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
- ☒ 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 TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT	**1b** Three-digit plan number (PN) ▶ 673 **1c** Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404	**2b** Employer Identification Number (EIN) 36-6071399 **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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT

B Three-digit plan number (PN) ▶ 673

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
36-6071399

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)

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):

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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	CUNNINGHAM ELECTRIC 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	CUNNINGHAM ELECTRIC	**c** EIN-PN	26-2171644-001
a Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	**c** EIN-PN	20-4472485-001
a Plan name	IRON WORKS INC. 401(K) PLAN		
b Name of plan sponsor	IRON WORKS INC.	**c** EIN-PN	45-0524572-001
a Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN		
b Name of plan sponsor	LRP MANAGEMENT NY CORP	**c** EIN-PN	86-2827816-001
a Plan name	LTI 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	LABEL TECHNOLOGIES, INC.	**c** EIN-PN	39-1627601-001
a Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NELLA MEDIA GROUP, LLC	**c** EIN-PN	26-2724679-001
a Plan name	FOCUS HOPE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	FOCUS HOPE	**c** EIN-PN	38-1948285-002
a Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	POWER DOOR PRODUCTS, INC.	**c** EIN-PN	13-2746069-001
a Plan name	THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	THE PRISM GROUP, LLC	**c** EIN-PN	80-0329401-001
a Plan name	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	USG SERVICES, LLC	**c** EIN-PN	45-4658823-001
a Plan name	NEW YORK SHOWER DOOR 401(K) PLAN		
b Name of plan sponsor	NEW YORK SHOWER DOOR LTD.	**c** EIN-PN	11-3003950-001
a Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN		
b Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	**c** EIN-PN	94-2744760-002

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	POWERBUILD CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	**c** EIN-PN	81-1737022-001
a Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.	**c** EIN-PN	06-1547159-001
a Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	**c** EIN-PN	22-3193394-001
a Plan name	EASYCARE 401(K) PLAN		
b Name of plan sponsor	MCGRAYEL COMPANY INC.	**c** EIN-PN	77-0380138-001
a Plan name	SGS STONEWORKS, INC. 401(K) PSP		
b Name of plan sponsor	SGS STONEWORKS, INC.	**c** EIN-PN	16-1733345-001
a Plan name	FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	**c** EIN-PN	39-1724800-001
a Plan name	FOWLER ORTHODONTICS, PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	FOWLER ORTHODONTICS, PLLC	**c** EIN-PN	26-0791169-001
a Plan name	HARDLINE EQUIPMENT LLC 401(K) PLAN		
b Name of plan sponsor	HARDLINE EQUIPMENT LLC	**c** EIN-PN	27-2085949-001
a Plan name	THE WILHELM GROUP RETIREMENT PLAN & TRUST		
b Name of plan sponsor	THE WILHELM GROUP RETIREMENT PLAN & TRUST	**c** EIN-PN	81-5035218-001
a Plan name	ALH 401(K) PLAN		
b Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	**c** EIN-PN	75-1407510-001
a Plan name	ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN		
b Name of plan sponsor	ALPHARETTA CONVENTION & VISITORS BUREAU	**c** EIN-PN	58-2418260-001
a Plan name	CATARACT STEEL INDUSTRIES 401(K) PLAN		
b Name of plan sponsor	COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	**c** EIN-PN	16-1095041-001

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	DISCOUNT SEWER & DRAIN CO., INC. 401(K) PLAN		
b Name of plan sponsor	DISCOUNT SEWER & DRAIN CO., INC.	**c** EIN-PN	11-3378368-001
a Plan name	FSP POWERTEK, INC. 401(K) PLAN		
b Name of plan sponsor	FSP POWERTEK, INC.	**c** EIN-PN	45-4614696-001
a Plan name	KNEGO CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	DAN KNEGO CONSTRUCTION, INC.	**c** EIN-PN	27-4440861-001
a Plan name	OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	OFFICE FURNITURE DIRECT, INC.	**c** EIN-PN	11-3620000-001
a Plan name	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN		
b Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC	**c** EIN-PN	45-4095096-001
a Plan name	BOLAND'S NORTH, INC. DAVIS BACON PREVAILING WAGE PLAN		
b Name of plan sponsor	BOLAND'S NORTH, INC.	**c** EIN-PN	34-2047079-001
a Plan name	ELEMENT DESIGN GROUP 401(K) PLAN		
b Name of plan sponsor	EDC, INC.	**c** EIN-PN	03-0546249-001
a Plan name	LA PALOMA 401(K) PLAN		
b Name of plan sponsor	LA PALOMA FUNERAL SERVICES	**c** EIN-PN	26-0296007-001
a Plan name	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MOM & POP MUSIC CO. LLC	**c** EIN-PN	26-2920997-001
a Plan name	MUNOZ ENGINEERING 401(K) PLAN		
b Name of plan sponsor	MUNOZ ENGINEERING & LAND SURVEYING, P.C.	**c** EIN-PN	13-3241117-001
a Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN		
b Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	**c** EIN-PN	27-3841580-001
a Plan name	TRIUMPH HOSPITALITY GROUP PLAN		
b Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	**c** EIN-PN	13-4201198-001

