

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: FIDELITY ADVISOR EQUITY INCOME INV OPT
1b Three-digit plan number (PN): 185
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/21/2025).

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> <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 EQUITY INCOME INV OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>185</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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c EIN-PN

d Entity code

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
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	PACKAGING SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor	PACKAGING SPECIALTIES, LLC	c EIN-PN 88-2479890-001
a	Plan name	SIGN INDUSTRIES, INC.	
b	Name of plan sponsor	SIGN INDUSTRIES, INC.	c EIN-PN 95-4660726-001
a	Plan name	FASHION CARPETS, INC. 401(K) PLAN	
b	Name of plan sponsor	FASHION CARPETS, INC.	c EIN-PN 84-0714131-001
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	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LEADING EDGE GROUP, INC.	c EIN-PN 36-2679145-001
a	Plan name	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name	METALMASTER, INC. 401(K) PLAN	
b	Name of plan sponsor	METALMASTER, INC.	c EIN-PN 33-0308823-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name	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	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	c EIN-PN 04-3134580-001

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 SALVATORE ANGELO DMD, PC 401(K) PLAN	
b	Name of plan sponsor SALVATORE ANGELO II DMD, PC	c EIN-PN 04-3214907-001
a	Plan name WALKER & COMPANY 401(K) PLAN	
b	Name of plan sponsor WALKER & COMPANY, LLP	c EIN-PN 52-1706976-001
a	Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name CAPELLA TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAPELLA TECHNOLOGIES, INC.	c EIN-PN 04-3616849-001
a	Plan name CAPITAL MASONRY CORP. RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL MASONRY CORP.	c EIN-PN 04-3213778-001
a	Plan name CYTIMMUNE SCIENCES 401(K) PLAN	
b	Name of plan sponsor CYTIMMUNE SCIENCES, INC.	c EIN-PN 52-1591273-001
a	Plan name D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D & F CONSTRUCTION, INC.	c EIN-PN 54-1206616-001
a	Plan name PLASTIC COMPONENTS, INC. 401(K) PLAN	
b	Name of plan sponsor PLASTIC COMPONENTS, INC.	c EIN-PN 59-1683347-001
a	Plan name SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
a	Plan name BAN-GAR CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor BAN-GAR CONSTRUCTION COMPANY, INC.	c EIN-PN 34-1628127-001
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 EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor EPOCH.COM, LLC	c EIN-PN 56-2432338-001

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 JOHN'S FUEL SERVICE PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN'S FUEL SERVICE, INC.	c EIN-PN 04-2743687-001
a	Plan name ABBEVILLE NURSING HOME 401(K) PLAN	
b	Name of plan sponsor ABBEVILLE NURSING HOME, INC.	c EIN-PN 57-0485376-001
a	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name G & W MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor G & W MACHINE, INC.	c EIN-PN 61-1312476-001
a	Plan name H&R OPERATOR SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor H&R OPERATOR SERVICES, INC.	c EIN-PN 76-0000842-002
a	Plan name SPOLIDORO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BEACON TECHNICAL SALES 401(K) PLAN	
b	Name of plan sponsor BEACON TECHNICAL SALES	c EIN-PN 02-0470978-001
a	Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001
a	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MICHAEL BATES CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL BATES CHEVROLET, INC.	c EIN-PN 82-1909065-001
a	Plan name PARK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor PARK PRODUCTIONS INC.	c EIN-PN 83-2355487-001
a	Plan name SUBURBAN PUMP & MACHINE CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SUBURBAN PUMP & MACHINE CO., INC.	c EIN-PN 25-1583889-001
a	Plan name ZIMMER FAMILY LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ZIMMER FAMILY LAW, LLC	c EIN-PN 93-1242574-001
a	Plan name LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor LAGESTEE INSURANCE AGENCY, LTD.	c EIN-PN 62-1081657-001
a	Plan name TAPPE ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor TAPPE ARCHITECTS, INC.	c EIN-PN 04-2721071-001
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 QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUANTUM DYNAMICS, INC.	c EIN-PN 52-2340609-001
a	Plan name ANDRE FURNITURE INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor ANDRE FURNITURE INDUSTRIES	c EIN-PN 06-0993468-001
a	Plan name CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001
a	Plan name HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor HAMMOND DRIVES AND EQUIPMENT, INC.	c EIN-PN 38-3301733-001
a	Plan name REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor REICHEL FOODS, INC.	c EIN-PN 90-0246502-001

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	ATTILA-TEK 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	ATTILA-TEK
c	EIN-PN	52-2382686-001
a	Plan name	MISKO, INC. 401(K) PLAN
b	Name of plan sponsor	MISKO, INC.
c	EIN-PN	23-2506409-001
a	Plan name	ROTEK INSTRUMENT CORP. 401(K) PLAN
b	Name of plan sponsor	ROTEK INSTRUMENT CORP.
c	EIN-PN	04-2468423-001
a	Plan name	VILLA IRON PENSION PLAN
b	Name of plan sponsor	VILLA IRON WORKS, INC.
c	EIN-PN	68-0437909-001
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	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	SHACHIHATA INC. 401 (K) PLAN
b	Name of plan sponsor	SHACHIHATA, INC. U.S.A.
c	EIN-PN	95-2562497-001
a	Plan name	BOYESEN, INC 401(K) PLAN
b	Name of plan sponsor	BOYESEN, INC.
c	EIN-PN	23-2749409-001
a	Plan name	BRANCORE TECHNOLOGIES 401(K) PLAN
b	Name of plan sponsor	BRANCORE TECHNOLOGIES
c	EIN-PN	54-1980699-001
a	Plan name	JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	JSC REALTY SERVICES, INC.
c	EIN-PN	75-2319565-001
a	Plan name	CARING ENTERPRISES INCORPORATED 401(K) PLAN
b	Name of plan sponsor	CARING ENTERPRISES INCORPORATED
c	EIN-PN	42-1461742-001

