# 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

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 03/01/2001

**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)

BEYEL BROTHERS, INC.

550 CIDCO ROAD
COCOA, FL 32926

**2b** Employer Identification Number (EIN)
59-2937835

**2c** Plan Sponsor's telephone number
321-632-2000

**2d** Business code (see instructions)
238900

**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. | 10/15/2018 | MARK BEYEL |
| | **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:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 311 |
| **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)** | 303 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 388 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 402 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 402 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 105 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [ ] | Trust |
| **(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 |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEYEL BROTHERS, INC.

**D** Employer Identification Number (EIN)
59-2937835

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 06-0974148 | 88072 | | 105 | 01/01/2017 | 12/31/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 7422 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

CORECAP INVESTMENTS, INC.
27777 FRANKLIN RD STE 700
SOUTHFIELD, MI 48034

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 7422 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 422097 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 3081140 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 366140 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 44154 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 5868 | | |
| | (4) Transferred from separate account | 7c(4) | 2442 | | |
| | (5) Other (specify below) | 7c(5) | 4552 | | |
| | ▶ LOAN PYMT | | | | |
| | (6) Total additions | | | 7c(6) | 57016 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 423156 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 826 | | |
| | (2) Administration charge made by carrier | 7e(2) | 171 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 62 | | |
| | ▶ LOAN W/D | | | | |
| | (5) Total deductions | | | 7e(5) | 1059 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 422097 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEYEL BROTHERS, INC.

**D** Employer Identification Number (EIN)
59-2937835

## 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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**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)

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

| (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 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | NONE | 2884 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 21 | Yes [ ] No [X] |

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

MESIROW FINANCIAL INVESTMENT MGMT

36-3429599

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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)

| **(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 ☐ |

**(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 ☐ |

**(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 |
|---|---|---|
| MASSMUTUAL LIFE INSURANCE CO. | 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | 0 |

| **(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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORNINGSTAR ASSOCIATES, LLC | 49 | 21 |

| **(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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MESIROW FINANCIAL INVESTMENT MGMT | 49 | 0 |

| **(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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

## 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

**2017**

**This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
BEYEL BROTHERS, INC.

**D** Employer Identification Number (EIN)
59-2937835

**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: HARTFORD ADVANTAGE TK2

**b** Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE 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) |
|---|---|---|
| 06-0974148-000 | P | 2970921 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

**b** Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE 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) |
|---|---|---|
| 06-0974148-000 | P | 110219 |

**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)

(Complete as many entries as needed to report all participating plans)

**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

| **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 |
|---|---|

**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

| **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

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEYEL BROTHERS, INC.

**D** Employer Identification Number (EIN)
59-2937835

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(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) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(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) | 211867 | 160421 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(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) | 2261974 | 3081140 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 366140 | 422097 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2839981 | 3663658 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2839981 | 3663658 |

## 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) | 85003 | |
| | **(B)** Participants | 2a(1)(B) | 322654 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 407657 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 8497 | |
| | **(F)** Other | 2b(1)(F) | 5868 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 14365 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(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) | 0 | |
| | **(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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 484814 |
| (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) | | 0 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 906836 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 78737 | |
| (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) | | 78737 |
| f Corrective distributions (see instructions) | 2f | | 1538 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 2884 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2884 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 83159 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 823677 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## 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)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: CLEMENT C BRANDENBURG JR CPA PA **(2)** EIN: 65-0091315

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, 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.

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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| 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 | | 277926 |
| 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 | | | |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# 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

**2017**

**This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
BEYEL BROTHERS, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEYEL BROTHERS, INC.

