

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
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>OAKMARK INTERNATIONAL RET ACCT</u>	1b Three-digit plan number (PN) ▶ <u>539</u> 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) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>36-6071399</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	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> 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>OAKMARK INTERNATIONAL RET ACCT</u>	B Three-digit plan number (PN)	<u>539</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)
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b Name of sponsor of entity listed in (a):		
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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)

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c EIN-PN

d Entity code

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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)

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 AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name JOHNSON JOHNSON CRABTREE ARCHITECTS P.C. 401(K) PLAN	
b	Name of plan sponsor JOHNSON JOHNSON CRABTREE ARCHITECTS P.C.	c EIN-PN 62-1459434-001
a	Plan name JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
b	Name of plan sponsor JOSEPH J. SCHIFINI MD, LTD	c EIN-PN 88-0424633-001
a	Plan name JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor JUDY CASEY, INC.	c EIN-PN 13-3243377-001
a	Plan name MORELAND DEALERSHIPS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND AUTO INC.	c EIN-PN 84-1120772-003
a	Plan name PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
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 THOROUGHBRED SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor THOROUGHBRED SOFTWARE INTERNATIONAL, INC.	c EIN-PN 22-2427223-401
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 A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
a	Plan name ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002

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 MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURPHY & HARTELIUS UNIFORMS	c EIN-PN 94-1712886-002
a	Plan name ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor ALAN SCHATZBERG & ASSOCIATES, INC.	c EIN-PN 22-3529223-001
a	Plan name ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN	
b	Name of plan sponsor ABRAHAM CHERIYAN, M.D., P.A.	c EIN-PN 75-2936387-001
a	Plan name NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor NEW YORK ACCESSORY GROUP, INC.	c EIN-PN 13-4175959-002
a	Plan name ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC	c EIN-PN 68-0545497-001
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 CIVIC ENTERTAINMENT GROUP, LLC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor CIVIC ENTERTAINMENT GROUP, LLC	c EIN-PN 13-4042407-001
a	Plan name CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name TRI-SIGNAL INTEGRATION 401(K) PLAN	
b	Name of plan sponsor TRI-SIGNAL INTEGRATION, INC.	c EIN-PN 95-4706775-001

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	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
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	GEORGE UHE CO, INC. RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	GEORGE UHE CO., INC.	c EIN-PN 13-5520180-001
a	Plan name	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.	c EIN-PN 81-0504056-001
a	Plan name	KAUFFMANN & SIMS DENTISTRY 401K PLAN	
b	Name of plan sponsor	KAUFFMANN AND SIMS DENTISTRY PLLC	c EIN-PN 85-0670658-001
a	Plan name	GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GRAVES MCLAIN PLLC	c EIN-PN 27-3216591-001
a	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
a	Plan name	ACADIA HR MEP	
b	Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	c EIN-PN 14-1725479-001
a	Plan name	ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	ADHAN PIPING COMPANY, INC.	c EIN-PN 16-1370100-001
a	Plan name	ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
b	Name of plan sponsor	ALPHARETTA CONVENTION & VISITORS BUREAU	c EIN-PN 58-2418260-001

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 AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001
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 RUSH ORDER, INC. 401(K) PLAN	
b	Name of plan sponsor RUSH ORDER, INC.	c EIN-PN 77-0325742-001
a	Plan name BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name COLDEN ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor COLDEN ENTERPRISES INC.	c EIN-PN 16-1094409-001
a	Plan name COLLINS HARRELL, DMD, INC. RETIREMENT TRUST	
b	Name of plan sponsor COLLINS HARRELL, DMD, INC.	c EIN-PN 26-3979444-001
a	Plan name SOLON / GWK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND WEST KIA	c EIN-PN 77-0661943-001
a	Plan name SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
b	Name of plan sponsor ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	c EIN-PN 31-0569979-001
a	Plan name FETTE FORD 401(K) PLAN	
b	Name of plan sponsor FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001

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	FILCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FILCO INDUSTRIES, INC.	c EIN-PN 20-4431613-001
a	Plan name	FJP MECHANICAL INC. 401(K) PLAN	
b	Name of plan sponsor	FJP MECHANICAL INC.	c EIN-PN 11-3289992-001
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	B.E.R. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	B.E.R. REFRIGERATION, HEATING & COOLING, INC.	c EIN-PN 38-2862985-001
a	Plan name	BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name	BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001
a	Plan name	CAMPBELL UROLOGY, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMPBELL UROLOGY P.A.	c EIN-PN 75-2712166-001
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	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001
a	Plan name	DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAVIS, BENGTON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
a	Plan name	HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001