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	AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST			
b Name of plan sponsor	AOW CONSTRUCTION LLC	**c**	EIN-PN	83-2875089-001
a Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	BRYAN CHEVROLET LLC	**c**	EIN-PN	72-0477660-001
a Plan name	CORTECH, LLC 401(K) PLAN			
b Name of plan sponsor	CORTECH, LLC	**c**	EIN-PN	58-2449456-001
a Plan name	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN			
b Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.	**c**	EIN-PN	13-2873389-001
a Plan name	INTEGRATED CONTROL SYSTEMS 401(K) PLAN			
b Name of plan sponsor	INTEGRATED CONTROL SYSTEMS	**c**	EIN-PN	62-1538849-002
a Plan name	JOE BENBASSET, INC. 401(K) PROFIT SHARING PLAN			
b Name of plan sponsor	JOE BENBASSET INC.	**c**	EIN-PN	13-1583141-001
a Plan name	JORGE L. GARDYN MD FACP PC RETIREMENT PLAN			
b Name of plan sponsor	JORGE L. GARDYN, MD, FAC	**c**	EIN-PN	11-3277614-001
a Plan name	MONTANO MOTORS, INC. 401(K) PLAN			
b Name of plan sponsor	MONTANO MOTORS, INC.	**c**	EIN-PN	74-2392667-002
a Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN			
b Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	**c**	EIN-PN	11-2677850-002
a Plan name	SEVA RETIREMENT SAVINGS PLAN			
b Name of plan sponsor	SOUTHEAST EQUINE VETERINARY ASSOC.	**c**	EIN-PN	65-0377167-001
a Plan name	SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN			
b Name of plan sponsor	SHANGRI-LA INTERNATIONAL HOTELS, INC.	**c**	EIN-PN	95-3876666-001
a Plan name	TIME STRIPING, INC. 401K			
b Name of plan sponsor	TIME STRIPING, INC.	**c**	EIN-PN	71-0669392-333

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	TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	TOM HENNES INC.	**c** EIN-PN	13-3692440-002
a Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN		
b Name of plan sponsor	XL SCREW CORPORATION	**c** EIN-PN	36-4426811-001
a Plan name	LEEMAN ARCHITECTURAL 401(K) PLAN		
b Name of plan sponsor	LEEMAN CONSTRUCTION COMPANY, INC.	**c** EIN-PN	58-1793770-001
a Plan name	ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	ASSOCIATION HOUSE OF CHICAGO	**c** EIN-PN	36-2166961-001
a Plan name	ASSOCIATIONS OF TEXAS MEP		
b Name of plan sponsor	OMNIFY RETIREMENT LLC	**c** EIN-PN	74-1018556-002
a Plan name	BRO-TEX CO., INC. PROFIT SHARING PLAN		
b Name of plan sponsor	BRO-TEX CO., INC.	**c** EIN-PN	41-0801968-002
a Plan name	STAR PAVING 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	STAR PAVING	**c** EIN-PN	85-0324065-002
a Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	**c** EIN-PN	06-1799100-001
a Plan name	VECTOR MEDIA 401(K) PLAN		
b Name of plan sponsor	VECTOR MEDIA	**c** EIN-PN	81-4079466-001
a Plan name	GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN		
b Name of plan sponsor	GOURMET SPECIALTY IMPORTS, LLC	**c** EIN-PN	23-3083089-001
a Plan name	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HUNT ENTERPRISES, INC.	**c** EIN-PN	11-2236013-001
a Plan name	INVO PEO, INC. 401(K) PLAN		
b Name of plan sponsor	INVO PEO, INC.	**c** EIN-PN	27-1067748-001

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	KNIGHTS PUMPING AND PORTABLE SERVICES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KNIGHT'S SITE SERVICES, INC. DBA KNIGHT'S PUMPING & PORTABLE SERVICE	**c** EIN-PN	77-0538076-001
a Plan name	KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN		
b Name of plan sponsor	KOVACS SECURITY SYSTEMS INC	**c** EIN-PN	11-2806156-001
a Plan name	ABO 401(K)		
b Name of plan sponsor	AMERICA'S BACK OFFICE	**c** EIN-PN	47-4975107-001
a Plan name	ACADIA HR MEP		
b Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	**c** EIN-PN	14-1725479-001
a Plan name	NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	NASSAU SHORES AUTOMOTIVE INC.	**c** EIN-PN	11-3146542-001
a Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ALLEVITY, INC.	**c** EIN-PN	94-2264491-001
a Plan name	PHI RETIREMENT PLAN		
b Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE	**c** EIN-PN	13-3575492-001
a Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN		
b Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	**c** EIN-PN	91-0906923-001
a Plan name	CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN		
b Name of plan sponsor	CLEARPATH WORKFORCE MANAGEMENT, INC.	**c** EIN-PN	94-3374899-001
a Plan name	EMPLOYERS RESOURCE 401(K) PLAN		
b Name of plan sponsor	EMPLOYERS RESOURCE	**c** EIN-PN	33-0688056-002
a Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN		
b Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	**c** EIN-PN	27-4757579-001
a Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	**c** EIN-PN	20-1872710-001

