Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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:
- [X] 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
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/23/2006

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OPTIMUM EMPLOYER SOLUTIONS

2530 RED HILL AVE
SUITE 200
SANTA ANA, CA 92705

2b Employer Identification Number (EIN)
76-0828248

2c Plan Sponsor's telephone number
949-650-7802

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2026	DEANNA WIETOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2430
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	**6a(1)**	1433
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2358
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1138
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3496
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3496
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2040
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2414
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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 Characteristic Codes in the instructions:

2K 2E 2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OPTIMUM EMPLOYER SOLUTIONS

D Employer Identification Number (EIN)
76-0828248

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	423768	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND MANAGEMENT

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	122427	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BENEFIT FINANCIAL SERVICES GROUP

20-8532658

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	60486	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JASON F. CLAUSEN, P.C.

27-4097479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	3000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

OPTIMUM EMPLOYER SOLUTIONS

76-0828248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	PLAN ADMINISTRATOR	2354	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OPTIMUM EMPLOYER SOLUTIONS

D Employer Identification Number (EIN)
76-0828248

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

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)
84-1142974-001	C	1116818

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OPTIMUM EMPLOYER SOLUTIONS

D Employer Identification Number (EIN)
76-0828248

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	793628	879375
(2) Participant contributions	1b(2)	396578	578600
(3) Other	1b(3)	12221	17357
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)	1283771	1655714
(9) Value of interest in common/collective trusts	1c(9)		1116818
(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)	115749498	151680011
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	118235696	155927875
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	118235696	155927875

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)	4323247	
(B) Participants	2a(1)(B)	10930483	
(C) Others (including rollovers)	2a(1)(C)	987588	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16241318
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)	100521	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		100521
(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)	4782315	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4782315
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7689
(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)		15356974
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		36488817
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11326953	
(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)		11326953
f Corrective distributions (see instructions)	2f		230735
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)	426122	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3000	
(5) Investment advisory and investment management fees	2i(5)	182913	
(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)		612035
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12169723
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		24319094
l Transfers of assets:			
(1) To this plan	2l(1)		34153719
(2) From this plan	2l(2)		20780634

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) [X] 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)** [X] 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: JASON F. CLAUSEN, P.C. **(2)** EIN: 27-4097479

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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
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.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
NESTEGGS MASTER POOLED 401(K) PLAN	59-3664112	337
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
STEWART 401(K) SAVINGS PLAN	74-0924290	002
HAUPT DENTAL LAB INC 401(K) PROFIT SHARING PLAN AND TRUST	95-3526369	001

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 _____.

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)
SARATECH 401(K) PLAN	90-0063939	002
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001

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 _____.

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)
MEXIPASS SPIN OFF PLAN	95-4837547	001
CCG LAB INC RETIREMENT SAVINGS PLAN	83-0991243	001

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OPTIMUM EMPLOYER SOLUTIONS

D Employer Identification Number (EIN)
76-0828248

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 65-0708495

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF OPTIMUM EMPLOYER SOLUTIONS	**D** Administrator's EIN 76-0828248

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
40 TANKLINES LLC	82-1354804	0.53	360429
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AEH COMPANY	81-2656900	0.14	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALMITAS CAPITAL LLC	46-1753898	1.26	322864
ALPINE CORPORATION	95-4775667	0.32	274356
ALPINE TECHNICAL SERVICES LLC	45-5222678	0.43	388025
AMERICAN MANAGEMENT RESOURCES, INC.	45-3911699	0.00	702506
ABLE CRANE SERVICES, INC	33-0297399	0.00	0
AURO PHARMACIES INC, DBA CENTRAL DRUGS	33-0868172	2.20	9365832
BEACH FREEMAN LIM & CLELAND	56-2306396	1.25	1818092
BIRD BARRIER AMERICA, INC	33-0639211	0.40	316431
BLUE STREET CAPITAL LLC	20-0441458	0.96	2267610

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOB PETERS FIRE PROTECTION, INC	80-0373394	0.09	69837
CARMA PROJECT INC.	85-0720390	0.26	174260
CASE SYSTEMS, INC.	35-2334632	0.00	321700
CASTLE MORTGAGE CORP DBA EXCELERATE CAPITAL	63-0924907	0.00	861200
CCG LAB INC	83-0991243	0.00	0
CHECKERPROP ACQUISITIONS, LLC	87-4139383	0.32	143421
CLINSCIENCE USA, LLC	87-2457669	0.00	49220
CLOUDVIRGA	47-5463854	0.00	0
COMPREHENSIVE RX	46-2857576	0.14	191202

