

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: OPPENHEIMER GLOBAL RET ACCT
1b Three-digit plan number (PN): 035
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>OPPENHEIMER GLOBAL RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>035</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<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)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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<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	INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERPLAN, LLC	<b>c</b> EIN-PN 59-3667640-001
<b>a</b>	Plan name	INTERTEK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERTEK, LLC	<b>c</b> EIN-PN 20-3491428-001
<b>a</b>	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	<b>c</b> EIN-PN 14-1624930-001
<b>a</b>	Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001
<b>a</b>	Plan name	SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLS CONTROL, INC.	<b>c</b> EIN-PN 82-2311359-001
<b>a</b>	Plan name	THE CONGRESS LAKE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CONGRESS LAKE COMPANY	<b>c</b> EIN-PN 34-0160950-001
<b>a</b>	Plan name	THE NAPOLI GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE NAPOLI GROUP, LLC	<b>c</b> EIN-PN 20-0100132-001
<b>a</b>	Plan name	A.M.E. INC. 401(K)	
<b>b</b>	Name of plan sponsor	A.M.E. INC.	<b>c</b> EIN-PN 22-3603962-001
<b>a</b>	Plan name	AST/ACME, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AST/ACME, INC.	<b>c</b> EIN-PN 61-1278559-001
<b>a</b>	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name	MGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MGINNIS ELECTRICAL CONTRACTING COMPANY	<b>c</b> EIN-PN 25-1151382-001
<b>a</b>	Plan name	MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCINTOSH COMMUNICATIONS, INC.	<b>c</b> EIN-PN 88-0255787-001

<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	MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCR DONUTS, INC.	<b>c</b> EIN-PN 06-1432375-001
<b>a</b>	Plan name	MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCR DONUTS, INC.	<b>c</b> EIN-PN 06-1432375-777
<b>a</b>	Plan name	NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWBURY CONTRACTORS, LLC	<b>c</b> EIN-PN 81-3308303-001
<b>a</b>	Plan name	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	<b>c</b> EIN-PN 51-0306007-001
<b>a</b>	Plan name	DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRILLING SUPPLY & MANUFACTURING	<b>c</b> EIN-PN 74-1903853-001
<b>a</b>	Plan name	SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHAAP MOVING SYSTEMS, INC.	<b>c</b> EIN-PN 14-1465618-001
<b>a</b>	Plan name	FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b>	Plan name	NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NOTKIN HAWAII, INC.	<b>c</b> EIN-PN 99-0237335-001
<b>a</b>	Plan name	SECRET CHARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SECRET CHARM	<b>c</b> EIN-PN 73-1678960-001
<b>a</b>	Plan name	HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAMMOND ENTERPRISES, INC.	<b>c</b> EIN-PN 91-1757749-001
<b>a</b>	Plan name	HICI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEAUTY CAREER'S INSTITUTE, INC.	<b>c</b> EIN-PN 65-1025807-001
<b>a</b>	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	<b>c</b> EIN-PN 31-1731223-001

<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	ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLRED METAL PRODUCTS	<b>c</b> EIN-PN 86-0648390-001
<b>a</b>	Plan name	ADVANCED TEXTILES ASSOCIATION	
<b>b</b>	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	<b>c</b> EIN-PN 41-0434683-001
<b>a</b>	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1011017-001
<b>a</b>	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CONCRETE, INC.	<b>c</b> EIN-PN 58-2060679-001
<b>a</b>	Plan name	BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL BRADLEY PLUMBING, INC.	<b>c</b> EIN-PN 63-0657536-001
<b>a</b>	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	<b>c</b> EIN-PN 15-0235250-777
<b>a</b>	Plan name	MICHELL ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHELL ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0354910-001
<b>a</b>	Plan name	PROPACK LOGISTICS US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROPACK LOGISTICS US, LLC	<b>c</b> EIN-PN 82-1965778-001
<b>a</b>	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STALKER & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2756743-001
<b>a</b>	Plan name	STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANGENES INDUSTRIES, INC.	<b>c</b> EIN-PN 94-2247016-001
<b>a</b>	Plan name	THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST MEDICAL CENTER, INC.	<b>c</b> EIN-PN 33-0791088-001
<b>a</b>	Plan name	VN HOME HEALTH CARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VN HOME HEALTH CARE	<b>c</b> EIN-PN 47-0921521-001

