

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA HIGH YIELD BOND RET ACCT; 1b Three-digit plan number (PN): 787; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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)
---	---

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TRANSAMERICA HIGH YIELD BOND RET ACCT</u>	B Three-digit plan number (PN)	<u>787</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)
---------------	--

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)

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	c EIN-PN 58-0871550-001
a	Plan name ERT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor ERT DESIGN GROUP LLC	c EIN-PN 46-2799256-001
a	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name PHILLIP ANDREWS, LLC 401(K) PLAN	
b	Name of plan sponsor PHILLIP ANDREWS, LLC	c EIN-PN 39-2074269-001
a	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name C & R CONCRETE CORP 401(K) PLAN	
b	Name of plan sponsor C & R CONCRETE CORP	c EIN-PN 90-0585774-001
a	Plan name C.W. BEACH CO., INC. 401(K) PLAN	
b	Name of plan sponsor C.W. BEACH CO., INC.	c EIN-PN 04-3734644-001
a	Plan name EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EXOTIC FASTENERS, INC.	c EIN-PN 46-1551899-001
a	Plan name ISR OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor ISR OF LOUISIANA	c EIN-PN 46-4028718-001
a	Plan name LRP MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LRP MANAGEMENT NY CORP	c EIN-PN 86-2827816-001

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 NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NELLA MEDIA GROUP, LLC	c EIN-PN 26-2724679-001
a	Plan name UNIVERSAL PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL PLUMBING, INC.	c EIN-PN 11-3479636-001
a	Plan name SLR SERVICE 401K PLAN	
b	Name of plan sponsor SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	c EIN-PN 14-1837420-001
a	Plan name HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
a	Plan name TEXTILES COATED, INC. 401(K) PLAN	
b	Name of plan sponsor TEXTILES COATED, INC.	c EIN-PN 02-0385288-001
a	Plan name HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name THE PEDIATRIC OFFICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEDIATRIC OFFICE, LLC	c EIN-PN 58-2646129-001
a	Plan name THE PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
a	Plan name THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PRISM GROUP, LLC	c EIN-PN 80-0329401-001
a	Plan name JAY'S CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor JAY'S CUSTOM CABINETS, INC	c EIN-PN 26-1712172-001
a	Plan name VALIANT CONTRACTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALIANT CONTRACTING LLC	c EIN-PN 46-0950651-001

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	AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name	MARIA SCHWARTZ, PC 401(K)	
b	Name of plan sponsor	MARIA SCHWARTZ, PC	c EIN-PN 82-1680509-001
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	MCCLAIN LABORATORIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MCCLAIN LABORATORIES, LLC	c EIN-PN 42-1600554-001
a	Plan name	MCKINSEY STEEL 401(K) PLAN	
b	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	c EIN-PN 59-2293118-001
a	Plan name	CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
b	Name of plan sponsor	CAMRON PUBLIC RELATIONS U.S., LLC	c EIN-PN 83-3466137-001
a	Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
b	Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	c EIN-PN 27-1385150-001
a	Plan name	PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor	PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001
a	Plan name	PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PURPLE USA, INC.	c EIN-PN 46-4128782-001
a	Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN	
b	Name of plan sponsor	QUAD CITIES AUTISM CENTER	c EIN-PN 20-3768653-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001

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 SC ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor SC ENVIRONMENTAL SERVICES	c EIN-PN 26-2811552-001
a	Plan name MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001
a	Plan name CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITAL DISTRICT ADVANCED DENTAL ARTS	c EIN-PN 27-1404048-001
a	Plan name OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001
a	Plan name DEALERDNA	
b	Name of plan sponsor DEALERDNA, INC.	c EIN-PN 46-2762607-001
a	Plan name DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
b	Name of plan sponsor DYKE NELSON ARCHITECTURE LLC	c EIN-PN 45-4214031-001
a	Plan name R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R&R DIRECT MAIL, INC.	c EIN-PN 11-2467943-002
a	Plan name RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	c EIN-PN 39-1724800-001
a	Plan name SRC 401(K) PLAN	
b	Name of plan sponsor SRC SERVICES, INC.	c EIN-PN 77-0713955-001
a	Plan name HANKIN & MAZEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANKIN & MAZEL, PLLC	c EIN-PN 01-0647238-001
a	Plan name HARBOR POINT REALTY 401(K) PLAN	
b	Name of plan sponsor HARBOR POINT REALTY & INVESTMENTS, LLC	c EIN-PN 54-2064398-001

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 HARD SAFARI CORP 401(K)	
b	Name of plan sponsor HARD SAFARI CORP.	c EIN-PN 47-1919954-001
a	Plan name HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name HARDLINE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor HARDLINE EQUIPMENT LLC	c EIN-PN 27-2085949-001
a	Plan name THE WILHELM GROUP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	c EIN-PN 81-5035218-001
a	Plan name THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	
b	Name of plan sponsor THOMAS D. BLORE ARCHITECT PC	c EIN-PN 20-8781670-001
a	Plan name JMARK BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor JMARK BUSINESS SOLUTIONS, INC.	c EIN-PN 43-1918976-001
a	Plan name WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor WALKER CRANE & RIGGING CORP.	c EIN-PN 06-0664957-002
a	Plan name BLUE OPS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE OPS, LLC	c EIN-PN 82-5030716-001
a	Plan name CATARACT STEEL INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	c EIN-PN 16-1095041-001
a	Plan name CLEAR CAR CONCEPTS 401(K) PLAN	
b	Name of plan sponsor CLEAR CAR CONCEPTS, LLC	c EIN-PN 47-2483599-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DISCLOSURE LAW GROUP	c EIN-PN 81-1103971-001