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVERGENCE GROUP, LLC	82-1940186	0.02	340992
CORNER ESCROW INC	32-0214493	0.52	0
CREATIVE DESIGN GROUP	61-1832293	1.26	1143723
DAN CLARK AUDIO, INC	45-5317294	0.52	629806
DG LOGISTICS LLC	46-5758120	0.19	401792
DORADO ENTERPRISES	72-1543696	0.51	328603
EAST BAY SCHOOL FOR BOYS	27-0583382	0.30	481982
ELECTRIC ENTERTAINMENT	95-4844923	2.11	1278892
ELITE FUELS TRANSPORTATION INC	27-0158559	0.74	436305

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EVO FLOORS, LLC	87-4182504	0.19	173326
EXOTIC PEBBLES & AGGREGATES, INC.	90-0787344	0.47	744182
GLENDON CAPITAL MANAGEMENT LP / GLENDON SERVICES LP	46-1394333	7.62	16343900
GRIFFIN STRUCTURES, INC.	33-0756139	2.55	1848763
GT & ASSOCIATES DBA TAX RESOLUTION GROUP	85-1333961	0.15	115392
HANSON ENTERPRISES, INC.	38-3983167	0.00	35364
HARKLINIKKEN, LLC	46-2784484	0.55	347702
HARWIL PRECISION PRODUCTS	95-3069996	0.34	155827
HAUPT DENTAL LAB	95-3526369	0.09	0

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EXSILIO CONSULTING, INC.	20-2617668	0.56	33339763
HITEC RCD USA, INC.	27-1719165	0.40	1955960
CS DATA MANAGEMENT, INC. DBA CLOUDSODA	93-2492929	0.62	1458742
IDEA FACTORY INTERNATIONAL INC	46-3274462	0.99	1889855
I-HUMAN PATIENTS, INC.	37-1706881	0.00	162121
ILKB TOO LLC	85-3605552	0.00	11769
IMPACT ENERGY TRANSPORT/IMPACT STORAGE FACILITY	27-1645189	0.02	53411
INCEPTIV MANAGEMENT, L.P.	84-3414491	1.29	1160880
INDUSTRIAL PLASTIC SUPPLY INC	95-2925679	0.01	0

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INTEGRATED MEDIA TECHNOLOGIES, INC.	71-1025926	7.06	10225182
INVIA ROBOTICS, INC.	81-0894111	1.26	1444816
J.RACENSTEIN COMPANY, LLC	20-2525066	0.09	131378
JACKSON SQUARE PROPERTIES, LLC/JSP RANCHO DEL RIO LP	20-0150038	0.36	1151950
JOHN A. GRANT & ASSOCIATES INC.	95-3589187	0.32	250384
JOHN M CRUIKSHANK CONSULTANTS INC. DBA JMC2	95-4863352	0.65	1604563
KAMUS & KELLER INC.	20-3053055	0.45	780342
ACE STAINLESS SUPPLY	33-0013718	0.12	790026
KEN OKAMOTO & ASSOCIATES, INC. DB	33-0162916	0.00	2110

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KENS TRADING CO. INC	95-3541750	0.00	11356
ASTRONIC	33-0080080	1.46	220195
LATINO THEATER COMPANY	95-4572361	0.05	168373
LEISURE INTERACTIVE, LLC	56-2509136	0.00	0
LIDO WELLNESS CENTER, LLC	82-3168571	0.04	0
LINDSEY & LINDSEY WEALTH MANAGEMENT, INC.	45-4482060	0.82	910842
LITTLE ORBIT INC	85-4218665	0.00	162414
LOCALIZE INC. DBA SACHS MARKETING GROUP	46-1294641	0.07	35864
MAV CANADIAN TRANSPORT/MAV TRANSPORT	84-4218996	0.75	883958

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MEDIAQURATOR LLC	82-4918496	1.02	1594392
MEXIPASS INTERNATIONAL INSURANCE SERVICES, LLC	95-4837547	0.12	0
MODERN AND LIVING, LLC	86-3395102	0.00	6107
MODERN FITTINGS, INC.	84-4920283	0.00	2441
MURDOCK LOGISTICS	82-3149619	0.07	41633
NATIONAL MEDICATION MANAGEMENT	47-4846374	0.02	91178
NEURON SYNDICATE INC.	95-4858663	0.00	929170
NICK'S CUSTOM GOLF CARS	68-0187696	0.18	73571
NIS AMERICA, INC.	20-0517669	0.09	0

