

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: OPPENHEIMER INTERNATIONAL GROWTH RET OPT
1b Three-digit plan number (PN): 116
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSPAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**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

**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

<b>A</b> Name of plan <u>OPPENHEIMER INTERNATIONAL GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>116</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> 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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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.)	
<b>a</b>	Plan name PROCIRCULAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROCIRCULAR, INC.	<b>c</b> EIN-PN 81-1171034-001
<b>a</b>	Plan name CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPTURA GROUP, INC.	<b>c</b> EIN-PN 20-2083614-001
<b>a</b>	Plan name SIMPLIFYA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	<b>c</b> EIN-PN 87-1463596-001
<b>a</b>	Plan name BCB TRANSPORT, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCB TRANSPORT, LLC.	<b>c</b> EIN-PN 27-5099832-001
<b>a</b>	Plan name ALDERMAN BERNSTEIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALDERMAN BERNSTEIN	<b>c</b> EIN-PN 26-4416105-001
<b>a</b>	Plan name FLAGSHIP HEALTHCARE PROPERTIES, LLC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor FLAGSHIP HEALTHCARE PROPERTIES, LLC	<b>c</b> EIN-PN 27-3544628-001
<b>a</b>	Plan name LUSSON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUSSON ENTERPRISES	<b>c</b> EIN-PN 20-2947469-001
<b>a</b>	Plan name BLUEMOUND RESTAURANT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUEMOUND RESTAURANT CORPORATION	<b>c</b> EIN-PN 39-1742851-001
<b>a</b>	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001
<b>a</b>	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	<b>c</b> EIN-PN 23-2589948-001
<b>a</b>	Plan name CUTHBERTSON RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUTHBERTSON RESTORATION, INC.	<b>c</b> EIN-PN 26-2059511-001
<b>a</b>	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	<b>c</b> EIN-PN 84-1133368-001

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.)		
<b>a</b>	Plan name <b>MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARGUERITE CONCRETE, INC.</b>	<b>c</b> EIN-PN <b>04-3035873-001</b>
<b>a</b>	Plan name <b>METALLIC RECOVERY GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METALLIC RECOVERY GROUP, INC.</b>	<b>c</b> EIN-PN <b>23-2949661-001</b>
<b>a</b>	Plan name <b>PHOTON INFOTECH 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHOTON INFOTECH, INC.</b>	<b>c</b> EIN-PN <b>26-0106960-001</b>
<b>a</b>	Plan name <b>UNIVERSITY VILLAGE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WESTPORT HOLDINGS TAMPA, LP</b>	<b>c</b> EIN-PN <b>65-1059079-001</b>
<b>a</b>	Plan name <b>AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AIR CLEANING TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>54-2003736-001</b>
<b>a</b>	Plan name <b>ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARCADIA NEUROLOGY CENTER, LLC</b>	<b>c</b> EIN-PN <b>27-3174051-002</b>
<b>a</b>	Plan name <b>FAMMA GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMMA GROUP, INC.</b>	<b>c</b> EIN-PN <b>45-5002659-001</b>
<b>a</b>	Plan name <b>FARIBORZ RODEF, DDS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE</b>	<b>c</b> EIN-PN <b>32-0012113-001</b>
<b>a</b>	Plan name <b>FSY ARCHITECTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FSY ARCHITECTS</b>	<b>c</b> EIN-PN <b>95-4638941-001</b>
<b>a</b>	Plan name <b>HUTTMANN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUTTMANN, INC.</b>	<b>c</b> EIN-PN <b>20-1362691-001</b>
<b>a</b>	Plan name <b>KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KENTUCKY EDUCATION ASSOCIATION</b>	<b>c</b> EIN-PN <b>61-0245450-001</b>
<b>a</b>	Plan name <b>KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KENWOOD FENCE CO., INC.</b>	<b>c</b> EIN-PN <b>68-0423518-001</b>

