

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ALGER SMID CAP GROWTH RET OPT
1b Three-digit plan number (PN): 133
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>ALGER SMID CAP GROWTH RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>133</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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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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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	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
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	PACKAGING SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor	PACKAGING SPECIALTIES, LLC	c EIN-PN 88-2479890-001
a	Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor	PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name	SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002
a	Plan name	AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR MECHANICAL SALES, INC.	c EIN-PN 54-2061425-001
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	HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name	KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	KENSINGTON FINANCIAL SERVICES, INC.	c EIN-PN 36-3536681-001
a	Plan name	MG CONSULTING, INCORPORATED FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor	MG CONSULTING, INCORPORATED	c EIN-PN 35-2070247-001

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 SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name BAAS RETIREMENT PLAN	
b	Name of plan sponsor BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name CHASE BUILDING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHASE BUILDING GROUP, INC.	c EIN-PN 63-1256300-001
a	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	c EIN-PN 85-0210055-002
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
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

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	H3O, INC. 401(K) PLAN	
b	Name of plan sponsor	H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN	
b	Name of plan sponsor	ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS	c EIN-PN 23-7147401-001
a	Plan name	BAYSIC FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAYSIC FOODS, INC.	c EIN-PN 32-0057009-001
a	Plan name	D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
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	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	QMSI 401(K) PLAN	
b	Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001
a	Plan name	SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
a	Plan name	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name	CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001
a	Plan name	TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001

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 ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	c EIN-PN 42-1482013-001
a	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
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 WEST COAST TRIAL LAWYERS, APLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST TRIAL LAWYERS, APLC	c EIN-PN 46-3026380-001
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
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 JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name OSAMU CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor OSAMU CORPORATION	c EIN-PN 95-4529389-001
a	Plan name OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001
a	Plan name EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
b	Name of plan sponsor JOHNSTON & HUTCHINSON LLP	c EIN-PN 27-1473841-001

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 JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	c EIN-PN 04-2679773-001
a	Plan name FILOLI CENTER 401(K) PLAN	
b	Name of plan sponsor FILOLI CENTER	c EIN-PN 95-2996648-001
a	Plan name LUANA GABRIELA BADEA 401(K) PLAN	
b	Name of plan sponsor LUANA GABRIELA BADEA	c EIN-PN 92-3209762-001
a	Plan name ADVIT CONSULTING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ADVIT CONSULTING, INC.	c EIN-PN 36-4402278-001
a	Plan name CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSUMERTRACK, INC.	c EIN-PN 20-0849843-001
a	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name ANGEL CITY DATA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGEL CITY DATA, INC.	c EIN-PN 80-0674775-001
a	Plan name HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name MIKE COUNSIL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor MIKE COUNSIL PLUMBING, INC.	c EIN-PN 77-0547651-001
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001

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	MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name	SEHO 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN HOME OXYGEN SERVICES, INC.	c EIN-PN 58-1475742-001
a	Plan name	EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE FUNERAL SERVICE	c EIN-PN 84-3598744-002
a	Plan name	INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT CENTER	c EIN-PN 42-1485034-001
a	Plan name	BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor	BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name	JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUND & SECURE, INC.	c EIN-PN 88-0354066-001
a	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	c EIN-PN 77-0624364-001
a	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	c EIN-PN 33-0252605-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name	TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TECHNICAL CHEMICAL COMPANY	c EIN-PN 75-1002472-001

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	BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEMEL, ROSS & AVEDON, LLP	c EIN-PN 82-3833377-001
a	Plan name	BLACK BEAR OIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLACK BEAR OIL CORPORATION	c EIN-PN 06-1669720-001
a	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor	MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name	GIBSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
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	KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name	P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor	P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PC CONTROLS	c EIN-PN 75-2830816-001
a	Plan name	PETERSON, OLIVER & POLL 401(K) PLAN	
b	Name of plan sponsor	PETERSON, OLIVER & POLL	c EIN-PN 33-0551209-001
a	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PFDA ARCHITECTS, INC.	c EIN-PN 36-2929057-002
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001

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	SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	SHERIDAN SHEET METAL COMPANY	c EIN-PN 41-1631666-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 ALGER SMID CAP GROWTH RET OPT	B Three-digit plan number (PN) ▶ 133
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)	6712298
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5583566
(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	6712298	5583566
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	6712298	5583566

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)	817490	
(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		817490

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)	11036	
(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)		11036
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11036

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		806454
l Transfers of assets:			
(1) To this plan	2l(1)		433585
(2) From this plan	2l(2)		2368771

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 _____.