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OBJECTIVE CAPITAL PARTNERS LLC/OBJECTIVE VALUATION LLC	47-5047748	1.43	3277248
OPTIMUM EMPLOYER SOLUTIONS	76-0828248	2.50	2301570
ATS WORKHOLDING, LLC DBA ATS SYSTEMS	35-2610412	0.60	3084455
PLATON PHOTOGRAPHIC INC	36-2813618	0.02	19737
POWAY MUFFLER AND BRAKE, INC DBA PMB AUTO	80-0836098	0.26	207747
POWERHOUSE+CO.	47-5584421	0.56	459688
PREFERRED COLLEGE OF NURSING	03-0493773	0.00	234
PRESIDIO MANAGEMENT SERVICES, LLC	47-1246984	0.31	348160
PRIMARY CARE SPORTS MEDICINE, AMC	14-1887822	0.31	313695

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OPTIMUM EMPLOYER SOLUTIONS PERA	76-0822525	0.00	59378
PROTEKT PRODUCTS, INC.	84-3812768	0.00	0
QUADRATA, INC.	87-1925657	0.00	52817
BALBOA TECHNOLOGIES INC.	82-3838426	0.02	2390
REVEILLE, INC	46-1869536	1.00	799901
SAN FRANCISCO PROSTHETIC ORTHOTIC SERVICES	94-2937625	0.00	231823
SANDSTONE PROPERTIES, INC.	95-4511843	0.19	1330372
SARATECH	90-0063939	3.87	0
SD RELIANCE MANAGEMENT INC	46-4814573	0.51	254565

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SECURED RETAIL NETWORKS, INC	20-8288981	3.57	5420274
SETTLERS JERKY INC	45-4046897	0.11	84069
SIGN SPECIALISTS CORPORATION	33-0956642	1.60	1403872
BENSON & CURTIS CORP DBA PASADENA MOTOR CARS	27-1042536	0.11	39395
BURKE REAL ESTATE GROUP INC	95-3850532	0.81	4386056
SOUTHLAND PHYSICAL THERAPY	83-0507429	0.10	433698
SPROCKETS, LLC	84-3071634	0.01	79526
STRATEGIC DEVELOPMENT SOLUTIONS	56-2570840	2.78	4198334
RXVANTAGE, INC.	80-0207097	11.51	8895720

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SUN AND SUN INDUSTRIES, INC.	33-0650291	0.00	160790
TAG COLLISION, INC./ABX COLLISION CENTERS, INC.	47-1873892	0.17	148885
THE MARK CONDOMINIUM OWNERS ASSOCIATION	20-3845873	0.31	651096
COMPASS COMPONENTS INC. DBA COMPASS MADE	94-2701529	1.40	3792156
THORSNES & DRIMMER LITIGATION SERVICES LLC	56-2602533	0.00	466522
TRIFECTA ENTERTAINMENT, LLC	20-2681872	0.40	234510
TRIWEST DEVELOPMENT, LLC	46-5121304	0.52	127274
UTTAM COMPOSITES LLC	85-3414803	0.00	12390
VELEZ ENTERPRISES LLC	26-4063197	0.47	919421

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VEOLIA NUCLEAR SOLUTIONS, INC.	26-3527299	0.00	937274
VIE LOGISTICS, INC.	45-5627055	0.05	0
VIPER CABLING INC.	46-2276837	0.59	316773
VM MEDICAL BILLING	46-2920569	0.22	471524
DEMOUNTABLE WALL SUPPLY, INC.	94-2920925	0.47	1192927
ELEAD RESOURCES INC	36-4592413	0.47	310164
WESTERN EXPORT SERVICES, INC	84-1163477	0.73	1022190
IRWIN & IRWIN LLP	27-4946181	0.08	123403
TENONETEN MANAGEMENT, LLC	37-1762837	0.56	336577

