

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEUBERGER BERMAN LARGE CAP VALUE INV OPT</u>	B Three-digit plan number (PN)	<u>044</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CALIFORNIA SIDECAR 401(K) PLAN	
b	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	c EIN-PN 33-0770432-001
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name	HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name	KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KEENO FARMS CONSTRUCTION, INC.	c EIN-PN 30-0205931-001
a	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
a	Plan name	PACKAGING SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor	PACKAGING SPECIALTIES, LLC	c EIN-PN 88-2479890-001
a	Plan name	PHILIP HEACOCK BUILDER, INC. 401(K) PLAN	
b	Name of plan sponsor	PHILIP HEACOCK BUILDER, INC.	c EIN-PN 23-2557871-001
a	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name	APPROVED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	APPROVED ELECTRIC COMPANY OF FLORIDA	c EIN-PN 59-1112865-001
a	Plan name	B.C. ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	B.C. ELECTRIC	c EIN-PN 25-1725627-001

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	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name	NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	NORWALK COMMUNITY HEALTH CENTER, INC.	c EIN-PN 06-1436620-001
a	Plan name	PINES PET CEMETERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PINES PET CEMETARY, INC.	c EIN-PN 31-1015335-001
a	Plan name	RICHARD SHAPIRO, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	RICHARD SHAPIRO DDS, C.P.	c EIN-PN 22-3464171-001
a	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	c EIN-PN 22-2907788-001
a	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LERMAN CORPORATION	c EIN-PN 38-1776786-001
a	Plan name	MSI, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MSI, LLC	c EIN-PN 20-4533025-001
a	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name	THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name	ENVIRONEERING EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ENVIRONEERING, INC.	c EIN-PN 76-0313462-001

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	FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	c	EIN-PN	73-1691416-001
b	Name of plan sponsor	FXEXPRESS PUBLICATIONS, INC.			
a	Plan name	GUYOUNGTECH USA, INC. 401(K) PLAN	c	EIN-PN	20-1963180-001
b	Name of plan sponsor	GUYOUNGTECH USA, INC.			
a	Plan name	AAA TRANSPORTATION RETIREMENT PLAN	c	EIN-PN	41-1680304-001
b	Name of plan sponsor	AAA TRANSPORTATION, INC.			
a	Plan name	DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	56-2177316-001
b	Name of plan sponsor	DOERRE CONSTRUCTION CO., LLC			
a	Plan name	DOUBLE M TRUCKING, INC. 401(K) PLAN	c	EIN-PN	94-2439968-001
b	Name of plan sponsor	DOUBLE M TRUCKING, INC.			
a	Plan name	GAS FIELD SERVICES RETIREMENT PLAN	c	EIN-PN	75-3169499-001
b	Name of plan sponsor	GAS FIELD SERVICES			
a	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	c	EIN-PN	38-1367319-001
b	Name of plan sponsor	MUSKEGON COUNTY MUSEUM			
a	Plan name	OREGON FISH GUYS 401(K) PLAN	c	EIN-PN	20-3065360-001
b	Name of plan sponsor	OREGON FISH GUYS, INC.			
a	Plan name	TRUTECH, L.L.C. 401(K) PLAN	c	EIN-PN	82-0509464-001
b	Name of plan sponsor	TRUTECH, L.L.C.			
a	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	c	EIN-PN	22-1912538-002
b	Name of plan sponsor	DOUGLASS INDUSTRIES			
a	Plan name	DOWNEY & COMPANY, LLP 401(K) PLAN	c	EIN-PN	04-3106302-001
b	Name of plan sponsor	DOWNEY & COMPANY, LLP			
a	Plan name	GEMI TRUCKING, INC. 401(K) SAVINGS PLAN	c	EIN-PN	58-1734350-001
b	Name of plan sponsor	GEMI TRUCKING			