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 BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUEBERRY BLVD., LLC	<b>c</b> EIN-PN 11-3559983-001
<b>a</b>	Plan name FURMAN & HAUSWIRTH 401 (K) PLAN	
<b>b</b>	Name of plan sponsor FURMAN & HAUSWIRTH CPAS	<b>c</b> EIN-PN 11-3134883-001
<b>a</b>	Plan name KTX - AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KTX - AMERICA, INC.	<b>c</b> EIN-PN 30-0031143-001
<b>a</b>	Plan name GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	<b>c</b> EIN-PN 58-1500550-002
<b>a</b>	Plan name MPC DAIRY SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	<b>c</b> EIN-PN 83-2852835-001
<b>a</b>	Plan name SUPERIOR AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SGS HOLDINGS DBA SUPERIOR AUTO BODY	<b>c</b> EIN-PN 20-3365670-001
<b>a</b>	Plan name PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PEARLMAN PROPERTY MANAGEMENT	<b>c</b> EIN-PN 77-0474584-001
<b>a</b>	Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.	<b>c</b> EIN-PN 33-0078013-001
<b>a</b>	Plan name COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COXSACKIE PHYSICAL THERAPY	<b>c</b> EIN-PN 05-0588304-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHICAGOLAND INDEPENDENT AUCTION, INC.	<b>c</b> EIN-PN 85-3122017-001
<b>a</b>	Plan name JUST A BUCK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STROBO, INC.	<b>c</b> EIN-PN 06-1336200-001

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 SHAFERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	<b>c</b> EIN-PN 91-1862618-001
<b>a</b>	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WORKFIT MEDICAL LLC	<b>c</b> EIN-PN 13-4208386-001
<b>a</b>	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAVANTURE PRODUCTS, CO.	<b>c</b> EIN-PN 34-1041124-001
<b>a</b>	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001
<b>a</b>	Plan name LEXEL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEXEL CORPORATION	<b>c</b> EIN-PN 11-2659092-001
<b>a</b>	Plan name MPRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MPRM, LLC	<b>c</b> EIN-PN 95-4676804-001
<b>a</b>	Plan name AIR TREK, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIR TREK, INC.	<b>c</b> EIN-PN 59-9999998-889
<b>a</b>	Plan name ALC STEAKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUSTIN STEAKHOUSE, INC.	<b>c</b> EIN-PN 74-2673768-001
<b>a</b>	Plan name ARTISAN MACHINING, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ARTISAN MACHINING, INC.	<b>c</b> EIN-PN 11-2917010-001
<b>a</b>	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001
<b>a</b>	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-3841580-001
<b>a</b>	Plan name RIVERHEAD NISSAN 112 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVERHEAD AUTO MALL	<b>c</b> EIN-PN 11-2888474-001

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>ROBERTS COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROBERTS COMPANIES</b>	<b>c</b> EIN-PN <b>43-1460955-001</b>
<b>a</b>	Plan name <b>CIPEX 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CIPEX INTERNATIONAL, LTD.</b>	<b>c</b> EIN-PN <b>95-3751982-001</b>
<b>a</b>	Plan name <b>CLEAR VIEW CONVALESCENT CENTER 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEAR VIEW SANITARIUM</b>	<b>c</b> EIN-PN <b>95-2078230-002</b>
<b>a</b>	Plan name <b>CORD CONTRACTING CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORD CONTRACTING CO., INC.</b>	<b>c</b> EIN-PN <b>11-3194814-003</b>
<b>a</b>	Plan name <b>CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORE TECHNOLOGY SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>57-0918602-001</b>
<b>a</b>	Plan name <b>ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELECTECH HAWAII, INC.</b>	<b>c</b> EIN-PN <b>99-0229338-001</b>
<b>a</b>	Plan name <b>ELLENOS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REAL GREEK LLC</b>	<b>c</b> EIN-PN <b>45-5592934-001</b>
<b>a</b>	Plan name <b>TRIUMPH HOSPITALITY GROUP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIUMPH HOSPITALITY GROUP, LLC</b>	<b>c</b> EIN-PN <b>13-4201198-001</b>
<b>a</b>	Plan name <b>FABER ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FABER ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>22-1550176-001</b>
<b>a</b>	Plan name <b>FETTE FORD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FETTE FORD, INC.</b>	<b>c</b> EIN-PN <b>22-1528045-001</b>
<b>a</b>	Plan name <b>HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUNT ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>11-2236013-001</b>
<b>a</b>	Plan name <b>HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUTCHINSON AUTOMOTIVE, INC.</b>	<b>c</b> EIN-PN <b>20-5463282-001</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	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
<b>b</b>	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 99-0242255-001
<b>a</b>	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001
<b>a</b>	Plan name	ISLAND PUMP AND TANK, LLC 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ISLAND PUMP AND TANK, LLC	<b>c</b> EIN-PN 11-2564960-777
<b>a</b>	Plan name	KINNEY MANAGEMENT SERVICES, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINNEY MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2620013-002
<b>a</b>	Plan name	ADMINISTRATIVE ONESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE ONESOURCE, LLC	<b>c</b> EIN-PN 20-0714959-001
<b>a</b>	Plan name	NORTHEASTERN NONWOVENS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHEASTERN NONWOVENS, INC.	<b>c</b> EIN-PN 86-1130560-001
<b>a</b>	Plan name	NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORWOLF TOOL WORKS, INC.	<b>c</b> EIN-PN 22-3427279-001
<b>a</b>	Plan name	ATLANTIC SMART TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC SMART TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-1523617-001
<b>a</b>	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name	SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SALES TO INDUSTRY	<b>c</b> EIN-PN 11-2032808-003
<b>a</b>	Plan name	CLUB CARE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLUB CARE, INC.	<b>c</b> EIN-PN 11-3106265-001
<b>a</b>	Plan name	SOFM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH OAKS FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 74-2978615-001