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	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN		
b Name of plan sponsor	OMNIFY RETIREMENT LLC	**c** EIN-PN	82-2083836-333
a Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	AMIEE LYNN, INC.	**c** EIN-PN	65-1160566-001
a Plan name	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN		
b Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	**c** EIN-PN	84-1073735-001
a Plan name	HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN		
b Name of plan sponsor	HABITAT FOR HUMANITY NEW CASTLE COUNTY	**c** EIN-PN	51-0294138-001
a Plan name	ISLAND SURGICAL PROFIT SHARING PLAN		
b Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	**c** EIN-PN	11-2232585-005
a Plan name	LAUNCHPOINT PEO INC. 401(K) PLAN		
b Name of plan sponsor	SUBSIDIUM INC.	**c** EIN-PN	31-1807891-222
a Plan name	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN		
b Name of plan sponsor	OHMEGA SOLENOID	**c** EIN-PN	95-2498276-001
a Plan name	OLAN LAW CORP. 401(K) PLAN		
b Name of plan sponsor	OLAN LAW CORP.	**c** EIN-PN	95-4690783-001
a Plan name	UNITED TECH 401(K) SAVINGS PLAN		
b Name of plan sponsor	UNITED TECH EMPLOYEE MANAGEMENT, INC.	**c** EIN-PN	47-3252875-333
a Plan name	WESTERN REGIONS NECA 401(K) PLAN		
b Name of plan sponsor	WESTERN REGIONS NECA	**c** EIN-PN	33-0670046-333
a Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DIPONIO CONTRACTING, INC.	**c** EIN-PN	20-8039399-001
a Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN		
b Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	**c** EIN-PN	85-0115169-002

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	FRANK EVANS CO. 401(K) PLAN		
b Name of plan sponsor	FRANK EVANS COMPANY, INC.	**c** EIN-PN	04-2422078-001
a Plan name	JMARK BUSINESS SOLUTIONS 401(K) PLAN		
b Name of plan sponsor	JMARK BUSINESS SOLUTIONS, INC.	**c** EIN-PN	43-1918976-001
a Plan name	MARAN, INC. RETIREMENT PLAN		
b Name of plan sponsor	MARAN, INC.	**c** EIN-PN	94-2444640-777
a Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN		
b Name of plan sponsor	MCCLAIN LABORATORIES, LLC	**c** EIN-PN	42-1600554-001
a Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	**c** EIN-PN	95-2220026-001
a Plan name	THE HRB GROUP 401(K) PLAN		
b Name of plan sponsor	PRAZAK & ASSOCIATES, LLC	**c** EIN-PN	81-4386443-201
a Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN		
b Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	**c** EIN-PN	58-1639110-001
a Plan name	BENEFIT PROVIDERS MULTIPLE EMPLOYER 401(K) RETIREMENT PROGRAM		
b Name of plan sponsor	BENEFIT PROVIDERS, LLC	**c** EIN-PN	52-2010356-333
a Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	**c** EIN-PN	41-1791080-001
a Plan name	THE ARGENT WEALTH PEP		
b Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI	**c** EIN-PN	64-0324725-001
a Plan name	THE ONE CLUB FOR CREATIVITY INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	THE ONE CLUB FOR CREATIVITY INC.	**c** EIN-PN	13-2643358-002
a Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HELPSIDE INC.	**c** EIN-PN	87-0476353-333

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	HERITAGE PROPERTIES 401(K) PLAN		
b Name of plan sponsor	NEW ENGLAND'S HERITAGE PROPERTIES, INC.	**c** EIN-PN	04-3585188-001
a Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	MICHAEL'S / MFH, INC.	**c** EIN-PN	31-1117594-001
a Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN		
b Name of plan sponsor	HR, INC. DBA SIMPLE HR	**c** EIN-PN	81-0583874-333
a Plan name	MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN		
b Name of plan sponsor	MILLENNIUM TECHNOLOGIES, LLC	**c** EIN-PN	39-1895415-001
a Plan name	THE RIVER LOFTS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	THE RIVER LOFTS	**c** EIN-PN	20-3131152-001
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	

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	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).	2024
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection**
Pension Benefit Guaranty Corporation		

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

A Name of plan
TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT

B Three-digit plan number (PN) ▶ 673

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
36-6071399

Part I Asset and Liability Statement

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)	20343992	27964278
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	**(b)** End of Year
1d Employer-related investments:			
(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**	20343992	27964278
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 through1j)	**1k**		
Net Assets			
l Net assets (subtract line 1k from line 1f)	**1l**	20343992	27964278

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)**	1174982	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		1174982

	Line	(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		1174982

Expenses

	Line	(a) Amount	(b) Total
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

	Line	(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	2k		1174982
l Transfers of assets:			
(1) To this plan	2l(1)		11555153
(2) From this plan	2l(2)		5109849

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e	Was this plan covered by a fidelity bond?	**4e**			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 ____________________.