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	IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WORLD OF MOULDING	c EIN-PN 33-0327222-001
a	Plan name	NAKAE & ASSOCIATES INC. 401(K) PLAN	
b	Name of plan sponsor	NAKAE & ASSOCIATES INC.	c EIN-PN 77-0216520-002
a	Plan name	PARTRADE TRADING CO., LLC 401(K) PLAN	
b	Name of plan sponsor	PARTRADE TRADING CO., LLC	c EIN-PN 84-1662256-001
a	Plan name	VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY WOOD, INC.	c EIN-PN 58-1869240-001
a	Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
a	Plan name	FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS IMAGING GROUP INC.	c EIN-PN 65-0910156-001
a	Plan name	CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CDS MECHANICAL SERVICES, INC.	c EIN-PN 20-1407450-001
a	Plan name	CDSS RETIREMENT PLAN	
b	Name of plan sponsor	CENTER FOR DISEASES & SURGERY OF THE SPINE	c EIN-PN 88-0340195-001
a	Plan name	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
a	Plan name	PELL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	PELL MANUFACTURING, INC.	c EIN-PN 04-3032603-001
a	Plan name	LOMMA CONSTRUCTION CORP. RETIREMENT PLAN	
b	Name of plan sponsor	LOMMA CONSTRUCTION CORP.	c EIN-PN 11-2435487-001
a	Plan name	THE PRODUCERS GROUP 401(K) PLAN	
b	Name of plan sponsor	FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	c EIN-PN 33-0746599-001

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 ROBERTS LAW GROUP, PLLC 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor	THE ROBERTS LAW GROUP, PLLC	c EIN-PN 06-1701395-001
a	Plan name	MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MASADA HOMES	c EIN-PN 95-2479348-001
a	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name	CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CRB MEDICAL ASSOCIATES	c EIN-PN 75-2804254-001
a	Plan name	REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	REINDL BINDERY CO., INC.	c EIN-PN 39-1290695-001
a	Plan name	ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSIGN CORP.	c EIN-PN 95-4664862-001
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001
a	Plan name	VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VILLAGE OF WOLVERINE LAKE	c EIN-PN 38-6024587-003
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	NATIONAL PORTFOLIO NETWORK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL PORTFOLIO NETWORK	c EIN-PN 33-0288775-001

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	BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEC SYSTEMS LLC	c EIN-PN 88-1082676-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	c EIN-PN 93-0876271-001
a	Plan name	BERGMAN, WALLS & ASSOCIATES, LTD. 401(K) PLAN	
b	Name of plan sponsor	BERGMAN, WALLS & ASSOCIATES, LTD.	c EIN-PN 88-0318867-002
a	Plan name	DURINGER LAW GROUP, PLC 401(K) PLAN	
b	Name of plan sponsor	DURINGER LAW GROUP, PLC	c EIN-PN 20-2965686-001
a	Plan name	ODESUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ODESUS, INC.	c EIN-PN 95-4864544-001
a	Plan name	JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	JAX CAFE, INC.	c EIN-PN 41-0887103-001
a	Plan name	SMITHCO MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor	SMITHCO MEATS, INC.	c EIN-PN 91-0923041-001
a	Plan name	ST. MARY'S PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	ST. MARY'S PHARMACY, INC.	c EIN-PN 25-1211032-001
a	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name	PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN	
b	Name of plan sponsor	PRO WINE, INC. DBA JULIO'S LIQUORS	c EIN-PN 64-3526205-001
a	Plan name	AM-TREE 401(K) PLAN	
b	Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	c EIN-PN 22-2761331-222

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 MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSTAR NATIONAL TITLE	c EIN-PN 75-2948848-001
a	Plan name CRIGHTON PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CRIGHTON PLASTICS, INC.	c EIN-PN 20-8109310-001
a	Plan name RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RELIANT HEATING AND AIR CONDITIONING, INC.	c EIN-PN 75-2227744-001
a	Plan name UCOPB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNDERWOOD CHEVROLET OLDS PONTIAC BUICK	c EIN-PN 38-1887779-001
a	Plan name DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
b	Name of plan sponsor DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	c EIN-PN 77-0420020-001
a	Plan name MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
a	Plan name VELTEC, INC. THRIFT PLAN	
b	Name of plan sponsor VELTEC, INC.	c EIN-PN 51-0308236-001
a	Plan name SHANNON CHEMICAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor SHANNON CHEMICAL CORPORATION	c EIN-PN 23-1856793-001
a	Plan name WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINDFALL ASSOCIATES, INC.	c EIN-PN 04-3474966-001
a	Plan name BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name JEFF'S WELDING & MACHINE COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JEFF'S WELDING & MACHINE COMPANY	c EIN-PN 20-1029521-001

