

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: FIDELITY ADVISOR LEVERAGED COMPANY STOCK INV OPT
1b Three-digit plan number (PN): 072
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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.

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>FIDELITY ADVISOR LEVERAGED COMPANY STOCK INV OPT</u>	B Three-digit plan number (PN)	<u>072</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)
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d Entity code

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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 CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CAMBRIDGE MOTOR CAR COMPANY, LLC	c EIN-PN 04-3351359-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
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 CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor CYM AUTO PARTS	c EIN-PN 66-0421766-001
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 MARATHON ENGINEERING CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor MARATHON ENGINEERING, INC.	c EIN-PN 94-2259624-001
a	Plan name MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AIR & LUBE SYSTEMS, INC.	c EIN-PN 94-3284282-001
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	c EIN-PN 20-5174912-001
a	Plan name DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001

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	KENT AIR CONDITIONING 401(K) PLAN
b	Name of plan sponsor	KENT AIR CONDITIONING INC.
c	EIN-PN	65-0014964-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN
b	Name of plan sponsor	METROLIST, INC.
c	EIN-PN	84-0943682-001
a	Plan name	PANTECH WIRELESS EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	PANTECH WIRELESS, INC.
c	EIN-PN	04-3629687-001
a	Plan name	PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PIRZADEH & ASSOCIATES, INC.
c	EIN-PN	33-0841279-002
a	Plan name	PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	PUTNAM TRUCKING, INC.
c	EIN-PN	37-1272751-001
a	Plan name	SAN PABLO DEVELOPERS, INC. 1165(E) PLAN
b	Name of plan sponsor	SAN PABLO DEVELOPERS, INC.
c	EIN-PN	66-0493660-001
a	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN
b	Name of plan sponsor	STONINGTON SERVICES, LLC
c	EIN-PN	04-3805262-002
a	Plan name	WAILEA OLD BLUE 401(K) PLAN
b	Name of plan sponsor	WAILEA OLD BLUE, LLC
c	EIN-PN	87-0777083-001
a	Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN
b	Name of plan sponsor	WAILEA OLD BLUE, LLC
c	EIN-PN	87-0777083-002
a	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN
b	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION
c	EIN-PN	54-0623641-002
a	Plan name	B.C. ELECTRIC 401(K) PLAN
b	Name of plan sponsor	B.C. ELECTRIC
c	EIN-PN	25-1725627-001
a	Plan name	BAAS RETIREMENT PLAN
b	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP
c	EIN-PN	26-2173291-001

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 COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001
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 PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor MAT SERVICES, INC. DBA PK ELECTRIC	c EIN-PN 91-2180582-001
a	Plan name TROPICAL CREATIONS, INC. AND AFFIL. EMPLOYER SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor TROPICAL CREATIONS, INC.	c EIN-PN 95-4884511-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name BUCK HILL FALLS COMPANY 401(K) PLAN	
b	Name of plan sponsor BUCK HILL FALLS COMPANY	c EIN-PN 24-0536840-001
a	Plan name GUYOUNGTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor GUYOUNGTECH USA, INC.	c EIN-PN 20-1963180-001
a	Plan name DOUBLE M TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor DOUBLE M TRUCKING, INC.	c EIN-PN 94-2439968-001
a	Plan name ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ESPEY HARDWARE & GARDEN SUPPLY, INC.	c EIN-PN 56-1443791-001
a	Plan name H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name H. BRAUNING COMPANY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H. BRAUNING COMPANY, INC.	c EIN-PN 54-1328776-001

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	LIBERTY CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor	LIBERTY CHEVROLET, INC.	c EIN-PN 04-3027316-001
a	Plan name	SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002
a	Plan name	SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPAULDING BRICK CO., INC.	c EIN-PN 04-1203530-001
a	Plan name	DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001
a	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name	ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor	ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name	ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
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	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001

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 GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	c EIN-PN 84-1390588-001
a	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	c EIN-PN 59-2977907-001
a	Plan name VAS, LTD. 401(K) PLAN	
b	Name of plan sponsor VAS, LTD.	c EIN-PN 20-2822777-001
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 DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name INLAND AERIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INLAND AERIAL, INC.	c EIN-PN 95-2694341-001
a	Plan name NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002

