

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 GROWTH OPPORTUNITIES RET OPT; 1b Three-digit plan number (PN): 202; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 82-5217478; 2c Plan Sponsor's telephone number; 2d Business code

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

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

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

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

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FIDELITY ADVISOR GROWTH OPPORTUNITIES RET OPT</u>	B Three-digit plan number (PN)	<u>202</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>82-5217478</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:		
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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 CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name CLYDE P. HOUSTON, DDS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor CLYDE P. HOUSTON, DDS, INC.	c EIN-PN 39-2027649-001
a	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
a	Plan name COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL SEWING, INC.	c EIN-PN 06-0863890-001
a	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name HIGHLAND COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor HIGHLAND COUNTRY CLUB	c EIN-PN 61-0225185-001
a	Plan name HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor HILLCREST HOME, INC.	c EIN-PN 42-0892136-001
a	Plan name NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NHVT COMPUTER SERVICES	c EIN-PN 83-2677351-001
a	Plan name NICOLE WATSON SOLO(K)	
b	Name of plan sponsor NICOLE A. WATSON	c EIN-PN 27-0292782-001
a	Plan name NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NIEHAUS FAMILY DENTISTRY LLC	c EIN-PN 82-3863698-001

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	NM STAFFING 401(K) PLAN	
b	Name of plan sponsor	NM STAFFING	c EIN-PN 26-4200366-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor	KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a	Plan name	ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name	CRANE REHAB CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name	NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	NOVONIX ANODE MATERIALS LLC	c EIN-PN 82-0771516-001
a	Plan name	SPACE METAL 401(K) PLAN	
b	Name of plan sponsor	SPACE METAL	c EIN-PN 57-0785643-001
a	Plan name	SPHEREGEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPHEREGEN TECHNOLOGIES, LLC	c EIN-PN 47-2610802-001
a	Plan name	SPIRALCOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SPIRALCOOL COMPANY INC.	c EIN-PN 34-1229751-001

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 POLARIS WEALTH GROUP 401(K)	
b	Name of plan sponsor KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP	c EIN-PN 45-0483308-001
a	Plan name PRESERVATION WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PRESERVATION WEALTH MANAGEMENT OF LOUISIANA, LLC	c EIN-PN 82-4898568-001
a	Plan name ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSETS, INC.	c EIN-PN 92-0076696-888
a	Plan name ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ATTORNEYS TITLE GROUP	c EIN-PN 47-4137488-001
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name BURNS & HASSMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BURNS & HASSMAN, LLC	c EIN-PN 81-2812239-001
a	Plan name WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002
a	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name ECCO EQUIPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor ECCO EQUIPMENT COMPANY LLC	c EIN-PN 95-2800890-001
a	Plan name FREEDOM CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FREEDOM CREDIT UNION	c EIN-PN 87-0253260-002

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	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE HARDWARE, INC.	c EIN-PN 31-1328642-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name	M HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	M HOLDINGS	c EIN-PN 83-1454255-001
a	Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a	Plan name	OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
b	Name of plan sponsor	OPEN RANGE ENGINEERING SERVICES, PLLC	c EIN-PN 20-5674889-001
a	Plan name	PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
a	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001

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 PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001
a	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name TAG MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001
a	Plan name BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name TOTAL QUALITY FINANCIAL 401(K) PLAN	
b	Name of plan sponsor TOTAL QUALITY FINANCIAL, INC.	c EIN-PN 84-3839155-001
a	Plan name CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARL F. RIEDELL & SON, INC.	c EIN-PN 04-2459660-002
a	Plan name WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	c EIN-PN 82-2123099-001
a	Plan name DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
b	Name of plan sponsor DESERT SHORES PEDIATRICS, P.C.	c EIN-PN 20-2851929-002
a	Plan name DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001
a	Plan name EDWARD LESKE CASH BALANCE TRUST	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-002

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	EMERGE LAW GROUP P.C. 401(K)PLAN
b	Name of plan sponsor	EMERGE LAW GROUP P.C.
c	EIN-PN	46-3205417-001
a	Plan name	ENGOODEN HEALTH, INC. 401(K) PLAN
b	Name of plan sponsor	ENGOODEN HEALTH, INC.
c	EIN-PN	81-4271866-001
a	Plan name	G&Z MEEKER, INC. 401 (K) PLAN
b	Name of plan sponsor	G&Z MEEKER, INC.
c	EIN-PN	45-2096735-001
a	Plan name	IRONMAN PIZZA 401(K) PLAN
b	Name of plan sponsor	IRONMAN PIZZA, INC.
c	EIN-PN	46-1786435-001
a	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN
b	Name of plan sponsor	AMERICAN BIOTECH LABS LLC
c	EIN-PN	20-3029677-001
a	Plan name	ANYWEATHER RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GRIFFIN HOLDINGS
c	EIN-PN	47-2588912-001
a	Plan name	BIGSMILE ORTHODONTICS RETIREMENT PLAN
b	Name of plan sponsor	H SAM TONG DDS PHD INC.
c	EIN-PN	90-0288471-001
a	Plan name	DR DASHBOARD 401K PLAN
b	Name of plan sponsor	C-MOORE ENTERTAINMENT, INC. DBA DR DASHBOARD
c	EIN-PN	35-1963002-001
a	Plan name	EVS 401(K) PLAN
b	Name of plan sponsor	EVANS VETERINARY SERVICES, PLLC
c	EIN-PN	84-5150912-001
a	Plan name	GKBK 401(K) PLAN
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP
c	EIN-PN	76-0574603-001
a	Plan name	JDS PUMPING 401(K) PLAN
b	Name of plan sponsor	JD'S PUMPING
c	EIN-PN	20-3983639-001
a	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 1
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.
c	EIN-PN	65-0810917-001

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<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	MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001
a	Plan name	PIERCE CONSTRUCTION & DEVELOPMENT INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PIERCE CONSTRUCTION & DEVELOPMENT, INC.	c EIN-PN 95-4504099-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	SALT DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	SALT DEVELOPMENT, LLC	c EIN-PN 47-1957056-001
a	Plan name	THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name	THE SPEECH CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	THE SPEECH CLINIC, INC.	c EIN-PN 51-0352115-001
a	Plan name	BOSTON PHARMACEUTICALS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOSTON PHARMACEUTICALS INC.	c EIN-PN 81-0837665-001
a	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a	Plan name	LOH TAX GROUP 401(K) PLAN	
b	Name of plan sponsor	LOH TAX GROUP	c EIN-PN 26-2679374-001
a	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001

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	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	REALEFLOW, LLC	c EIN-PN 20-8679477-001

a Plan name	GRAND BAY MARINE, INC. 401(K) PLAN	
b Name of plan sponsor	GRAND BAY MARINE, INC.	c EIN-PN 38-3356449-001

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

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

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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

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.	<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 GROWTH OPPORTUNITIES RET OPT	B Three-digit plan number (PN) ▶ 202
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 82-5217478

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)	40869852
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	45075678
(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	40869852	45075678
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	40869852	45075678

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)	13706592	
(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		13706592

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		13706592
l Transfers of assets:			
(1) To this plan.....	2l(1)		7931757
(2) From this plan	2l(2)		17432523

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 _____.