

<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: 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>▶ 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;">2024</p> <hr/> <p style="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>OPPENHEIMER MAIN STREET MID CAP RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>090</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 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>39-0989781</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>08/21/2025</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.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>OPPENHEIMER MAIN STREET MID CAP RET OPT</u>	B Three-digit plan number (PN) ▶	<u>090</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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)
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CAMBRIDGE MOTOR CAR COMPANY, LLC	c EIN-PN 04-3351359-001
a	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
b	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	c EIN-PN 32-0206781-001
a	Plan name FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN	
b	Name of plan sponsor BELCO INDUSTRIES, INC.	c EIN-PN 39-1220550-001
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name FRANTZ, INC. 401(K) PLAN	
b	Name of plan sponsor FRANTZ, INC.	c EIN-PN 61-0436803-002
a	Plan name HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name J.H. PENCE COMPANY RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor J.H. PENCE COMPANY	c EIN-PN 54-0838544-001
a	Plan name MARATHON ENGINEERING CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor MARATHON ENGINEERING, INC.	c EIN-PN 94-2259624-001
a	Plan name NORTHEAST PENNSYLVANIA AUTO AUCTION INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEAST PENNSYLVANIA AUTO AUCTION INC.	c EIN-PN 23-3010686-001
a	Plan name NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
b	Name of plan sponsor NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	c EIN-PN 23-7437161-001
a	Plan name PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777

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	PACIFIC POWER ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-777
a	Plan name	PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILLIP GALYEN PC DBA BAILEY & GALYEN	c EIN-PN 75-2218748-001
a	Plan name	SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001
a	Plan name	TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor	TEXAS BANK	c EIN-PN 75-1405029-001
a	Plan name	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name	AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001
a	Plan name	FARMERS BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS BANK	c EIN-PN 84-1599347-001
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name	GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001

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	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name	MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-002
a	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a	Plan name	PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor	PICKERING MANOR HOME	c EIN-PN 51-0244585-001
a	Plan name	RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RIDGE GLOBAL, LLC	c EIN-PN 20-4147521-001
a	Plan name	SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name	STONE REAL ESTATE 401(K) PLAN & TRUST	
b	Name of plan sponsor	STONE REAL ESTATE	c EIN-PN 36-4121806-001
a	Plan name	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name	ARGO BLOWER RETIREMENT PLAN	
b	Name of plan sponsor	ARGO BLOWER AND MANUFACTURING, INC.	c EIN-PN 91-0129010-001
a	Plan name	COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002

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	RAVEN RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	RAVEN RESOURCES, LLC	c EIN-PN 36-4618634-001
a	Plan name	TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name	A-1 ELECTRIC COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	A-1 ELECTRIC COMPANY, INC.	c EIN-PN 33-6004115-001
a	Plan name	BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name	BUCK HILL FALLS COMPANY 401(K) PLAN	
b	Name of plan sponsor	BUCK HILL FALLS COMPANY	c EIN-PN 24-0536840-001
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name	EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name	FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	FXEXPRESS PUBLICATIONS, INC.	c EIN-PN 73-1691416-001
a	Plan name	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name	AMERICAN TELEPHONE 401(K) PLAN	
b	Name of plan sponsor	DESIGN BUSINESS COMMUNICATIONS, INC.	c EIN-PN 86-0736656-001

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 BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
b	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	c EIN-PN 46-1606192-001
a	Plan name BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor COUNTY HEATING AND AIR CONDITIONING, INC.	c EIN-PN 95-3513835-001
a	Plan name H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name LIBERTY CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor LIBERTY CHEVROLET, INC.	c EIN-PN 04-3027316-001
a	Plan name MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
a	Plan name REALTECH 401(K) PLAN	
b	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name ARICA CONSULTING & CONTRACTING, LLC 401(K)	
b	Name of plan sponsor ARICA CONSULTING & CONTRACTING, LLC	c EIN-PN 52-2292509-001
a	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001

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 BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
b	Name of plan sponsor BORINQUEN CONTAINER CORP.	c EIN-PN 66-0275132-001
a	Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 74-2326815-222
a	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor FEIST CABINETS & WOODWORKS, INC.	c EIN-PN 68-0130480-001
a	Plan name GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	c EIN-PN 20-8143829-001
a	Plan name LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
a	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	c EIN-PN 39-1317185-001
a	Plan name THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
b	Name of plan sponsor THE CREDIT UNION FOR ROBERTSON COUNTY	c EIN-PN 62-6118790-001

