Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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
- [X] 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

1a Name of plan
NEUBERGER BERMAN REAL ESTATE RET ACCT

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan

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)
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

6400 C ST SW
CEDAR RAPIDS, IA 52404

2b Employer Identification Number (EIN)
83-1098532

2c Plan Sponsor's telephone number
319-355-6449

2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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:

4b EIN

a Sponsor's name

4d PN

c Plan Name

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 NEUBERGER BERMAN REAL ESTATE RET ACCT	**B** Three-digit plan number (PN) ▶ 006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	**D** Employer Identification Number (EIN) 83-1098532

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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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	b Name of plan sponsor	c EIN-PN
CURT PRINGLE & ASSOCIATES 401(K) PROFIT SHARING PLAN	CURT PRINGLE & ASSOCIATES	27-2210026-001
ERS PLAN	UNIVERSAL SITE SERVICES	94-1602345-001
INTERNAL MED ID ASSOCIATES, LLC RETIREMENT PLAN	INTERNAL MED ID ASSOCIATES, LLC	20-8374419-001
PFLUEGER, INC. SAVINGS & RETIREMENT PLAN	PFLUEGER, INC.	99-0219468-001
ROMAK IRON WORKS PROFIT SHARING PLAN	ROMAK IRON WORKS	94-1333435-001
ROTTET STUDIO, LLC 401(K) PLAN	ROTTET STUDIO LLC	26-1648926-001
TBC CONSTRUCTION 401(K) PLAN	TBC CONSTRUCTION INC	45-2195554-001
UNIQUE PLUMBING 401(K) PLAN	UNIQUE PLUMBING	82-1924329-001
A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	A&B ENVIRONMENTAL SERVICES, INC.	76-0261001-001
ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	ASBESTOS INSTANT RESPONSE, INC.	95-4824758-001
CAL, INC. 401(K) PROFIT SHARING PLAN	CAL, INC.	77-0002188-001
GRAPE EXPECTATIONS 401(K) PLAN	GRAPE EXPECTATIONS	94-2423490-002

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	GRAPHIC COMMUNICATIONS 401(K) PLAN		
b Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	**c** EIN-PN	95-1501502-001
a Plan name	MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN		
b Name of plan sponsor	MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	**c** EIN-PN	83-1463534-001
a Plan name	RTL CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	RTL CONSTRUCTION, INC.	**c** EIN-PN	41-1735902-001
a Plan name	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TEALL CAPITAL PARTNERS, LLC	**c** EIN-PN	83-0591973-222
a Plan name	UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN		
b Name of plan sponsor	UROLOGY ASSOCIATES MEDICAL GROUP, LLC	**c** EIN-PN	95-3970604-001
a Plan name	FLEET DRIVER SERVICE, INC. 401(K) PLAN		
b Name of plan sponsor	FLEET DRIVER SERVICE, INC.	**c** EIN-PN	45-3685803-333
a Plan name	HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HAWAII ONCOLOGY, INC.	**c** EIN-PN	81-2343960-001
a Plan name	HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN		
b Name of plan sponsor	HAWAII PACIFIC X-RAY CORPORATION	**c** EIN-PN	99-0250562-001
a Plan name	HERTZ , CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	**c** EIN-PN	11-3138051-004
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	JEFF'S PRESCRIPTION SHOP 401(K) PLAN		
b Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	**c** EIN-PN	61-1051036-001
a Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN		
b Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	**c** EIN-PN	35-1457294-001

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 AGC 401(K) MULTIPLE EMPLOYER PLAN		
b Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	**c** EIN-PN	63-6049915-555
a Plan name	ALCHEMY GLOBAL NETWORKS 401(K) PLAN		
b Name of plan sponsor	ALCHEMY GLOBAL NETWORKS, LLC	**c** EIN-PN	81-0874754-001
a Plan name	BELLINGER FAMILY, LTD 401(K) PLAN		
b Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	**c** EIN-PN	74-2831468-001
a Plan name	CAMAS, LLC 401(K) PLAN		
b Name of plan sponsor	CAMAS, LLC	**c** EIN-PN	93-1325105-001
a Plan name	OPSPRO 401(K) PLAN		
b Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	**c** EIN-PN	45-5597348-001
a Plan name	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN		
b Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	**c** EIN-PN	46-2159293-001
a Plan name	MASTER SHEET METAL, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MASTER SHEET METAL, INC.	**c** EIN-PN	99-0144725-001
a Plan name	MEDICALERT 401(K) PLAN		
b Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	**c** EIN-PN	94-1494446-002
a Plan name	MEDINA ORTHODONTICS 401(K) PLAN		
b Name of plan sponsor	J.M. MEDINA, DMD, PA	**c** EIN-PN	16-1741159-001
a Plan name	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN		
b Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	**c** EIN-PN	74-2036988-001
a Plan name	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	**c** EIN-PN	95-3781209-001
a Plan name	NOBEL CARGO SYSTEMS, INC. 401(K) PLAN		
b Name of plan sponsor	NOBEL CARGO SYSTEMS, INC.	**c** EIN-PN	65-0911588-001