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	CARNEVALE & LOHR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARNEVALE & LOHR, INC.	c EIN-PN 95-1988768-003
a	Plan name	AEDIFICE 401(K) PLAN	
b	Name of plan sponsor	AEDIFICE ARCHITECTURAL	c EIN-PN 33-0903178-001
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
a	Plan name	GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor	THE GREENFIELD GROUP, INC.	c EIN-PN 65-0347678-001
a	Plan name	TRAEGER BROTHERS & ASSOCIATES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	TRAEGER BROTHERS & ASSOCIATES, INC.	c EIN-PN 59-0642249-001
a	Plan name	TRANSPAC TECHNOLOGY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRANSPAC TECHNOLOGY INC.	c EIN-PN 52-2192392-001
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name	ANNAPOLIS JEWELRY 401(K) PLAN	
b	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	c EIN-PN 52-2319988-001
a	Plan name	CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CMGWT, INC.	c EIN-PN 91-2039059-001
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	ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name	DATAWORKS 401(K) PLAN	
b	Name of plan sponsor	DW EDUCATIONAL RESEARCH, INC. DBA DATAWORKS EDUCATIONAL RESEARCH	c EIN-PN 77-0584790-001

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 HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name VAS, LTD. 401(K) PLAN	
b	Name of plan sponsor VAS, LTD.	c EIN-PN 20-2822777-001
a	Plan name DEMAIO'S INC. 401(K) PLAN	
b	Name of plan sponsor DEMAIO'S INC.	c EIN-PN 22-3038197-001
a	Plan name HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOLMDEL FINANCIAL SERVICES, INC.	c EIN-PN 20-0793991-001
a	Plan name DR. PRICE DDS RETIREMENT PLAN	
b	Name of plan sponsor DANIEL J. PRICE DDS, P.C.	c EIN-PN 38-2600561-001
a	Plan name SELECT MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SELECT MANAGEMENT, INC.	c EIN-PN 30-0013644-333
a	Plan name SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHAY WATER COMPANY, INC.	c EIN-PN 38-2835041-001
a	Plan name BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	c EIN-PN 54-1189236-001
a	Plan name CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001
a	Plan name DERMATOLOGY ALLERGY 401(K) PLAN	
b	Name of plan sponsor DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.	c EIN-PN 31-1027818-001
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 GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	c EIN-PN 34-1907707-001

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 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 HOPKINTON FORESTRY & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor HOPKINTON FORESTRY & LAND CLEARING, INC.	c EIN-PN 02-0439552-001
a	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name ISPACE, INC. 401(K) PLAN	
b	Name of plan sponsor ISPACE, INC.	c EIN-PN 95-4833855-001
a	Plan name LAURA V. KWIATKOWSKI RETIREMENT PLAN	
b	Name of plan sponsor LAURA V. KWIATKOWSKI, ATTORNEY AT LAW	c EIN-PN 33-0572642-001
a	Plan name MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC.	c EIN-PN 20-3920592-003
a	Plan name MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
a	Plan name MAYS OCHOA RETIREMENT PLAN	
b	Name of plan sponsor MAYS CHEMICAL COMPANY OF PUERTO RICO, INC.	c EIN-PN 98-0215646-001
a	Plan name NORTH AMERICAN FOOD PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN FOOD DISTRIBUTING CO., INC.	c EIN-PN 94-1717567-001
a	Plan name PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
b	Name of plan sponsor RAGGIO, CAPPEL, CHOZEN & BERNIARD	c EIN-PN 72-0390548-001
a	Plan name STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001

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	ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN
b	Name of plan sponsor	ADAX MACHINE CO., INC. c EIN-PN 04-3138263-001
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN
b	Name of plan sponsor	TREE OF LIFE NURSERY c EIN-PN 33-0940948-002
a	Plan name	AMERICAN ANALYTICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AMERICAN ANALYTICAL SERVICES, INC. c EIN-PN 20-0935911-001
a	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	UNICORN HRO LLC c EIN-PN 27-1441892-001
a	Plan name	UNITED OIL HEAT, INC. 401(K) PLAN
b	Name of plan sponsor	UNITED OIL HEAT, INC. c EIN-PN 04-2729039-001
a	Plan name	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1165(E) PLAN
b	Name of plan sponsor	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C c EIN-PN 36-4287998-001
a	Plan name	ATLANTIC CHEVROLET 401(K) RETIREMENT PLAN
b	Name of plan sponsor	ATLANTIC CHEVROLET c EIN-PN 56-2114117-001
a	Plan name	ATLANTIC MANAGEMENT CENTER, INC. 401(K) PLAN
b	Name of plan sponsor	ATLANTIC MANAGEMENT CENTER, INC. c EIN-PN 54-1260528-001
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

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 FIDELITY ADVISOR EQUITY INCOME INV OPT	B Three-digit plan number (PN) ▶ 185
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)	
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)	6821756
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7331158
(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	6821756	7331158
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	6821756	7331158

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)	126685	
(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)	309714	
(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)		360722
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		797121

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		797121
l Transfers of assets:			
(1) To this plan.....	2l(1)		462606
(2) From this plan	2l(2)		750325

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 _____.