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WOODSPEAR PROPERTIES	95-3804902	0.00	92856
YOUNG INTERVENTIONS, INC.	26-2867368	0.33	651249
ZMR PARTNERS LLC	86-2704957	0.29	186205
AMERITRUST MORTGAGE CORPORATION	36-3390401	1.52	68
ARC SYSTEM WORKS AMERICA INC.	30-1007824	0.39	206584
BROWNING WEST LP	83-3512291	1.19	1167112
CREATIVE SERVICES WORLDWIDE LLC	82-4088026	1.28	1058631
LF ILLUMINATION, LLC & CO-ADOPTING COMPANIES	86-3648261	4.01	2514916
METAL TOAD MEDIA, INC.	27-2252941	0.73	1070298

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OMGIVNING	27-2514669	0.31	3163293
ONEPOINT BPO SERVICES, LLC	81-1557718	0.86	908883
TAKARA RAMEN INC.	27-0682620	0.02	8126
TED. B. WACKER LAW FIRM	81-4974349	0.91	633712
JAM-N LOGISTICS INC	95-4850646	0.07	10164
MANSION MANAGEMENT LLC	84-2008108	0.00	0
MAYEDA CONSULTING	87-4067260	0.00	0
NATURE'S POWER NUTRACEUTICALS CORP DBA NP NUTRA	51-0552039	1.36	1485407
NIXSYS, INC.& PARTICIPATING EMPLOYER	03-0587678	0.00	76121

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLLIVIER CORPORATION	94-3122826	0.54	1398605
PREMIER FUEL DISTRIBUTORS DBA PREMIER FUEL DELIVERY SERVICE	46-4433224	0.08	32740
ROQUE AND MARK CO INC	95-2563707	0.07	146318
SAVANTI TRAVEL LLC	81-1863030	0.34	828397
SPARKPLUG APPLICATIONS INC.	82-3968271	1.06	940912
TECHNICAL AUTHENTICATION & GRADING, LLC	47-4765255	0.18	26761
THE BERBERIAN FIRM, APC	45-1663454	0.15	25362
THE BOTTOM LINE ACCOUNTING INC	84-1901916	0.00	0
TREPCO IMPORTS & DISTRIBUTION LTD	38-2277190	0.34	13277226

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Optimum Employer Solutions Retirement Plan

Audited Financial Statements

For the year ended
December 31, 2025

CONTENTS

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplementary Schedule

Schedule of Assets Held for Investment Purposes at Year End 12

Jason F. Clausen, P.C.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Optimum Employer Solutions Retirement Plan

Opinion

We have audited the accompanying financial statements of Optimum Employer Solutions Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025, and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Optimum Employer Solutions Retirement Plan as of December 31, 2025, and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Optimum Employer Solutions Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Optimum Employer Solutions Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery,

intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Optimum Employer Solutions Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Optimum Employer Solutions Retirement Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Jason F. Clausen, P.C.

Clinton Township, MI
September 21, 2026

OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments (at fair value)		
Registered investment companies	$ 151,680,011	$ 115,749,498
Value of interest in common trusts	1,116,818	-
Total investments	152,796,829	115,749,498
Receivables:		
Employer contributions	879,375	793,628
Employee contributions	578,600	396,578
Other	17,357	12,221
Notes receivable from participants	1,655,714	1,283,771
Total receivables	3,131,046	2,486,198
Total assets	155,927,875	118,235,696
LIABILITIES		
Corrective participant contributions payable	276,166	197,618
NET ASSETS AVAILABLE FOR BENEFITS	$ 155,651,709	$ 118,038,078

See independent auditor's report and notes to the financial statements

OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

	2025
ADDITIONS	
Additions to net assets attributed to:	
Contributions:	
Employer contributions	$ 4,323,247
Participant contributions	10,930,483
Participant rollovers	987,588
Total contributions	16,241,318
Investment income:	
Net appreciation in fair value of investments	15,356,973
Net investment gain (loss) from common collective trusts	7,689
Dividends and interest	4,782,315
Interest on notes receivable from participants	100,521
Total investment income	20,247,498
Total additions	36,488,816
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	11,326,953
Administrative expenses	612,035
Corrective distributions	309,282
Total deductions	12,248,270
Increase in net assets	24,240,546
Transfer to this plan	34,153,719
Transfer from this plan	(20,780,634)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	118,038,078
End of year	$ 155,651,709

See independent auditor's report and notes to the financial statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of *Optimum Employer Solutions Retirement Plan* (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan is a multiple-employer plan and each client of Optimum Employer Solutions, LLC (the "Plan Sponsor"), sets the eligibility, matching, and vesting terms specific to its participants under a separate adoption agreement. The Plan was established and in effect as of May 23, 2006. The Plan Sponsor is the Plan's administrator and Slavic Integrated Administration ("Slavic") is the Plan's trustee and record keeper. Slavic maintains an investment agreement with Fidelity Life Insurance Company (the "Custodian"). The Plan is subject to certain requirements imposed by the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility
The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by the Employers in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation begins on the entry date coinciding with or next following completion of each Employer's age and service requirements, as elected in the Adoption Agreement.