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.)	
<b>a</b>	Plan name <b>MARK J. REDD DDS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARK J. REDD DDS, INC.</b>	<b>c</b> EIN-PN <b>72-1519503-001</b>
<b>a</b>	Plan name <b>METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>METRO WIRE AND CABLE COMPANY</b>	<b>c</b> EIN-PN <b>38-2147100-001</b>
<b>a</b>	Plan name <b>NU-TIER BRANDS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NU-TIER BRANDS, INC.</b>	<b>c</b> EIN-PN <b>90-0541753-001</b>
<b>a</b>	Plan name <b>NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NUHORIZON PROPERTIES, LLC</b>	<b>c</b> EIN-PN <b>38-3521185-001</b>
<b>a</b>	Plan name <b>PULMONARY &amp; CRITICAL CARE ASSOCIATES, S.C. EMPLOYEES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PULMONARY &amp; CRITICAL CARE ASSOCIATES, S.C.</b>	<b>c</b> EIN-PN <b>39-1830838-002</b>
<b>a</b>	Plan name <b>TEXAS GOLF ASSOCIATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXAS GOLF ASSOCIATION</b>	<b>c</b> EIN-PN <b>75-0715222-001</b>
<b>a</b>	Plan name <b>VADERSTAD, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VADERSTAD INC.</b>	<b>c</b> EIN-PN <b>90-1035412-001</b>
<b>a</b>	Plan name <b>WALBERG, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WALBERG, INC.</b>	<b>c</b> EIN-PN <b>81-2702296-001</b>
<b>a</b>	Plan name <b>A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>A BETTER CONTRACTOR, LLC</b>	<b>c</b> EIN-PN <b>46-4885039-002</b>
<b>a</b>	Plan name <b>ARIAS, TOVAR &amp; ASSOCIATES, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARIAS, TOVAR &amp; ASSOCIATES, P.A.</b>	<b>c</b> EIN-PN <b>65-0971956-001</b>
<b>a</b>	Plan name <b>BAD AXE PRODUCTS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAD AXE PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>45-2653251-001</b>
<b>a</b>	Plan name <b>PLASTIC COMPONENTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PLASTIC COMPONENTS, INC.</b>	<b>c</b> EIN-PN <b>59-1683347-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RATPAC ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RATPAC ENTERTAINMENT, LLC	<b>c</b> EIN-PN 46-2627641-001
<b>a</b>	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS IRON	<b>c</b> EIN-PN 38-3128186-001
<b>a</b>	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name	CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORETRUST MANAGEMENT, LP	<b>c</b> EIN-PN 32-0475371-001
<b>a</b>	Plan name	CORRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORRA	<b>c</b> EIN-PN 04-3819932-001
<b>a</b>	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVISION TELEPHONY, INC.	<b>c</b> EIN-PN 91-1661458-001
<b>a</b>	Plan name	AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AARON A. ADAOAG, M.D., LTD.	<b>c</b> EIN-PN 26-0880609-001
<b>a</b>	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BURCH COURT DENTAL	<b>c</b> EIN-PN 61-1338337-001
<b>a</b>	Plan name	COUNTRY CLUB OF WATERBURY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COUNTRY CLUB OF WATERBURY INC.	<b>c</b> EIN-PN 06-0309310-001
<b>a</b>	Plan name	H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H & C DBA H & C CORPORATION, INC.	<b>c</b> EIN-PN 57-0785805-777
<b>a</b>	Plan name	H & R HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H & R HEALTHCARE	<b>c</b> EIN-PN 22-3324234-001
<b>a</b>	Plan name	JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOHNSON COUNTY DERMATOLOGY, P.A.	<b>c</b> EIN-PN 04-3586031-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8464483-001
<b>a</b>	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	<b>c</b> EIN-PN 27-1855081-001
<b>a</b>	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUTRON CORPORATION	<b>c</b> EIN-PN 38-1858530-001
<b>a</b>	Plan name	ARICA CONSULTING & CONTRACTING, LLC 401(K)	
<b>b</b>	Name of plan sponsor	ARICA CONSULTING & CONTRACTING, LLC	<b>c</b> EIN-PN 52-2292509-001
<b>a</b>	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BPI HOLDINGS, LLC	<b>c</b> EIN-PN 23-2774727-001
<b>a</b>	Plan name	CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPRI & ASSOCIATES INC.	<b>c</b> EIN-PN 23-3095696-002
<b>a</b>	Plan name	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	<b>c</b> EIN-PN 20-8143829-001
<b>a</b>	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	<b>c</b> EIN-PN 42-1191386-001
<b>a</b>	Plan name	LINNEMAN LAW, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINNEMAN LAW, LLP	<b>c</b> EIN-PN 94-1165008-001
<b>a</b>	Plan name	MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARTIN BAGWELL LUKE, P.C.	<b>c</b> EIN-PN 46-3663316-001
<b>a</b>	Plan name	PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PASCARELLA EYE CARE AND CONTACT LENSES	<b>c</b> EIN-PN 27-1874057-001
<b>a</b>	Plan name	POWER FUNDING, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER FUNDING, LTD.	<b>c</b> EIN-PN 75-2952855-001