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	DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRIBUTION-PUBLICATIONS, INC.	c EIN-PN 68-0448262-001
a	Plan name	EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EGGSHELL LIGHTING COMPANY, INC.	c EIN-PN 99-0284485-001
a	Plan name	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
a	Plan name	HONOLULU BEERWORKS 401(K) PLAN	
b	Name of plan sponsor	HONOLULU BEERWORKS LLC	c EIN-PN 46-0821421-001
a	Plan name	KITCO LOGISTICS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KITCO LOGISTICS INC.	c EIN-PN 04-3845329-001
a	Plan name	KJM DESIGN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KJM DESIGN	c EIN-PN 82-4415458-001
a	Plan name	KNEGO CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	DAN KNEGO CONSTRUCTION, INC.	c EIN-PN 27-4440861-001
a	Plan name	MIA 401(K) PLAN	
b	Name of plan sponsor	MALAIS INSURANCE AGENCY, INC.	c EIN-PN 90-0181266-001
a	Plan name	ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN	
b	Name of plan sponsor	ODENKIRK PROVISSIERO CONSOLIDATED, LLC	c EIN-PN 27-0674406-002
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
a	Plan name	STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	STERLING HEALTHCARE LOGISTICS, LLC	c EIN-PN 46-1843222-001
a	Plan name	THE HOYT ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE HOYT ORGANIZATION, INC.	c EIN-PN 33-0414128-001

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	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC	c EIN-PN 45-4095096-001
a	Plan name	THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor	THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name	VIKING ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	VIKING ROOFING, INC.	c EIN-PN 02-0525250-001
a	Plan name	ELEMENT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	EDC, INC.	c EIN-PN 03-0546249-001
a	Plan name	ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001
a	Plan name	L.W. WINSLOW PAINTING, INC. 401(K) PLAN	
b	Name of plan sponsor	L.W. WINSLOW PAINTING, INC.	c EIN-PN 11-2644812-001
a	Plan name	LAKE COUNTRY EYE CARE 401(K) PLAN	
b	Name of plan sponsor	LAKE COUNTRY EYE CARE, LLC	c EIN-PN 47-2254444-001
a	Plan name	LAKE HILL DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	LAKE HILL DENTAL CARE P.C.	c EIN-PN 83-1908844-001
a	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MINA METALS COMPANY, INC.	c EIN-PN 94-2771327-001
a	Plan name	MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
b	Name of plan sponsor	MMR RESEARCH WORLD WIDE INC.	c EIN-PN 01-0788273-001
a	Plan name	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOM & POP MUSIC CO. LLC	c EIN-PN 26-2920997-001
a	Plan name	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKSIDE EQUITIES, LLC	c EIN-PN 81-2783964-001

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 PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PASCO SOLUTIONS, INC.	c EIN-PN 83-3733664-001
a	Plan name STRUCTURE VENTURES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STRUCTURE VENTURES LLC	c EIN-PN 47-2665838-001
a	Plan name TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor TOSA PEDIATRICS, S.C.	c EIN-PN 39-1387768-001
a	Plan name WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
b	Name of plan sponsor BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	c EIN-PN 11-2817906-001
a	Plan name CONSTITUTION PARTNERS 401(K) PLAN	
b	Name of plan sponsor CONSTITUTION PARTNERS LLC	c EIN-PN 92-2099552-001
a	Plan name ELSIE DELI PROVISIONS, LLC 401(K) PLAN	
b	Name of plan sponsor ELSIE DELI PROVISIONS, LLC	c EIN-PN 47-1408009-001
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-301
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-302
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-303
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
b	Name of plan sponsor AMP	c EIN-PN 85-4019239-005

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	LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LEADING EDGE LEADERSHIP GROUP LLC	c EIN-PN 80-0737702-001
a	Plan name	MORNINGSIDE ELITE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	MORNINGSIDE ELITE MANAGEMENT, LLC	c EIN-PN 85-3197674-001
a	Plan name	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
a	Plan name	MPC DAIRY SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	c EIN-PN 83-2852835-001
a	Plan name	PAUL ANDERSON 401(K) PLAN	
b	Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	c EIN-PN 58-6041868-001
a	Plan name	PBS ASO, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS ASO, LLC	c EIN-PN 85-0768284-001
a	Plan name	PBS PEO SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS PEO SERVICES	c EIN-PN 81-4175750-999
a	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF BUFFALO VALLEY, INC.	
b	Name of plan sponsor	BUFFALO VALLEY, INC.	c EIN-PN 58-1374964-001
a	Plan name	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001
a	Plan name	WJH ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor	WJH ENGINEERING, LLC	c EIN-PN 20-2223463-001
a	Plan name	APPIAN WAY ASSET MANAGEMENT LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPIAN WAY ASSET MANAGEMENT LP	c EIN-PN 84-2833996-002
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRANSAMERICA HIGH YIELD BOND RET ACCT	B Three-digit plan number (PN) ▶ 787
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
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2579975
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2594555
(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	2579975	2594555
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	2579975	2594555

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)	164328	
(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		164328

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		164328
l Transfers of assets:			
(1) To this plan.....	2l(1)		559734
(2) From this plan	2l(2)		709482

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 _____.