Contributions
Each year, participants may elect to contribute a prescribed percentage of either their pre-tax compensation, after-tax compensation (Roth contribution), or any combination thereof as defined in the Plan, subject to certain Internal Revenue Code limitations. The percentage of contribution may be changed as of any date subsequent to Plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the Plan Administrator. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may direct the investment of their contributions into various investment options offered by the Plan and may change their fund allocation percentages at any time.

Each year, Employers may make a matching contribution to be determined annually based on a percentage of each participant's eligible compensation for the year. The Employers will determine the amount of discretionary contributions, if any, they will make each year. Employers can also elect to make a 401(k) safe harbor plan design contribution that aids the companies in passing the nondiscrimination testing required by the Internal Revenue Code. In addition, discretionary employer-provided non-elective (profit-sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers, as defined in the Plan.

Participant Accounts
Each participant's account is credited with the participant's contribution and, if applicable, the employer-provided matching contributions, allocations of employer-provided non-elective (profit sharing) contributions, and Plan earnings, and is charged with management or service fees. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service, in accordance with the vesting schedule elected by each Employer in its Adoption Agreement. Under the Plan's graded schedule, a participant is vested 20% after two years of service and an additional 20% for each additional year of service, becoming 100% vested after six years of service. Each Employer may elect to accelerate the vesting parameters. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan. For vesting purposes, a year of service is credited for each calendar year in which an employee completes at least 1,000 hours of service.

Investment Options
Participants have the right to direct employer and employee contributions among the investment options made available under the Plan, which are pre-selected by the Investment Committee appointed under the Plan. The investment options are registered investment companies and include money market funds and various stock and bond funds. The fund values are computed daily by the custodian and reflect changes in the unit values of the investments.

Notes Receivable from Participants
A participant may borrow from the Plan through a loan from their account. Loans will be made on a uniform and non-discriminatory basis. The minimum total loan amount is $1,000 up to a maximum of 50% of the participant’s vested account balance. In no event can the participant borrow more than $50,000, reduced by the excess, if any, of (1) the highest outstanding balance of any other loans from the Plan during the one-year period prior to the date of the new loan, over (2) the aggregate outstanding balance of any other loans from the Plan on the date of the new loan. Loan terms range from one to five years unless the purpose of the loan is to purchase a primary residence. Participants may have up to two loans outstanding at any time. The loans are secured by the balance in the participant’s account and bear interest at an agreed-upon percentage based on prevailing market rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
Upon retirement, death, disability, or termination of employment with the Employers, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a cash payment of any portion of their vested accounts, from fully vested sources, no more than once per calendar month. Until a participant actually retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a participant.

Hardship Withdrawals
Participants may withdraw part or all of their elective deferral contributions, and earnings thereon, in the event of an immediate and heavy financial need. Elective deferrals and earnings thereon are the only source available for hardship withdrawals, and the Plan Administrator determines the amount necessary to alleviate the hardship. A financial hardship must be one of the reasons specified below:

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

1. Medical expenses incurred by the participant, the participant's spouse, or any dependents of the participant;

2. The purchase (excluding mortgage payments) of a principal residence of a participant;

3. Payment of post-secondary education tuition and related educational fees for the next 12-month period for the participant, his or her spouse, or dependents of the participant;

4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence;

5. Payments for funeral or burial expenses for a deceased parent, spouse, child, or dependent of the participant;

6. Expenses for the repair of damage to the participant's principal residence that would qualify for a casualty loss deduction;

7. Expenses and losses, including loss of income, incurred by the participant on account of a disaster declared by the Federal Emergency Management Agency, provided the participant's principal residence or principal place of employment was located in a designated disaster area; or

8. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

Forfeitures
Participants who terminate their employment and are less than 100% vested in their employer account will forfeit the non-vested portion. Forfeitures are retained in the Plan and used to offset future expenses and employer contributions. The balance in the forfeiture account was $144,460 and $135,608 as of December 31, 2025 and 2024, respectively.

