

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, 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 DEVELOPING MARKETS RET OPT
1b Three-digit plan number (PN): 471
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>OPPENHEIMER DEVELOPING MARKETS RET OPT</u>	B Three-digit plan number (PN)	<u>471</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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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):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	c EIN-PN 94-6252725-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name ECOS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ECOS ENERGY, LLC	c EIN-PN 26-4332281-001
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK LAWRENCE DAIRY	c EIN-PN 94-1220748-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
b	Name of plan sponsor HAYNES-EAGLIN-WATERS, LLP	c EIN-PN 74-2493879-001
a	Plan name HSC 401(K) PLAN	
b	Name of plan sponsor HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor LAUREL FOWLER INSURANCE BROKER INC.	c EIN-PN 77-0393444-001
a	Plan name LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEBB, CASON, COVICH P.C.	c EIN-PN 74-2387856-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor	FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name	PACIFIC LOCK & SAFE 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL SERVICES, INC. DBA PACIFIC LOCK & SAFE	c EIN-PN 99-0285551-001
a	Plan name	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name	PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name	SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGNMEDIA, INC.	c EIN-PN 54-1254298-001
a	Plan name	STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name	URGENT CARE AT LAKE LUCILLE, INC. 401(K) PLAN	
b	Name of plan sponsor	URGENT CARE AT LAKE LUCILLE, INC.	c EIN-PN 92-0144617-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	XERION ADVANCED BATTERY CORP.	c EIN-PN 45-3516563-001
a	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN	
b	Name of plan sponsor ARAPAHOE ROOFING & SHEET METAL, INC.	c EIN-PN 84-0633163-001
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	c EIN-PN 38-3072272-001
a	Plan name KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENWOOD FENCE CO., INC.	c EIN-PN 68-0423518-001
a	Plan name LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name MARK J. REDD DDS, INC. 401(K) PLAN	
b	Name of plan sponsor MARK J. REDD DDS, INC.	c EIN-PN 72-1519503-001
a	Plan name NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor	PAKOIL COMPANY	c EIN-PN 23-1940681-002
a	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001
a	Plan name	SALON AURA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SALON AURA	c EIN-PN 39-1885637-001
a	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name	SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMS TRUCKING & BROKERAGE, INC.	c EIN-PN 81-2382075-002
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor	ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name	D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001
a	Plan name	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCARDLE LTD.	c EIN-PN 36-2949020-333
a	Plan name	MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MCCON BUILDING CORPORATION	c EIN-PN 39-1746210-001
a	Plan name	MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name	MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002
a	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name	ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name	PISGAH MEDICAL CLINIC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PISGAH MEDICAL CLINIC	c EIN-PN 45-4192694-001
a	Plan name	PLAY VISIONS 401(K) PLAN	
b	Name of plan sponsor	PLAY VISIONS, INC.	c EIN-PN 91-1242563-001
a	Plan name	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name	WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WARREN F. THOMAS PLUMBING CO.	c EIN-PN 36-4058295-001
a	Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JOHN DEERE CLASSIC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN DEERE CLASSIC	c EIN-PN 93-1332421-001
a	Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
a	Plan name BARNARD MEZZANOTTE PINNIE & SEELAUS 401(K) PLAN	
b	Name of plan sponsor BARNARD MEZZANOTTE PINNIE & SEELAUS, LLP	c EIN-PN 23-2114178-002
a	Plan name BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
b	Name of plan sponsor ETNA STAFFING SOLUTIONS (ESS) LLC	c EIN-PN 26-2379410-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	c EIN-PN 20-8464483-001
a	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name RAY HENSLEY, INC. RET. PLAN	
b	Name of plan sponsor RAY HENSLEY, INC.	c EIN-PN 31-0889689-001
a	Plan name SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
a	Plan name SPAULDING CLINICAL RESEARCH 401(K) PLAN	
b	Name of plan sponsor SPAULDING CLINICAL RESEARCH	c EIN-PN 26-0647166-222
a	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	c EIN-PN 27-5059291-001
a	Plan name THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
a	Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 74-2326815-222