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	CARAVEL 401(K) PLAN			
b Name of plan sponsor	CARAVEL SOLUTIONS INC.	**c**	EIN-PN	27-3222605-001
a Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN			
b Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP	**c**	EIN-PN	87-3791350-001
a Plan name	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN			
b Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	**c**	EIN-PN	41-1356458-003
a Plan name	POWERS GENERATOR 401(K) PLAN			
b Name of plan sponsor	POWERS GENERATOR	**c**	EIN-PN	02-0523661-001
a Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	EAR MEDICAL GROUP, P.A.	**c**	EIN-PN	74-2283401-001
a Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	**c**	EIN-PN	22-3334957-001
a Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN			
b Name of plan sponsor	FERREIRA POWER GROUP, LLC	**c**	EIN-PN	81-4055817-001
a Plan name	FPE 401(K)			
b Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	**c**	EIN-PN	65-0130280-001
a Plan name	JELLYFISH US LIMITED 401(K) PLAN			
b Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	**c**	EIN-PN	45-5052905-001
a Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN			
b Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	**c**	EIN-PN	26-4685348-002
a Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN			
b Name of plan sponsor	ALPHA BROKERS CORPORATION	**c**	EIN-PN	65-0140528-001
a Plan name	WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN			
b Name of plan sponsor	WALL TO WALL FLOOR COVERING, LLC	**c**	EIN-PN	23-2904050-001

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	BALD PEAK COLONY CLUB 401(K) PLAN			
b Name of plan sponsor	BALD PEAK COLONY CLUB	**c**	EIN-PN	02-0210407-002
a Plan name	BALL ENTERPRISES, INC. 401(K) PLAN			
b Name of plan sponsor	BALL ENTERPRISES, INC.	**c**	EIN-PN	82-0456920-001
a Plan name	BLUE DARNER GROUP, LTD PROFIT SHARING PLAN			
b Name of plan sponsor	BLUE DARNER GROUP, LTD	**c**	EIN-PN	20-3008356-001
a Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	**c**	EIN-PN	43-1234352-001
a Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	**c**	EIN-PN	95-4637381-001
a Plan name	EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	BLECKER M.D. LLC	**c**	EIN-PN	88-1935646-001
a Plan name	EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	EDWARD LESKE COMPANY	**c**	EIN-PN	22-1506426-001
a Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN			
b Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	**c**	EIN-PN	88-2909820-001
a Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN			
b Name of plan sponsor	FERREIRA POWER WEST LLC	**c**	EIN-PN	83-3211774-001
a Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN			
b Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	**c**	EIN-PN	62-1761366-001
a Plan name	JOHN E. FOX, INC. 401(K) PLAN			
b Name of plan sponsor	JOHN E. FOX, INC.	**c**	EIN-PN	56-1094403-001
a Plan name	JOLI DIAGNOSTIC, INC. 401(K) PLAN			
b Name of plan sponsor	JOLI DIAGNOSTIC, INC.	**c**	EIN-PN	16-1454895-001

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	JONES & SONS PLUMBING AND AIR, INC. 401(K) PLAN		
b Name of plan sponsor	JONES & SONS PLUMBING AND AIR, INC.	**c** EIN-PN	85-0668622-001
a Plan name	JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	JR STRUCTURAL ENGINEERING, INC.	**c** EIN-PN	94-3347891-001
a Plan name	MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MAX SALES GROUP, INC.	**c** EIN-PN	20-3694079-001
a Plan name	MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	**c** EIN-PN	27-0313611-001
a Plan name	PROCTEK, INC. RETIREMENT SAVINGS 401(K) PLAN		
b Name of plan sponsor	PROCTEK, INC.	**c** EIN-PN	20-8271050-001
a Plan name	RCI 401(K) PLAN		
b Name of plan sponsor	ROTOLO CONSULTANTS, INC.	**c** EIN-PN	72-1285520-777
a Plan name	REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	REGIONAL PARAMEDICAL SERVICES	**c** EIN-PN	63-0957564-001
a Plan name	THRESHER ENERGY, INC. 401(K) PLAN		
b Name of plan sponsor	THRESHER ENERGY, INC.	**c** EIN-PN	84-4801657-001
a Plan name	THS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TSCHETTER, HAMRICK, SULZER PC	**c** EIN-PN	84-1330276-001
a Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN		
b Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC	**c** EIN-PN	32-0400145-001
a Plan name	AMI DISTRIBUTORS 401(K) PLAN		
b Name of plan sponsor	AMI DISTRIBUTORS	**c** EIN-PN	46-5048256-001
a Plan name	COMCARE 401(K) PLAN		
b Name of plan sponsor	COMCARE PRIMARY MEDICAL GROUP	**c** EIN-PN	46-1164827-001