Plan Termination
Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting
The Plan follows the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition
Investments in shares of registered investment companies are reflected in the financial statements at fair value. Investments held in the self-directed brokerage account are reflected at fair value based on quoted prices in active markets for identical assets. The Plan's investment in a common collective trust is measured at net asset value as a practical expedient and is not classified within the fair value hierarchy. Unrealized gains and losses resulting from changes in fair value are included in net appreciation (depreciation) in fair

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

value of investments in the statement of changes in net assets available for benefits (see NOTE 4).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on their ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The change in net unrealized appreciation (depreciation) of investments held from the beginning of the year to the end of the year is included with realized gains (losses) as net investment income (loss) reported in the accompanying statement of changes in net assets available for benefits.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document.

Transfers of Plan Assets
There were transfers of $34,153,719 and $13,535,729 into the Plan for the years ended December 31, 2025 and 2024, respectively. There were transfers of $20,780,634 and $4,909,508 from the Plan for the years ended December 31, 2025 and 2024, respectively.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Certain administrative expenses are paid by the Plan Administrator and certain expenses are paid by the participants, as provided by the Plan document. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3 - CONCENTRATION OF CREDIT RISK

As of December 31, 2025, the Plan had approximately 25% of net assets available for benefits in one investment, Vanguard Growth Index Admiral.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Brokerage account: Valued at the fair value of the underlying investments held in the self-directed brokerage account at year end, based on quoted prices in active markets for identical assets.

Common collective trust: Valued at the net asset value ("NAV") of units held by the Plan at year end, as reported by the trustee of the fund. The Plan holds a unitized interest in the Invesco Stable Value Trust Class I rather than a direct interest in the underlying investment contracts held by the trust. As permitted by ASC 820-10-35-59, the Plan measures its investment in the trust at fair value using the NAV per unit reported by the trustee of the fund as a practical expedient. As required by ASC 820-10-35-54B, investments measured at NAV as a practical expedient are not classified within the fair value hierarchy (Level 1, Level 2, or Level 3). The investment is included in the financial statements at NAV of $1,116,818 as reported to the Plan by Slavic.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024. The Plan's interest in the common collective trust is measured at net asset value as a practical expedient and is therefore not classified within the fair value hierarchy; it is presented below solely to permit reconciliation of the fair value hierarchy to total investments:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 145,043,005	$ -0-	$ -0-	$ 145,043,005
Money market funds	6,241,773	-0-	-0-	6,241,773
Brokerage account	395,233	-0-	-0-	395,233
Total in hierarchy	$ 151,680,011	$ -0-	$ -0-	151,680,011
Collective trust, at NAV				1,116,818
Total investments				$ 152,796,829

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 111,330,676	$ -0-	$ -0-	$ 111,330,676
Money market funds	4,418,822	-0-	-0-	4,418,822
Total investments	$ 115,749,498	$ -0-	$ -0-	$ 115,749,498

NOTE 5 - TAX STATUS

Although the Plan has not requested a determination letter from the Internal Revenue Service as to the Plan's tax-exempt status, the master prototype plan that the Plan adopted has received a favorable opinion letter from the IRS. Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified, and the related trust is exempt from taxation under the Internal Revenue Code. The Plan Administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan Sponsor would be liable for interest and penalties, if any, related to unrecognized tax benefits. The Plan's Forms 5500 are subject to

NOTE 5 - TAX STATUS

examination by the respective taxing authorities, generally for three years after they were filed.

NOTE 6 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS

Slavic Mutual Funds Management Corporation ("SMF") is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly management fee. Total fees paid to SMF for the years ended December 31, 2025 and 2024 were $122,427 and $98,823, respectively.

Slavic, the Plan's third party administrator, receives annual administrative and asset fees per participant. Total fees paid to Slavic for the years ended December 31, 2025 and 2024 were $423,768 and $430,760, respectively.

Slavic Investment Corporation ("SIC"), an SEC-registered securities broker-dealer, collects from mutual fund companies, any 12b-1 commissions and sub-transfer agent ("SubTA") and shareholder servicing fee ("SSF") recording fees paid by the funds held in Plan accounts, and credits them on a quarterly basis directly to participant accounts holding those funds. Only participants actually holding the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds before that date are not credited any prorated 12b-1, SubTA, and SSF payments.

The shareholders of SMF, SIC, and Slavic are the same.