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 TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name CEAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALIFORNIA ELECTRONIC ASSET RECOVERY	c EIN-PN 68-0443725-001
a	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001
a	Plan name THE PRODUCERS GROUP 401(K) PLAN	
b	Name of plan sponsor FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	c EIN-PN 33-0746599-001
a	Plan name TOTAL ORTHOTICS & PROSTHETIC SOLUTIONS, INC 401(K) PLAN	
b	Name of plan sponsor TOTAL ORTHOTIC & PROSTHETIC SOLUTIONS, INC.	c EIN-PN 56-2405432-002
a	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001

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	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name	ATTILA WINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ATTILA WINGS, LLC	c EIN-PN 51-0393403-001
a	Plan name	DEGRUCHY MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor	DEGRUCHY MASONRY, INC.	c EIN-PN 23-2460052-001
a	Plan name	DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name	HITV 401(K) PLAN	
b	Name of plan sponsor	HITV OPERATING CO., INC.	c EIN-PN 20-8485379-001
a	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	c EIN-PN 65-0660723-001
a	Plan name	BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name	BECK LEASING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BECK LEASING, INC.	c EIN-PN 26-1793936-001
a	Plan name	ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
b	Name of plan sponsor	ELIZABETH W BINGHAM	c EIN-PN 84-4995848-001
a	Plan name	SMITHCO MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor	SMITHCO MEATS, INC.	c EIN-PN 91-0923041-001
a	Plan name	SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMP SERVICES, INC.	c EIN-PN 20-2816544-001
a	Plan name	OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001

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 BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-2694249-001
a	Plan name JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	c EIN-PN 04-2679773-001
a	Plan name ST. MARY'S PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor ST. MARY'S PHARMACY, INC.	c EIN-PN 25-1211032-001
a	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name LUBY PUBLISHING, INC. PROFIT SHARING & 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUBY PUBLISHING, INC.	c EIN-PN 36-1521240-002
a	Plan name ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	c EIN-PN 58-1838344-001
a	Plan name PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name MAIN STREET FOOT & ANKLE CARE 401(K) PLAN	
b	Name of plan sponsor MAIN STREET FOOT & ANKLE CARE	c EIN-PN 22-3111862-001
a	Plan name ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	c EIN-PN 95-4574440-001

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 MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSTAR NATIONAL TITLE	c EIN-PN 75-2948848-001
a	Plan name MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name MEDIATAVERN 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor MEDIATAVERN, LLC	c EIN-PN 65-1168031-001
a	Plan name CRIGHTON PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CRIGHTON PLASTICS, INC.	c EIN-PN 20-8109310-001
a	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name ASSOCIATED ENGINEERING CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED ENGINEERING CONSULTANTS, INC.	c EIN-PN 23-2837113-001
a	Plan name DAVET ROOFING'S 401(K) PLAN	
b	Name of plan sponsor DAVET ROOFING INC.	c EIN-PN 80-0012440-001
a	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROBIN II, INC.	c EIN-PN 39-1314862-001
a	Plan name VENANGO MACHINE PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VENANGO MACHINE PRODUCTS	c EIN-PN 25-1261324-001

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	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	c EIN-PN 51-0501356-001
a	Plan name	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	c EIN-PN 61-0950094-001
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name	WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN FILAMENT, INC.	c EIN-PN 95-3672588-001
a	Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
b	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.	c EIN-PN 38-3469611-001
a	Plan name	E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	INVENA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INVENA CORPORATION	c EIN-PN 48-1233142-001
a	Plan name	IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IOWA CANCER SPECIALISTS, P.C.	c EIN-PN 06-1666841-003

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	ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001
a	Plan name	SOCIETY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOCIETY, INC. DBA THE ACADEMY	c EIN-PN 80-0231640-001
a	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name	K4 SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	K4 SOLUTIONS, INC.	c EIN-PN 54-2041084-001
a	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	c EIN-PN 27-2538433-001
a	Plan name	CEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CEN PAC PROPERTIES, INC.	c EIN-PN 99-0112223-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name	PERFORMANCE TIRE AND AUTO SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERFORMANCE TIRE AND AUTO SERVICE, INC.	c EIN-PN 39-1641254-001
a	Plan name	WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITSON HOTEL INVESTORS, LLC	c EIN-PN 46-2342594-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	WRITTEN DEPOSITION SERVICE, LLC	c EIN-PN 73-1497732-001