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.)	
<b>a</b>	Plan name POWERSCREEN OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POWERSCREEN OF FLORIDA, INC.	<b>c</b> EIN-PN 59-2316750-001
<b>a</b>	Plan name SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	<b>c</b> EIN-PN 39-1317185-001
<b>a</b>	Plan name THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CREDIT UNION FOR ROBERTSON COUNTY	<b>c</b> EIN-PN 62-6118790-001
<b>a</b>	Plan name FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GINA ESCHER CFNP LLC	<b>c</b> EIN-PN 47-2152331-001
<b>a</b>	Plan name CECOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	<b>c</b> EIN-PN 90-0106680-001
<b>a</b>	Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 27-0521322-001
<b>a</b>	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001
<b>a</b>	Plan name PRATT & ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRATT & ASSOCIATES, LLC	<b>c</b> EIN-PN 62-1725882-001
<b>a</b>	Plan name THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE FRATE GROUP	<b>c</b> EIN-PN 20-5168941-001
<b>a</b>	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	<b>c</b> EIN-PN 84-1390588-001
<b>a</b>	Plan name COBITCO INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COBITCO, INC.	<b>c</b> EIN-PN 84-0504239-001

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.)		
<b>a</b>	Plan name M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	<b>c</b> EIN-PN 95-1729316-001
<b>a</b>	Plan name PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRIMO MEDICAL GROUP, INC.	<b>c</b> EIN-PN 04-2224896-002
<b>a</b>	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	<b>c</b> EIN-PN 20-2458255-001
<b>a</b>	Plan name TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TUCKER, ALBIN & ASSOCIATES	<b>c</b> EIN-PN 32-0386771-001
<b>a</b>	Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-003
<b>a</b>	Plan name CRAZY CAT CYCLERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAZY CAT CYCLERY, LLC	<b>c</b> EIN-PN 46-1509105-001
<b>a</b>	Plan name ROAM ARTISAN BURGERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROAM RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 88-3541442-001
<b>a</b>	Plan name DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DANHAUER DRUG, INC.	<b>c</b> EIN-PN 61-0992161-001
<b>a</b>	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-1481590-002
<b>a</b>	Plan name HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HLN CONSULTING, LLC	<b>c</b> EIN-PN 22-3516344-001
<b>a</b>	Plan name MITCHELL CONSTRUCTION CO., INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITCHELL CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 57-0521961-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WENCO MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WENCO MANAGEMENT, LLC	<b>c</b> EIN-PN 81-0971670-003
<b>a</b>	Plan name	BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BERICH MASONRY, INC.	<b>c</b> EIN-PN 20-2612940-001
<b>a</b>	Plan name	NEW STAR FRESH FOODS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWSTAR FRESH FOODS, LLC	<b>c</b> EIN-PN 77-0442617-001
<b>a</b>	Plan name	OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	<b>c</b> EIN-PN 45-3512542-001
<b>a</b>	Plan name	SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMITH'S ADDRESSING MACHINE SERVICES, INC.	<b>c</b> EIN-PN 56-1099952-001
<b>a</b>	Plan name	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	<b>c</b> EIN-PN 11-3800210-001