For the year ended December 31, 2025, Optimum Employer Solutions, LLC, the Plan Sponsor, was paid $2,354 for administration of the Plan.

Benefit Financial Services Group serves as an advisor to the Plan. Total fees paid for advisory services for the year ended December 31, 2025 were $60,486.

Jason F. Clausen, P.C. is the auditing firm for the Plan. Fees paid for the audit for the year ended December 31, 2025 were paid by the Plan.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 – FIDELITY BOND

As of December 31, 2025, the Plan was covered by a fidelity bond in the amount of $500,000.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of Net assets available for benefits per the financial statements to the Net assets available for benefits per Schedule H of Form 5500 for the year ended December 31, 2025:

Net assets available for benefits per financial statements	$ 155,651,709
Plus: Corrective distributions accrued in 2025 and paid in 2026	276,166
Net assets available for benefits per Schedule H of Form 5500	$ 155,927,875

The following is a reconciliation of corrective distributions per the financial statements to the corrective distributions per Schedule H of Form 5500 for the year ended December 31, 2025:

Corrective distributions per financial statements	$ 309,282
Less: Corrective distributions accrued in 2025 and paid in 2026	(276,165)
Plus: Corrective distributions accrued in 2024 and paid in 2025	197,618
Corrective distributions per Schedule H of Form 5500	$ 230,735

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the increase in net assets available for benefits per Schedule H of Form 5500 for the year ended December 31, 2025:

Net increase in net assets per the financial statements	$ 37,613,631
Plus: Corrective distributions accrued in 2025 and paid in 2026	276,166
Less: Corrective distributions accrued in 2024 and paid in 2025	(197,618)
Increase in net assets per Schedule H of Form 5500	$ 37,692,179

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated the impact on the financial statements, if any, of subsequent events through the date of this report, which is the date the financial statements were available to be issued.

OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN YEAR ENDING DECEMBER 31, 2025

EIN: 76-0828248 PN: 001

a.	b. Issuer	c. Description	d. Cost	e. Current Value
	American Funds	AMERICAN FUND EUPAC R6		$ 1,446,235
	American Funds	NEW PERSPECTIVE FUND CL R6		2,369,889
	DFA	DFA EMERGING MRKTS CORE EQU PORTF		1,775,763
	DFA	DFA INFLATION PROTECTED SEC PORT		286,804
	DFA	DFA US SMALL CAP VALUE PRTF INSTL		864,266
	Dodge	DODGE & COX INTL STOCK FUND CLASS X		1,124,343
*	Fidelity	FIDELITY SELF BROKERAGE		395,233
*	Fidelity	FIDELITY SMALL CAP GROWTH K6 FUND		1,079,618
*	Fidelity	FIDELITY U.S. BOND INDEX FUND		3,138,123
	Invesco	INVESCO STABLE VALUE TRUST CL I		1,116,818
	iShares	ISHARES MSCI EAFE INTERNATNL INDEX K		1,477,691
	JPMorgan	JPMORGAN CORE PLUS BOND FUND CLASS R6		8,933,476
	JPMorgan	JPMORGAN LARGE CAP GROWTH FUND CL R6		1,744,210
	JPMorgan	JPMORGAN US RESEARCH ENHANCED EQ CL I		1,059,126
	MFS	MFS MID CAP GROWTH FUND CL R6		1,304,694
	Principal	PRINCIPAL HIGH YIELD INSTL		1,033,450
	Vanguard Funds	VANGUARD FED RESERVE MMKT INVESTOR CL		6,241,772
	Vanguard Funds	VANGUARD GROWTH INDEX ADMIRAL		5,221,187
	Vanguard Funds	VANGUARD INSTL INDEX INSTL CLASS		37,893,773
	Vanguard Funds	VANGUARD MID CAP INDEX ADMIRAL SHS		907,487
	Vanguard Funds	VANGUARD REAL ESTATE INDEX ADMIRAL		533,822
	Vanguard Funds	VANGUARD SHORT TERM BOND INDEX ADMIRAL		668,148
	Vanguard Funds	VANGUARD SHORT TERM INFLTN PROT SEC ADMR		27,341
	Vanguard Funds	VANGUARD SMALL-CAP INDEX ADMIRAL		1,099,646
	Vanguard Funds	VANGUARD TARGET RETIREMENT 2020 INVT		988,275
	Vanguard Funds	VANGUARD TARGET RET 2025 FD INVESTOR CL		1,884,856
	Vanguard Funds	VANGUARD TARGET RETIREMENT 2030 INVT		7,010,947
	Vanguard Funds	VANGUARD TARGET RET 2035 FD INVESTOR CL		7,372,838
	Vanguard Funds	VANGUARD TARGET RETIREMENT 2040 INV		7,464,378
	Vanguard Funds	VANGUARD TARGET RET 2045 FD INVESTOR CL		7,487,039
	Vanguard Funds	VANGUARD TARGET RETIREMENT 2050 INVT		6,980,247
	Vanguard Funds	VANGUARD TARGET RET 2055 FUND INVESTOR		5,238,674
	Vanguard Funds	VANGUARD TARGET RET 2060 FD INVESTOR		3,148,774
	Vanguard Funds	VANGUARD TARGET RTRMNT 2065 INVESTOR		912,362
	Vanguard Funds	VANGUARD TARGET RET 2070 FUND INVESTOR		181,723
	Vanguard Funds	VANGUARD TARGET RET INC FD INVESTOR CL		374,249
	Vanguard Funds	VANGUARD TOTAL INTNL STOCK INDEX ADMIRAL		7,158,446
	Vanguard Funds	VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL		5,836,415
	Vanguard Funds	VANGUARD VALUE INDEX ADMIRAL		1,304,076
	Victory	VICTORY SYCAMORE ESTABLISHED VAL R6		1,533,251
		Total		$ 152,796,829
*	Participant Loans	4.25% to 10.5%		$ 1,655,714