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 ODYSSEY TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ODYSSEY TECHNOLOGIES, INC.	c EIN-PN 52-2055201-001
a	Plan name KOBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOBER/HANSSEN/MITCHELL ARCHITECTS	c EIN-PN 99-0237714-001
a	Plan name PAUL E. ANTALIK, MD, PC 401(K) PLAN	
b	Name of plan sponsor PAUL E. ANTALIK, MD, P.C.	c EIN-PN 25-1347137-001
a	Plan name SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name AXXIOME AMERICAS, INC. RETIREMENT PLAN	
b	Name of plan sponsor AXXIOME AMERICAS, INC.	c EIN-PN 74-3213150-001
a	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor COOLING & HERBERS, P.C.	c EIN-PN 43-1093669-001
a	Plan name CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor CRYSTALASER	c EIN-PN 86-0889160-002
a	Plan name DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	c EIN-PN 04-3175810-001
a	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
b	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	c EIN-PN 94-2930113-001
a	Plan name FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name ISPACE, INC. 401(K) PLAN	
b	Name of plan sponsor ISPACE, INC.	c EIN-PN 95-4833855-001

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	JOE HURLEY 401(K) PLAN	c	EIN-PN	22-3237676-001
b	Name of plan sponsor	JOE HURLEY, INC.	c	EIN-PN	22-3237676-001
a	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	c	EIN-PN	77-0374359-001
b	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	c	EIN-PN	77-0374359-001
a	Plan name	KOSTER INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	04-3244788-001
b	Name of plan sponsor	KOSTER INSURANCE AGENCY, INC.	c	EIN-PN	04-3244788-001
a	Plan name	RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	c	EIN-PN	72-0390548-001
b	Name of plan sponsor	RAGGIO, CAPPEL, CHOZEN & BERNIARD	c	EIN-PN	72-0390548-001
a	Plan name	S.C. ROSSI & COMPANY, INC. 401(K) PLAN	c	EIN-PN	54-1151999-001
b	Name of plan sponsor	S. C. ROSSI & COMPANY, INC.	c	EIN-PN	54-1151999-001
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	c	EIN-PN	33-0940948-002
b	Name of plan sponsor	TREE OF LIFE NURSERY	c	EIN-PN	33-0940948-002
a	Plan name	TRI VALLEY EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	34-1295239-001
b	Name of plan sponsor	TRI VALLEY EQUIPMENT, INC.	c	EIN-PN	34-1295239-001
a	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	c	EIN-PN	93-0896445-001
b	Name of plan sponsor	TRI-AGG, INC.	c	EIN-PN	93-0896445-001
a	Plan name	APANTEC, LLC 401(K) PLAN	c	EIN-PN	20-2119506-001
b	Name of plan sponsor	APANTEC, LLC	c	EIN-PN	20-2119506-001
a	Plan name	VERMONT AEROSPACE 401(K) PLAN	c	EIN-PN	03-3582117-001
b	Name of plan sponsor	VERMONT AEROSPACE INDUSTRIES, LLC	c	EIN-PN	03-3582117-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEUBERGER BERMAN LARGE CAP VALUE INV OPT	B Three-digit plan number (PN) ▶ 044
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6161489
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5999228
(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	6161489	5999228
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	6161489	5999228

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)	104952	
(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)	522132	
(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		627084

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		627084
l Transfers of assets:			
(1) To this plan.....	2l(1)		625248
(2) From this plan	2l(2)		1414593

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 _____.