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CHSU 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name EL PASO INTEGRATED PHYSICIANS GROUP, P.A. 401(K) PLAN	
b	Name of plan sponsor EL PASO INTEGRATED PHYSICIANS GROUP, P.A.	c EIN-PN 74-2838972-001
a	Plan name FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIAMI-CAST, INC. 401(K) PLAN	
b	Name of plan sponsor	MIAMI-CAST, INC.	c EIN-PN 31-1379313-001
a	Plan name	NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NADER DAKAK, M.D., P.A.	c EIN-PN 51-0492533-001
a	Plan name	PARK SPRINGS 401(K) PLAN	
b	Name of plan sponsor	PARK SPRINGS, LLC	c EIN-PN 58-2452928-001
a	Plan name	SULLIVANS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	SULLIVANS USA, INC. 401(K) PLAN	c EIN-PN 36-3815229-001
a	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name	WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor	WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name	TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	TAMARA L. HIESTER, D.D.S.	c EIN-PN 35-2051065-001
a	Plan name	TANIS CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	TANIS CONCRETE, INC.	c EIN-PN 22-1567712-001
a	Plan name	ACCURATE MACHINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ACCURATE MACHINE CO., INC.	c EIN-PN 39-1615083-001
a	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name	THE FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRATE GROUP	c EIN-PN 20-5168941-001
a	Plan name	GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION	c EIN-PN 99-0359339-001
a	Plan name	TOWN OF BETHANY, CT DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	TOWN OF BETHANY	c EIN-PN 06-6001960-001
a	Plan name	ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003
a	Plan name	REFRICENTER 401(K) PLAN	
b	Name of plan sponsor	REFRICENTER OF MIAMI, INC.	c EIN-PN 59-1362709-001
a	Plan name	DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
a	Plan name	HEXADYNE 401(K) PLAN	
b	Name of plan sponsor	HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3258019-001
a	Plan name	MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-VALLEY PLUMBING SUPPLY, INC.	c EIN-PN 23-1691324-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	c EIN-PN 33-0546509-001
a	Plan name HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor HM MEDICAL CONSULTANTS PROFESS	c EIN-PN 84-1440532-001
a	Plan name BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor BEAMALLOY TECHNOLOGIES, LLC	c EIN-PN 20-0326509-001
a	Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEEF O'BRADY'S HUDSON, INC.	c EIN-PN 45-1669694-001
a	Plan name DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
b	Name of plan sponsor DR. GEORGE T. MATHAI PLLC	c EIN-PN 20-0461962-001
a	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name WESTERN 401(K) PLAN	
b	Name of plan sponsor WESTERN ENVIRONMENTAL SOLUTIONS, LLC	c EIN-PN 22-3643528-001
a	Plan name BI-QEM INC. 401(K) PLAN	
b	Name of plan sponsor BI-QEM INC.	c EIN-PN 04-2783625-001
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name WILBURN HOLDING COMPANY, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor WILBURN HOLDING COMPANY, INC.	c EIN-PN 46-1294150-002
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name	STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name	PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIBERPLUS, INC.	c EIN-PN 52-1762520-001
a	Plan name	KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KING AND MACGREGOR ENVIRONMENTAL, INC.	c EIN-PN 38-3156488-001
a	Plan name	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	c EIN-PN 87-0241620-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor	CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP	
b	Name of plan sponsor PREMIER DENTAL ASSOCIATES, PLLC	c EIN-PN 20-2051976-001
a	Plan name ADVENTURE DENTAL 401(K) PLAN	
b	Name of plan sponsor NEIL, HILLYARD AND HEATON, PLLC DBA ADVENTURE DENTAL	c EIN-PN 26-2659646-001
a	Plan name COHN RESTAURANT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor COHN RESTAURANT GROUP, INC.	c EIN-PN 33-0709920-777
a	Plan name COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	c EIN-PN 84-0457400-001
a	Plan name PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001
a	Plan name THE SELECT FAMILY 401(K) PLAN	
b	Name of plan sponsor THE SELECT FAMILY	c EIN-PN 93-0994537-001
a	Plan name THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE SHELTERING ARMS	c EIN-PN 58-0566236-777
a	Plan name ALWAYS A PLEASURE 401(K) PLAN	
b	Name of plan sponsor ALWAYS A PLEASURE, INC.	c EIN-PN 26-1101887-001
a	Plan name QUIVX 401(K) PLAN & TRUST	
b	Name of plan sponsor QUIVX	c EIN-PN 26-4736334-001
a	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001
a	Plan name	HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name	ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
a	Plan name	VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor	VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001
a	Plan name	AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name	MIXER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MIXER SYSTEMS, INC.	c EIN-PN 39-1322266-222