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	LA MADE CREATIVE 401(K) PLAN	c	EIN-PN	47-1699482-001
b	Name of plan sponsor	LA MADE CREATIVE, INC.			
a	Plan name	LANDIVAR 401(K) PLAN	c	EIN-PN	75-3088910-001
b	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC			
a	Plan name	LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	c	EIN-PN	65-0919583-001
b	Name of plan sponsor	LAS VEGAS COLOR GRAPHICS, INC.			
a	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	c	EIN-PN	93-1259453-001
b	Name of plan sponsor	LRS ARCHITECTS, INC.			
a	Plan name	LUMONDI, INC. PROFIT SHARING PLAN	c	EIN-PN	22-3008871-001
b	Name of plan sponsor	LUMONDI, INC.			
a	Plan name	SOUTHWEST DISTRIBUTING CO. 401(K) PLAN	c	EIN-PN	86-0267481-001
b	Name of plan sponsor	SOUTHWEST DISTRIBUTING CO.			
a	Plan name	SPECTRUM GROUP, LLC RETIREMENT PLAN	c	EIN-PN	13-4060810-001
b	Name of plan sponsor	SPECTRUM GROUP MANAGEMENT, LLC			
a	Plan name	SPECTRUM MONTESSORI 401(K) PLAN	c	EIN-PN	45-5022138-001
b	Name of plan sponsor	SPECTRUM MONTESSORI			
a	Plan name	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	33-0312587-001
b	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.			
a	Plan name	TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	99-0204144-001
b	Name of plan sponsor	TAKANO NAKAMURA LANDSCAPING, INC.			
a	Plan name	UNIQUE EYE OPTIQUE, LLC RETIREMENT PLAN	c	EIN-PN	46-2392633-001
b	Name of plan sponsor	UNIQUE EYE OPTIQUE, LLC			
a	Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	c	EIN-PN	52-2186522-001
b	Name of plan sponsor	WATSON ADVENTURES, LLC			

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	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	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name	DINO PUBLISHING 401(K) PLAN	
b	Name of plan sponsor	DINO PUBLISHING	c EIN-PN 36-4353767-001
a	Plan name	DOLLAR DRUG 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JGS PHARMACIES, INC. DBA DOLLAR DRUG	c EIN-PN 02-0544166-001
a	Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name	MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN	
b	Name of plan sponsor	MARCIA HARRER SOBEK, D.D.S., LLC	c EIN-PN 86-0917714-001
a	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor	OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	c EIN-PN 95-2220026-001
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	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001
a	Plan name	WINCO DEVELOPMENT 401(K)PLAN	
b	Name of plan sponsor	WINCO DEVELOPMENT, LLC	c EIN-PN 27-4131501-001

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 HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name PRECISION FABRICATING 401(K) PLAN	
b	Name of plan sponsor PRECISION FABRICATING GROUP	c EIN-PN 47-1669880-001
a	Plan name PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE CATHOLIC SCHOOL, INC.	c EIN-PN 74-1222275-001
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 TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-777
a	Plan name R.C.I. PLBG INC. 401(K) PLAN	
b	Name of plan sponsor R.C.I. PLBG INC.	c EIN-PN 45-2239899-001
a	Plan name THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001

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 BMCO/BVCO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLAIR-MARTIN CO., INC.	c EIN-PN 95-1786982-001
a	Plan name BOSTER, KOBAYASHI 401(K) PLAN	
b	Name of plan sponsor BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
a	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor BRAHMAN CAPITAL	c EIN-PN 13-3542470-001
a	Plan name HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
b	Name of plan sponsor HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	c EIN-PN 72-0848974-001
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 MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC	c EIN-PN 45-2591774-001
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 MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
b	Name of plan sponsor MILLENNIUM TECHNOLOGIES, LLC	c EIN-PN 39-1895415-001
a	Plan name MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
b	Name of plan sponsor MINIMAL ACCESS SURGERY, INC.	c EIN-PN 45-0521250-001
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 THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE SINCLAIR GROUP, INC.	c EIN-PN 59-3269797-001
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 OAKMARK INTERNATIONAL RET ACCT	B Three-digit plan number (PN) ▶ 539
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
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)	10010433	9746022
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	10010433	9746022
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	10010433	9746022

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)	983592	
(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		983592

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		983592
l Transfers of assets:			
(1) To this plan.....	2l(1)		1054536
(2) From this plan	2l(2)		2302539

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 _____.