K) P/S PLAN	
b Name of plan sponsor	SALT LAKE BREWING CO., LLC	c EIN-PN 87-0518311-001
a Plan name	TUFFALOY PRODUCTS 401(K) PLAN	
b Name of plan sponsor	TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
a Plan name	WESLYNN MERIDIAN INC. 401K PLAN	
b Name of plan sponsor	WESLYNN MERIDIAN INC.	c EIN-PN 45-0480587-001
a Plan name	WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	c EIN-PN 82-2123099-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 NEUBERGER BERMAN REAL ESTATE RET OPT	B Three-digit plan number (PN) ▶ 935
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)	6501472
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6968812
(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	6501472	6968812
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	6501472	6968812

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)	146287	
(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)	132231	
(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		278518

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		278518
l Transfers of assets:			
(1) To this plan.....	2l(1)		1345854
(2) From this plan	2l(2)		1157032

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 _____.