<b>a</b>	Plan name	ETTLESON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	<b>c</b> EIN-PN 36-3420816-002
<b>a</b>	Plan name	KING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<b>a</b>	Plan name	MAIN STREET FOOT & ANKLE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAIN STREET FOOT & ANKLE CARE	<b>c</b> EIN-PN 22-3111862-001
<b>a</b>	Plan name	PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO-TEK MANUFACTURING, INC.	<b>c</b> EIN-PN 94-2862885-002
<b>a</b>	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	<b>c</b> EIN-PN 20-2459818-001
<b>a</b>	Plan name	ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ULRICHSEN ROSEN & FREED LLC	<b>c</b> EIN-PN 20-4413474-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HILL STREET VETERINARY HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HILL STREET VETERINARY HOSPITAL	<b>c</b> EIN-PN 23-2415464-001
<b>a</b>	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001
<b>a</b>	Plan name	VISION ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VISION ELECTRIC, INC.	<b>c</b> EIN-PN 06-1420597-002
<b>a</b>	Plan name	VITAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VITAL VENTURES	<b>c</b> EIN-PN 81-0972460-001
<b>a</b>	Plan name	BELINDA S. GRANADA DDS CASH BALANCE	
<b>b</b>	Name of plan sponsor	BELINDA S. GRANADA DDS PC	<b>c</b> EIN-PN 47-1502317-002
<b>a</b>	Plan name	BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELINDA S. GRANADA DDS PC	<b>c</b> EIN-PN 47-1502317-001
<b>a</b>	Plan name	DR. TODD S. LARSEN DMD PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DR. TODD S. LARSEN, DMD, PC	<b>c</b> EIN-PN 87-0632806-001
<b>a</b>	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001
<b>a</b>	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	<b>c</b> EIN-PN 95-2157201-001
<b>a</b>	Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.	<b>c</b> EIN-PN 38-3469611-001
<b>a</b>	Plan name	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESQUE HOLDINGS LP	<b>c</b> EIN-PN 47-5355397-001
<b>a</b>	Plan name	INVESTMENT CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESTMENT CENTER	<b>c</b> EIN-PN 42-1485034-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEXT LEVEL IT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT LEVEL IT, LLC	<b>c</b> EIN-PN 87-2800471-001
<b>a</b>	Plan name	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY	<b>c</b> EIN-PN 46-2385806-001
<b>a</b>	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.	<b>c</b> EIN-PN 23-2278532-001
<b>a</b>	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	<b>c</b> EIN-PN 45-2633274-001
<b>a</b>	Plan name	SOCIETY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOCIETY, INC. DBA THE ACADEMY	<b>c</b> EIN-PN 80-0231640-001
<b>a</b>	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS	<b>c</b> EIN-PN 68-0441691-001
<b>a</b>	Plan name	EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXECUTIVE PROPERTY MANAGEMENT	<b>c</b> EIN-PN 22-2398215-001
<b>a</b>	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE OF MAINE, P.A.	<b>c</b> EIN-PN 01-0316462-004
<b>a</b>	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	K KERN PAINTING LLC	<b>c</b> EIN-PN 54-2101884-001
<b>a</b>	Plan name	KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAANAPALI OPERATIONS ASSOCIATION, INC.	<b>c</b> EIN-PN 99-0323901-001
<b>a</b>	Plan name	FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FIRST MISSOURI CREDIT UNION	<b>c</b> EIN-PN 43-0492167-001
<b>a</b>	Plan name	KO STONE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KO STONE, INC.	<b>c</b> EIN-PN 46-2842689-001