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	BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BEMEL, ROSS & AVEDON, LLP
c	EIN-PN	82-3833377-001
a	Plan name	DBM ENGINEERING, P.C. 401(K) PLAN
b	Name of plan sponsor	DBM ENGINEERING, PC
c	EIN-PN	20-2917025-001
a	Plan name	DTS RETIREMENT PLAN
b	Name of plan sponsor	DARNELL TECHNICAL SERVICES, INC.
c	EIN-PN	77-0622546-777
a	Plan name	EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN
b	Name of plan sponsor	EASTERN WAREHOUSE DISTRIBUTORS, LLC
c	EIN-PN	23-2566520-001
a	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY
b	Name of plan sponsor	MEGA HERTZ SALES COMPANY
c	EIN-PN	84-0855727-001
a	Plan name	EMPLOYEES OF FARRUGGIO'S AND ABLE RENTALS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	FARRUGGIO'S BRISTOL & PHILADELPHIA AUTO EXPRESS, INC.
c	EIN-PN	23-1922473-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN
b	Name of plan sponsor	FOSTER THOMAS, INC.
c	EIN-PN	52-1826441-001
a	Plan name	GIBSON OVERSEAS, INC. 401(K) PLAN
b	Name of plan sponsor	GIBSON OVERSEAS, INC.
c	EIN-PN	95-3393699-002
a	Plan name	GLYMED PLUS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GLYMED PLUS LLC
c	EIN-PN	80-0112220-001
a	Plan name	HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HILLWIG-GOODROW, INC.
c	EIN-PN	26-3921976-001
a	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	HOMESTAR COMPANIES, LLC.
c	EIN-PN	26-2775069-001
a	Plan name	HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN
b	Name of plan sponsor	HORIZON TILE & CARPET SOUTHEAST, INC.
c	EIN-PN	47-1027113-001

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	ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor	ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name	KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name	LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor	LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name	LUSONIA, INC 401(K) PLAN	
b	Name of plan sponsor	LUSONIA, INC.	c EIN-PN 81-2059728-001
a	Plan name	LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN	
b	Name of plan sponsor	LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.	c EIN-PN 36-4594126-001
a	Plan name	MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX A. SASS & SONS, INC.	c EIN-PN 39-1129503-001
a	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MAYFAIR PLASTICS, INC.	c EIN-PN 38-2704694-001
a	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name	PACIFIC COACH WORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC COACH WORKS	c EIN-PN 20-4850786-001
a	Plan name	PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001

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	S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTION SALES + MARKETING INC.	c EIN-PN 41-1264273-001
a	Plan name	THE WESTFIELD COMPANY OF WISCONSIN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE WESTFIELD COMPANY OF WISCONSIN, INC.	c EIN-PN 39-1628929-001
a	Plan name	AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
b	Name of plan sponsor	AGUA CALIENTE BAND OF CAHUILLA INDIANS	c EIN-PN 95-2549724-001
a	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIDENT EDGE, INC.	c EIN-PN 26-0813587-001
a	Plan name	UNITED COMMUNITY CENTER PENSION & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITED COMMUNITY CENTER	c EIN-PN 39-1146191-001
a	Plan name	ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	ANY WAY YOU WANT IT MOVING & STORAGE, INC.	c EIN-PN 11-3679750-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002
a	Plan name	ASV SURGICAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	ASV SURGICAL MANAGEMENT	c EIN-PN 03-0536140-001

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OPPENHEIMER MAIN STREET MID CAP RET OPT		B Three-digit plan number (PN) ▶	090
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 39-0989781	

Part I Asset and Liability Statement

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)	10405518	10491078
(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	10405518	10491078
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	10405518	10491078

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)	43466	
(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)	900336	
(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)		756918
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1700720

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)	56341	
(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)		56341
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		56341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1644379
l Transfers of assets:			
(1) To this plan.....	2l(1)		802657
(2) From this plan	2l(2)		2361476

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 _____.