*-Indicates a party-in-interest.

Note: Information on cost of the investments is excluded as all investments are participant directed.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

OPTIMUM EMPLOYER SOLUTIONS RETIREMENT PLAN **PLAN # 001** **EIN # 76-0828248**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		1,477,691
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity		1,775,763
	Dimensional Fund Advisors	DFSVX - DFA US Small Cap Value I		864,266
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected SEC Port		286,804
	Dodge & Cox	DOXFX - Dodge & Cox International Stock Fund		1,124,343
	Fidelity	FISDB - Fidelity Self Brokerage		395,233
	Fidelity	FOCSX - Fidelity Small Cap Growth K6 Fund		1,079,618
	Fidelity	FXNAX - Fidelity US Bond Index		3,138,123
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		8,933,476
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		1,059,126
	JPMorgan	JLGMX - JPMorgan Large Cap Growth Fund Class R6		1,744,210
	MFS	OTCKX - MFS Mid Cap Growth R6		1,304,694
	Principal	PHYTX - Principal Investors High Yield II		1,033,450
	Invesco	QJQKQ - Invesco Stable Value Trust I		1,116,818
	American Funds	RERGX - American Funds EuroPacifc R6		1,446,235
	American Funds	RNPGX - American Funds New Perspective R6		2,369,889
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		668,148
	Vanguard	VEIRX - Vanguard Equity Income Admiral		6,177,364
	Victory	VEVRX - Vicory Sycamore Established Value R6		1,533,251
	Vanguard	VFFVX - Vanguard Target Retirement 2055		5,238,674
	Vanguard	VFIFX - Vanguard Target Retirement 2050		6,980,247
	Vanguard	VFORX - Vanguard Target Retirement 2040		7,464,378
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		533,822
	Vanguard	VIGAX - Vanguard Growth Index Admiral		5,221,187
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		907,487
	Vanguard	VINIX - Vanguard Institutional Index		37,893,774
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		912,362
	Vanguard	VMFXX - Vanguard Federal Money Market		6,241,772
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		1,099,647
	Vanguard	VSVNX - Vanguard Target Retirement 2070		181,723
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		27,341
	Vanguard	VTHRX - Vanguard Target Retirement 2030		7,010,947
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		7,158,446
	Vanguard	VTINX - Vanguard Target Retirement Income		374,249
	Vanguard	VTIVX - Vanguard Target Retirement 2045		7,487,039
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		5,836,415
	Vanguard	VTTHX - Vanguard Target Retirement 2035		7,372,838
	Vanguard	VTTSX - Vanguard Target Retirement 2060		3,148,774
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,884,856
	Vanguard	VTWNX - Vanguard Target Retirement 2020		988,275
	Vanguard	VVIAX - Vanguard Value Index Admiral		1,304,076
	Participant Loans	4.25% - 10.50%		1,655,714

//classification/confidential