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.)	
<b>a</b>	Plan name <b>TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEC ELECTRICAL CONTRACTING, INC</b>	<b>c</b> EIN-PN <b>46-0761832-001</b>
<b>a</b>	Plan name <b>TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECHNICAL CHEMICAL COMPANY</b>	<b>c</b> EIN-PN <b>75-1002472-001</b>
<b>a</b>	Plan name <b>WOMENFIRST, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOMENFIRST, LLC</b>	<b>c</b> EIN-PN <b>41-2192392-001</b>
<b>a</b>	Plan name <b>CALIBER SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS</b>	<b>c</b> EIN-PN <b>26-4751651-001</b>
<b>a</b>	Plan name <b>CATALYST RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CATALYST COMMUNICATIONS NETWORK LLC</b>	<b>c</b> EIN-PN <b>92-1890010-001</b>
<b>a</b>	Plan name <b>CLEARBROOK, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEARBROOK LLC</b>	<b>c</b> EIN-PN <b>63-1209080-001</b>
<b>a</b>	Plan name <b>COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLONIAL HEIGHTS VETERINARY HOSPITAL</b>	<b>c</b> EIN-PN <b>54-2031691-001</b>
<b>a</b>	Plan name <b>FLO-LINE TECHNOLOGY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FLO-LINE TECHNOLOGY</b>	<b>c</b> EIN-PN <b>20-4032669-001</b>
<b>a</b>	Plan name <b>FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY</b>	<b>c</b> EIN-PN <b>95-4467199-001</b>
<b>a</b>	Plan name <b>HARRY MILLER CORP. EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARRY MILLER CORP.</b>	<b>c</b> EIN-PN <b>23-0663030-001</b>
<b>a</b>	Plan name <b>HATTERAS PRINTING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HATTERAS PRINTING, INC.</b>	<b>c</b> EIN-PN <b>38-2168116-001</b>
<b>a</b>	Plan name <b>HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIT PRODUCTS CORPORATION</b>	<b>c</b> EIN-PN <b>94-2823123-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HORSHAM SQUARE PHARMACY, INC.	<b>c</b> EIN-PN 23-2409251-002
<b>a</b>	Plan name	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name	KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)	
<b>b</b>	Name of plan sponsor	THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE	<b>c</b> EIN-PN 99-0283834-001
<b>a</b>	Plan name	KC SALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLER RELO ONE LTD.	<b>c</b> EIN-PN 20-4736622-001
<b>a</b>	Plan name	M & J LOAN, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING	<b>c</b> EIN-PN 87-0708717-001
<b>a</b>	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT MATERIALS INC.	<b>c</b> EIN-PN 38-2412976-001
<b>a</b>	Plan name	MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAX A. SASS & SONS, INC.	<b>c</b> EIN-PN 39-1129503-001
<b>a</b>	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-1727385-001
<b>a</b>	Plan name	NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN	<b>c</b> EIN-PN 20-3988984-001
<b>a</b>	Plan name	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-1633173-777
<b>a</b>	Plan name	PBHK, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PBHK, INC.	<b>c</b> EIN-PN 99-0306811-001
<b>a</b>	Plan name	PDMA CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PDMA CORPORATION	<b>c</b> EIN-PN 59-3191224-001

**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.)

<b>a</b>	Plan name	PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN	<b>c</b>	EIN-PN	26-0536884-001
<b>b</b>	Name of plan sponsor	CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT	<b>c</b>	EIN-PN	26-0536884-001
<b>a</b>	Plan name	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	<b>c</b>	EIN-PN	46-4501717-001
<b>b</b>	Name of plan sponsor	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	<b>c</b>	EIN-PN	46-4501717-001
<b>a</b>	Plan name	RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	<b>c</b>	EIN-PN	23-2046694-001
<b>b</b>	Name of plan sponsor	ALVORD-POLK, INC.	<b>c</b>	EIN-PN	23-2046694-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	<b>c</b>	EIN-PN	04-3309384-001
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b>	EIN-PN	04-3309384-001
<b>a</b>	Plan name	SWAN USA 401(K) PLAN	<b>c</b>	EIN-PN	30-0516534-001
<b>b</b>	Name of plan sponsor	SWAN ANALYTICAL USA	<b>c</b>	EIN-PN	30-0516534-001
<b>a</b>	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	36-3489575-001
<b>b</b>	Name of plan sponsor	T K GROUP, INC.	<b>c</b>	EIN-PN	36-3489575-001
<b>a</b>	Plan name	VERENGO, INC. 401(K) PLAN	<b>c</b>	EIN-PN	26-1996114-001
<b>b</b>	Name of plan sponsor	VERENGO, INC.	<b>c</b>	EIN-PN	26-1996114-001
<b>a</b>	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	<b>c</b>	EIN-PN	93-0984994-001
<b>b</b>	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	<b>c</b>	EIN-PN	93-0984994-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OPPENHEIMER INTERNATIONAL GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>116</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	10394343
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	9141755
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	10394343	9141755
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	10394343	9141755

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-111714	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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 <b>income</b> amounts in column (b) and enter total.....	2d		-111714

**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)	68029	
(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)		68029
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		68029

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		-179743
l Transfers of assets:			
(1) To this plan.....	2l(1)		1116344
(2) From this plan .....	2l(2)		2189189

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.