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	MIRCI DENTAL, PLLC 401(K) PLAN		
b Name of plan sponsor	MIRCI DENTAL	**c** EIN-PN	84-2985731-001
a Plan name	PARAMOUNT MACHINE CO 401(K) PLAN		
b Name of plan sponsor	PARAMOUNT MACHINE COMPANY	**c** EIN-PN	06-0994304-002
a Plan name	TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST		
b Name of plan sponsor	TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	**c** EIN-PN	47-1345914-001
a Plan name	WINTER PARK IMPORTS, INC. 401K PLAN		
b Name of plan sponsor	WINTER PARK IMPORTS, INC.	**c** EIN-PN	59-2955009-001
a Plan name	ANGFIELD PARTNERS, LLC 401(K) PLAN		
b Name of plan sponsor	ANGFIELD PARTNERS LLC	**c** EIN-PN	20-5297697-001
a Plan name	INNOVATIVE PAYROLL PROCESSING, INC. 401(K) PLAN		
b Name of plan sponsor	INNOVATIVE PAYROLL PROCESSING, INC.	**c** EIN-PN	20-3907861-001
a Plan name	LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	LAUGHING OUT LOUD, LLC	**c** EIN-PN	46-1324384-221
a Plan name	LAVATEC LAUNDRY TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	LAVATEC LAUNDRY TECHNOLOGY, INC.	**c** EIN-PN	27-3113145-001
a Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN		
b Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	**c** EIN-PN	65-0219025-001
a Plan name	MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	**c** EIN-PN	27-3946841-001
a Plan name	PAUL K. WEIN M.D. P.C. PROFIT SHARING PLAN		
b Name of plan sponsor	PAUL K. WEIN M.D. P.C.	**c** EIN-PN	11-2612651-001
a Plan name	PBM, LLC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	PBM, LLC	**c** EIN-PN	26-3885918-004

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	RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TAG RESOURCES, LLC	**c** EIN-PN	62-1874774-013
a Plan name	TOURON LAW 401(K) PLAN		
b Name of plan sponsor	FRANCISCO TOURON III, LLC DBA TOURON LAW	**c** EIN-PN	26-3442183-001
a Plan name	TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN		
b Name of plan sponsor	TOYOTA BOSHOKU AKI USA, LLC	**c** EIN-PN	84-2857865-001
a Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN		
b Name of plan sponsor	LLOYD A WISE MOTOR INC	**c** EIN-PN	26-2658328-001
a Plan name	YOUNG SPROUTS CLC RETIREMENT PLAN		
b Name of plan sponsor	YOUNG SPROUTS CLC, LLC	**c** EIN-PN	47-3388980-001
a Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN		
b Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	**c** EIN-PN	26-4558159-001
a Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	T & D MACHINE HANDLING, INC.	**c** EIN-PN	58-1630426-001
a Plan name	TRINITY DESIGN BUILD, INC. 401(K) PLAN		
b Name of plan sponsor	TRINITY DESIGN BUILD, INC.	**c** EIN-PN	74-3111479-001
a Plan name	TRUE NORTH LAW 401(K) RETIREMENT PLAN		
b Name of plan sponsor	TRUE NORTH LAW LLC	**c** EIN-PN	83-2936553-001
a Plan name	ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN		
b Name of plan sponsor	ANTEZANA & ANTEZANA LLC	**c** EIN-PN	52-2318393-001
a Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BRYAN CHEVROLET LLC	**c** EIN-PN	72-0477660-001
a Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	**c** EIN-PN	43-1506960-001

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
NEUBERGER BERMAN REAL ESTATE RET ACCT

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
83-1098532

Part I Asset and Liability Statement

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)	3632129	3302905
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	3632129	3302905
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3632129	3302905

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)	153011	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		153011

		(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**		153011

Expenses

		(a) Amount	(b) Total
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

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		153011
l Transfers of assets:			
(1) To this plan	**2l(1)**		384227
(2) From this plan	**2l(2)**		866462

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 ____________________.