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 COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COXSACKIE PHYSICAL THERAPY	<b>c</b> EIN-PN 05-0588304-001
<b>a</b>	Plan name CREATIVE SUCCESS ALLIANCE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREATIVE SUCCESS ALLIANCE CORP.	<b>c</b> EIN-PN 46-1627458-001
<b>a</b>	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRATFORD CHIROPRACTIC LLC	<b>c</b> EIN-PN 33-0994708-001
<b>a</b>	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001
<b>a</b>	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	<b>c</b> EIN-PN 31-1140535-002
<b>a</b>	Plan name WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALTER'S WEST END SUPPLY, INC.	<b>c</b> EIN-PN 11-2909455-001
<b>a</b>	Plan name FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST FREIGHT TRANSPORT, INC.	<b>c</b> EIN-PN 16-1227272-001
<b>a</b>	Plan name AGS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGS SERVICES, LLC	<b>c</b> EIN-PN 83-2603713-001
<b>a</b>	Plan name AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AMERICAN FEDERATION OF MUSICIANS	<b>c</b> EIN-PN 22-1476432-001
<b>a</b>	Plan name AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	<b>c</b> EIN-PN 88-0159433-001
<b>a</b>	Plan name BASELINE THEATRICAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BASELINE THEATRICAL LLC	<b>c</b> EIN-PN 46-4079204-001

<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	DAVIS, BENGTSON & YOUNG, APLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DAVIS, BENGTSON & YOUNG, APLC	<b>c</b> EIN-PN 27-0646365-001
<b>a</b>	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECKER AND BEEBE, INC	<b>c</b> EIN-PN 06-0628355-001
<b>a</b>	Plan name	ESCOPE SOLUTIONS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESCOPE SOLUTIONS INC.	<b>c</b> EIN-PN 11-3201850-001
<b>a</b>	Plan name	FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLOORING ENVIRONMENT, INC.	<b>c</b> EIN-PN 20-1919012-001
<b>a</b>	Plan name	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	<b>c</b> EIN-PN 33-0416470-222
<b>a</b>	Plan name	HAITONG INTERNATIONAL SECURITIES (USA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAITONG INTERNATIONAL SECURITIES (USA) INC.	<b>c</b> EIN-PN 20-1250173-001
<b>a</b>	Plan name	JAGRO CUSTOM BROKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	<b>c</b> EIN-PN 13-3009245-002
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	<b>c</b> EIN-PN 13-3695218-003
<b>a</b>	Plan name	LAUNCHPOINT PEO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBSIDIUM INC.	<b>c</b> EIN-PN 31-1807891-222
<b>a</b>	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	<b>c</b> EIN-PN 03-0265306-001
<b>a</b>	Plan name	NUBEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEST & COMPANY HAIRCUTTERS, LTD, D.B.A. NUBEST	<b>c</b> EIN-PN 11-2302223-001
<b>a</b>	Plan name	SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN STRUCTURAL STEEL, INC.	<b>c</b> EIN-PN 54-1809752-001