a	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name	RUSCHES TRUCKING INC. RETIREMENT PLAN	
b	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	c EIN-PN 38-1913633-001
a	Plan name	NEANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NEANY, INC.	c EIN-PN 23-2792310-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name	SEACOAST COIN, INC. MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-002
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	BIRKENSTOCK LIGHTING DESIGNS 401(K) PLAN & TRUST	
b	Name of plan sponsor	BIRKENSTOCK LIGHTING DESIGNS, INC.	c EIN-PN 45-4475590-001
a	Plan name	WILLOW ST INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLOW ST INC.	c EIN-PN 22-3242365-001
a	Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	c EIN-PN 59-3034069-001
a	Plan name	BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor	BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)	
b	Name of plan sponsor	F & K DELVOTEC, INC.	c EIN-PN 33-0605091-001
a	Plan name	OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OVERLAKE GOLF & COUNTRY CLUB	c EIN-PN 91-0588580-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor P. AGNES, INC.	c EIN-PN 23-1583648-888
a	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name KMS 401(K) PLAN	
b	Name of plan sponsor KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name PAXTON VAN LINES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAXTON VAN LINES, INC.	c EIN-PN 54-0585256-001
a	Plan name PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor FOREMOST GRAPHICS, L.L.C.	c EIN-PN 38-3213304-001
a	Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor FORMOSA CONTAINER LINE INC.	c EIN-PN 33-0252605-001
a	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001
a	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name	BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name	COOPER CONSULTING COMPANY 401(K) PLAN	
b	Name of plan sponsor	COOPER CONSULTING COMPANY	c EIN-PN 74-2723942-001
a	Plan name	EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name	F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor	F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name	GLYMED PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLYMED PLUS LLC	c EIN-PN 80-0112220-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
b	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	c EIN-PN 47-5593447-001
a	Plan name KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor KRIEGSMAN TRANSFER COMPANY	c EIN-PN 37-0635587-001
a	Plan name LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor LUX GLOBAL LABEL PR LLC	c EIN-PN 66-0881458-001
a	Plan name MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name MINDSTAR AVIATION, LLC RETIREMENT PLAN	
b	Name of plan sponsor MINDSTAR AVIATION, LLC	c EIN-PN 45-4060758-001
a	Plan name MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001
a	Plan name PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT	c EIN-PN 26-0536884-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001
a	Plan name RALPH MOYLE, INC. 401(K) PLAN	
b	Name of plan sponsor RALPH MOYLE, INC.	c EIN-PN 38-1819896-001
a	Plan name SWAN USA 401(K) PLAN	
b	Name of plan sponsor SWAN ANALYTICAL USA	c EIN-PN 30-0516534-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name	THE ORR FELT COMPANY SALARIED EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor	THE ORR FELT COMPANY	c EIN-PN 31-0683592-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AH FACILITIES 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	c EIN-PN 22-3789700-001
a	Plan name	TRF ENERGY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TRF ENERGY SOLUTIONS, LLC	c EIN-PN 46-1063306-001
a	Plan name	AM2 SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	AM2 SOLUTIONS LLC	c EIN-PN 20-8887397-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002
a	Plan name	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-003
a	Plan name	VORTOX AIR TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VORTOX AIR TECHNOLOGY, INC.	c EIN-PN 27-1402284-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OPPENHEIMER DEVELOPING MARKETS RET OPT	B Three-digit plan number (PN) ▶ 471
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12073990
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10502558
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	12073990	10502558
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12073990	10502558

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	27284	
(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)		27284
(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)	-124449	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-97165

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)	65474	
(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)		65474
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65474

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-162639
l Transfers of assets:			
(1) To this plan	2l(1)		1212901
(2) From this plan	2l(2)		2621694

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.