

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>WELLS FARGO PRECIOUS METALS RET ACCT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>272</u></p>
<p>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) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-6071399</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>WELLS FARGO PRECIOUS METALS RET ACCT</u>	B Three-digit plan number (PN) ▶ <u>272</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</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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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	APEX BULK CARRIERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	APEX BULK CARRIERS, LLC	c EIN-PN 11-3430280-001
a	Plan name	ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name	CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CICERONE ADVISERS, LLC	c EIN-PN 06-1601609-001
a	Plan name	ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor	ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name	GENERAL MICRO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL MICRO SYSTEMS	c EIN-PN 95-3668223-003
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	SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
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	A-Z BUS SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	A-Z BUS SALES, INC.	c EIN-PN 33-0065644-001
a	Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002

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 MRK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MESISCA, RILEY, & KREITENBERG, LLP	c EIN-PN 14-1837873-001
a	Plan name MY HR PROS 401(K) PLAN	
b	Name of plan sponsor MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
b	Name of plan sponsor NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	c EIN-PN 22-2918632-001
a	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a	Plan name NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWSTUDIO ARCHITECTURE, LLC	c EIN-PN 45-1631448-001
a	Plan name AT DAWN RETIREMENT PLAN	
b	Name of plan sponsor AT DAWN	c EIN-PN 13-4132349-001
a	Plan name PGF TECHNOLOGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PGF TECHNOLOGY GROUP, INC.	c EIN-PN 38-2043637-001
a	Plan name PHI RETIREMENT PLAN	
b	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name RIV-MIX, LLC 401(K) PLAN	
b	Name of plan sponsor RIV-MIX, LLC	c EIN-PN 39-1980971-001
a	Plan name RIVCRETE READY MIX LLC UNION 401(K) PLAN	
b	Name of plan sponsor RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-002
a	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHARFI HOLDINGS, INC.	c EIN-PN 82-3806579-001

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	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHEATS & BAILEY, PLLC	c EIN-PN 90-0781687-001
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name	VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
a	Plan name	FC 401(K) PLAN	
b	Name of plan sponsor	FORMATION CAPITAL, LLC	c EIN-PN 23-2986268-001
a	Plan name	GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
b	Name of plan sponsor	GENTILE, BRENGEL & LIN LLP	c EIN-PN 11-6227632-001
a	Plan name	GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name	KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor	KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name	INVO PEO, INC. 401(K) PLAN	
b	Name of plan sponsor	INVO PEO, INC.	c EIN-PN 27-1067748-001
a	Plan name	ISHR 401(K) PLAN	
b	Name of plan sponsor	ISHR, LLC.	c EIN-PN 26-1160348-333

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	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
a	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor	LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001
a	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	ACF WEST 401(K) PLAN	
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	c EIN-PN 93-1052778-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NAPA VALLEY FAMILY MEDICAL GROUP, INC.	c EIN-PN 68-0258366-001
a	Plan name	NAPCO OIL HEAT CORP. 401(K) PLAN	
b	Name of plan sponsor	NAPCO OIL HEAT CORP.	c EIN-PN 11-2629891-001
a	Plan name	NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	c EIN-PN 31-0872466-001
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	AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name	AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVATARLABS, INC.	c EIN-PN 91-2169053-001

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	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC
c	EIN-PN	47-1368882-333
a	Plan name	RPM ENGINEERS, INC. 401(K) PLAN
b	Name of plan sponsor	RPM ENGINEERS, INC.
c	EIN-PN	33-0725779-001
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	C & S DRAPERIES, INC.
c	EIN-PN	77-0072946-001
a	Plan name	C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	C2RL, INC. ENGINEERS
c	EIN-PN	62-1838912-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.
c	EIN-PN	84-1413218-002
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
a	Plan name	TYCON COMPANIES 401(K) PLAN
b	Name of plan sponsor	THE TYCON COMPANIES, INC.
c	EIN-PN	41-1252968-001
a	Plan name	ADMINISTRATIVE ONESOURCE 401(K) PLAN
b	Name of plan sponsor	ADMINISTRATIVE ONESOURCE, LLC
c	EIN-PN	20-0714959-001
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN
b	Name of plan sponsor	ADVANCE VALVE INC.
c	EIN-PN	43-1040049-002
a	Plan name	AGC SELECT 401(K)
b	Name of plan sponsor	AGC SELECT 401(K)
c	EIN-PN	74-0490820-002
a	Plan name	AMERICAN ONE SOURCE, INC. MEP 401(K) PLAN
b	Name of plan sponsor	AMERICAN ONE SOURCE, INC.
c	EIN-PN	71-0934616-001

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 AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001
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 AVISTON LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor AVISTON LUMBER CO.	c EIN-PN 37-0859839-003
a	Plan name B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001
a	Plan name M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW ENGLAND WOODCRAFT, INC.	c EIN-PN 03-0265306-001
a	Plan name ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor ORTHO SPINE ADVANCE HEALTH, INC.	c EIN-PN 46-1326710-001
a	Plan name POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name PPHP RETIREMENT PLAN	
b	Name of plan sponsor PLANNED PARENTHOOD HUDSON PECONIC, INC.	c EIN-PN 11-2454790-003
a	Plan name SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor SBARRO, INC.	c EIN-PN 11-2501939-001

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	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC	c EIN-PN 26-4073098-001
a	Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001
a	Plan name	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	c EIN-PN 54-1247912-001
a	Plan name	P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor	PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
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	THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001
a	Plan name	WINCO DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	WINCO DEVELOPMENT, LLC	c EIN-PN 27-4131501-001
a	Plan name	MACRI CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001
a	Plan name	PRIORITY WORKFORCE 401(K) PLAN	
b	Name of plan sponsor	PRIORITY WORKFORCE, INC.	c EIN-PN 46-3798807-001

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 TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
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 PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	c EIN-PN 16-1597759-001
a	Plan name THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001
a	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor BRAHMAN CAPITAL	c EIN-PN 13-3542470-001
a	Plan name EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EARLYBIRDCAPITAL, INC.	c EIN-PN 65-0379410-001

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 WELLS FARGO PRECIOUS METALS RET ACCT	B Three-digit plan number (PN) ▶ 272
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
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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)	7741014	8927149
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	7741014	8927149
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	7741014	8927149

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)	1518125	
(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		1518125

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		1518125
l Transfers of assets:			
(1) To this plan.....	2l(1)		1140570
(2) From this plan	2l(2)		1472560

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 _____.