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>SPECTRUM GROUP, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPECTRUM GROUP MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>13-4060810-001</b>
<b>a</b>	Plan name <b>SPERONE WESTWATER, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPERONE WESTWATER, INC.</b>	<b>c</b> EIN-PN <b>13-2829155-001</b>
<b>a</b>	Plan name <b>TABNER, RYAN &amp; KENIRY LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TABNER, RYAN &amp; KENIRY LLP</b>	<b>c</b> EIN-PN <b>14-1402805-001</b>
<b>a</b>	Plan name <b>TECH TRADING PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECH TRADING OF NEW YORK, INC.</b>	<b>c</b> EIN-PN <b>14-1734227-001</b>
<b>a</b>	Plan name <b>WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WEST MIDTOWN MANAGEMENT GROUP, INC.</b>	<b>c</b> EIN-PN <b>13-3952613-001</b>
<b>a</b>	Plan name <b>ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANCHORS, SMITH AND GRIMSLEY, P.A.</b>	<b>c</b> EIN-PN <b>59-1219936-001</b>
<b>a</b>	Plan name <b>DIVERSIFIED WIRE &amp; CABLE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIVERSIFIED WIRE &amp; CABLE, INC.</b>	<b>c</b> EIN-PN <b>38-3444410-001</b>
<b>a</b>	Plan name <b>DOLLAR DRUG 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JGS PHARMACIES, INC. DBA DOLLAR DRUG</b>	<b>c</b> EIN-PN <b>02-0544166-001</b>
<b>a</b>	Plan name <b>FORTUNA ACE HARDWARE &amp; GARDEN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FORTUNA ACE HARDWARE &amp; GARDEN, INC.</b>	<b>c</b> EIN-PN <b>20-2925828-001</b>
<b>a</b>	Plan name <b>FRANCISCO TAVARES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANCISCO TAVARES, INC.</b>	<b>c</b> EIN-PN <b>04-2318951-001</b>
<b>a</b>	Plan name <b>FRANK EVANS CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANK EVANS COMPANY, INC.</b>	<b>c</b> EIN-PN <b>04-2422078-001</b>
<b>a</b>	Plan name <b>FRIEDMAN RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FRIEDMAN RESEARCH CORPORATION</b>	<b>c</b> EIN-PN <b>77-0514000-002</b>

<b>Part II 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	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.
<b>c</b>	EIN-PN	59-2596150-001
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.
<b>c</b>	EIN-PN	59-1508381-001
<b>a</b>	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MASTODON DESIGN, LLC
<b>c</b>	EIN-PN	46-3846727-001
<b>a</b>	Plan name	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN
<b>b</b>	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.
<b>c</b>	EIN-PN	26-3126437-001
<b>a</b>	Plan name	WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WOMEN'S OB/GYN PC
<b>c</b>	EIN-PN	81-0802359-001
<b>a</b>	Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.
<b>c</b>	EIN-PN	58-1639110-001
<b>a</b>	Plan name	DELTA METALS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DELTA METALS, INC.
<b>c</b>	EIN-PN	58-0812732-001
<b>a</b>	Plan name	MANURSING ISLAND CLUB 401(K) PLAN
<b>b</b>	Name of plan sponsor	MANURSING ISLAND CLUB
<b>c</b>	EIN-PN	13-1719395-001
<b>a</b>	Plan name	PRECISION PAVING OF TAMPA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRECISION PAVINGS
<b>c</b>	EIN-PN	59-2359657-001
<b>a</b>	Plan name	TECHNICOM SERVICES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES
<b>c</b>	EIN-PN	36-4412325-001
<b>a</b>	Plan name	THE MCLEOD COMPANIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	MCLEOD EXPRESS, LLC
<b>c</b>	EIN-PN	35-2156793-222
<b>a</b>	Plan name	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST
<b>b</b>	Name of plan sponsor	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL
<b>c</b>	EIN-PN	37-0154973-002

<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	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	<b>c</b> EIN-PN 13-2746069-001
<b>a</b>	Plan name	BLACKHAWK CLAIM SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLACKHAWK CLAIM SERVICES	<b>c</b> EIN-PN 11-3731124-001
<b>a</b>	Plan name	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWLING CORPORATION	<b>c</b> EIN-PN 02-0395136-001
<b>a</b>	Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DOXON, LLC	<b>c</b> EIN-PN 20-8038249-001
<b>a</b>	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	<b>c</b> EIN-PN 65-0379410-001
<b>a</b>	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	<b>c</b> EIN-PN 04-2730786-001
<b>a</b>	Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HR, INC. DBA SIMPLE HR	<b>c</b> EIN-PN 81-0583874-333
<b>a</b>	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINA METALS COMPANY, INC.	<b>c</b> EIN-PN 94-2771327-001
<b>a</b>	Plan name	THERMAL REFRIGERATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THERMAL REFRIGERATION, INC.	<b>c</b> EIN-PN 43-1598558-001
<b>a</b>	Plan name	THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMAS LAVIN, INC.	<b>c</b> EIN-PN 95-4789663-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<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 GLOBAL RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>035</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</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.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	1
<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>	16344169
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	14629966
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	16344170	14629966
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	16344170	14629966

**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: (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>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2523496	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2523496

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2523496
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1130136
(2) From this plan .....	<b>2l(2)</b>		5367836

**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 \_\_\_\_\_.