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	NEW ENGLAND METALFORM, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-003
a	Plan name	ELEIT TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEIT TECHNOLOGY, INC.	c EIN-PN 72-1388587-002
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	COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor	COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
a	Plan name	GLENN MERCER & ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	GLENN MERCER AND ASSOCIATES	c EIN-PN 24-8843365-001
a	Plan name	ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	c EIN-PN 95-4574440-001
a	Plan name	CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name	TPG OIL, GAS & ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	TPG OIL, GAS & ENERGY, INC.	c EIN-PN 03-0594511-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
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	HANSFORD PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	HANSFORD PHARMACY SERVICES, LLC	c EIN-PN 20-0564615-001
a	Plan name	HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001

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	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
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	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
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	WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINCUBIC.COM, INC.	c EIN-PN 99-0341892-001
a	Plan name	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001
a	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name	JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	JULIAN ELECTRIC, INC.	c EIN-PN 36-2592808-001
a	Plan name	K4 SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	K4 SOLUTIONS, INC.	c EIN-PN 54-2041084-001
a	Plan name	FINELINES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	KSG ENTERPRISES, INC.	c EIN-PN 04-3291695-001

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 BSL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BSL CORPORATION	c EIN-PN 94-2690457-001
a	Plan name CASA LINDA HOME CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASA LINDA HOME CARE, INC.	c EIN-PN 74-2801468-001
a	Plan name CROSSWAY ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CROSSWAY ENTERPRISES, LLC	c EIN-PN 20-2024197-001
a	Plan name GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	c EIN-PN 34-1907707-001
a	Plan name GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001
a	Plan name GROUP CTI 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GROUP CTI	c EIN-PN 54-1960500-001
a	Plan name HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HILLWIG-GOODROW, INC.	c EIN-PN 26-3921976-001
a	Plan name HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor HISTORIC FAMILY PHYSICIANS, P.C.	c EIN-PN 27-0357836-777
a	Plan name HITV 401(K) PLAN	
b	Name of plan sponsor HITV OPERATING CO., INC.	c EIN-PN 20-8485379-001
a	Plan name HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN	
b	Name of plan sponsor HORIZON TILE & CARPET SOUTHEAST, INC.	c EIN-PN 47-1027113-001
a	Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001

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	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	48-1180359-001
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c	EIN-PN	48-1180359-001
a	Plan name	NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN	c	EIN-PN	95-2973008-001
b	Name of plan sponsor	NEW DIRECTIONS FOR YOUTH, INC.	c	EIN-PN	95-2973008-001
a	Plan name	OMNIPATH, INC. 401(K) PLAN	c	EIN-PN	31-1639546-002
b	Name of plan sponsor	OMNIPATH, INC.	c	EIN-PN	31-1639546-002
a	Plan name	PETERSON PIPELINE, INC. 401(K) PLAN	c	EIN-PN	33-0615234-001
b	Name of plan sponsor	PETERSON PIPELINE, INC.	c	EIN-PN	33-0615234-001
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	c	EIN-PN	66-0213972-002
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c	EIN-PN	66-0213972-002
a	Plan name	ROSCOE BROWN, INC. PROFIT SHARING PLAN	c	EIN-PN	62-0810017-001
b	Name of plan sponsor	ROSCOE BROWN, INC.	c	EIN-PN	62-0810017-001
a	Plan name	S4, INC. 401(K) PLAN	c	EIN-PN	04-3309384-001
b	Name of plan sponsor	S4 INC.	c	EIN-PN	04-3309384-001
a	Plan name	SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	c	EIN-PN	88-0302345-001
b	Name of plan sponsor	SIERRA REHABILITATION SERVICES	c	EIN-PN	88-0302345-001
a	Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	c	EIN-PN	36-2109945-001
b	Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.	c	EIN-PN	36-2109945-001
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	
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.	<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 FIDELITY ADVISOR LEVERAGED COMPANY STOCK INV OPT	B Three-digit plan number (PN) ▶ 072
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.

	(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)	1
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)	6182097
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7544876
(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	6182098	7544876
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	6182098	7544876

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)	54518	
(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)	280867	
(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)		1250433
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1585818

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		1585818
l Transfers of assets:			
(1) To this plan.....	2l(1)		324078
(2) From this plan	2l(2)		547118

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 _____.