**D** Employer Identification Number (EIN)
59-2937835

## 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** 0

**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): 04-1590850

**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 contributed more than 5% of total contributions to the plan during the plan year (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): _____

---

**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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **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) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# BEYEL BROTHERS, INC. 401(k) PLAN

## FINANCIAL STATEMENTS

## For the Year Ended December 31, 2017

**BEYEL BROTHERS, INC. 401(k) PLAN**

**FINANCIAL STATEMENTS**

**For the Year Ended December 31, 2017**

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**Clement C. Brandenburg, Jr., CPA, PA**
*Certified Public Accountant*
*Tax & Financial Planning*

4440 PGA Blvd., Suite 600
Palm Beach Gardens, Florida 33410
Telephone (561) 747-0799
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# Independent Auditor's Report

To the Trustees of
Beyel Brothers, Inc. 401(k) Plan
Cocoa, Florida

## Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Beyel Brothers, Inc. 401(k) Plan (the "Plan") which comprise the statements of net assets as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes 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.

## Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting my audits in accordance with auditing standards generally accepted in the United States of America. Because the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by MassMutual, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

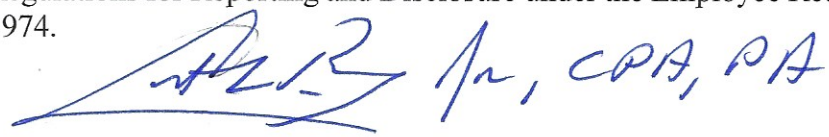
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule H, Line 4i-Schedule of Assets Held at December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and. is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Clement C Brandenburg, Jr, CPA, PA
Palm Beach Gardens, Florida
October 12, 2018

Beyel Brothers, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

| | 2017 | 2016 |
|---|---|---|
| ASSETS | | |
| Investments at fair value | $3,081,140 | $2,261,974 |
| Investment at contract value | 422,097 | 366,140 |
| Receivables: | | |
| Participant contributions | 5,585 | 4,243 |
| Employer contributions | 2,041 | 0 |
| Notes receivable from participants | 160,421 | 211,867 |
| Total receivables | 168,047 | 216,110 |
| TOTAL ASSETS | 3,671,284 | 2,844,224 |
| LIABILITIES | | |
| Excess contributions payable | 2,236 | 0 |
| TOTAL LIABILITIES | 2,236 | 0 |
| NET ASSETS AVAILABLE FOR BENEFITS | $3,669,048 | $2,844,224 |

See accompanying notes to the financial statements.

Beyel Brothers, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

| | 2017 |
|---|---|
| ADDITIONS: | |
| Additions to net assets attributed to: | |
| Net appreciation (depreciation) in fair value of investments | $484,813 |
| Interest income | 5,868 |
| | 490,681 |
| Interest income on notes receivable from participants | 8,498 |
| Contributions: | |
| Participants | 321,760 |
| Employer | 87,044 |
| | 408,804 |
| TOTAL ADDITIONS | 907,983 |
| DEDUCTIONS: | |
| Deductions to net assets attributed to: | |
| Benefit payments directly to participants | 78,737 |
| Corrective distribution | 1,538 |
| Administrative expense | 2,884 |
| | 83,159 |
| TOTAL DEDUCTIONS | 83,159 |
| NET INCREASE | 824,824 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| Beginning of year | 2,844,224 |
| End of year | $3,669,048 |

See accompanying notes to the financial statements.

## NOTE A – DESCRIPTION OF PLAN

The following description of the Beyel Brothers, Inc. 401(k) Plan ("Plan") is provided for only general information purposes only. Participants should refer to the plan document for most complete information.

***a. General.*** The plan is a defined contribution plan established March 1, 2001 by Beyel Brothers, Inc. ("Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. Participation in the plan is entirely voluntary. An eligible employee is any person employed by of the company who have one year of service and are age twenty-one or older. Entry date is the first day of Plan Year and the first day of the seventh month of each Plan Year. The plan was adopted under the provisions of Internal Revenue Code (IRC) Section 401(a), with a cash or deferred arrangement qualified under IRC Section 401(k). Pursuant to the requirements of IRC Section 401(a) (27) the plan is also a profit-sharing plan.

***b. Contributions.*** For the 2017 year, participants may contribute up to the lesser of 100% of eligible compensation or $18,000. The Plan permits participants to make pre-tax and contributions. The Plan provides that participants who are projected to be age 50 or older by the end of the calendar year and who making Deferral Contributions to the Plan may also make a catch-up provision of up to $6,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds as investment options for participants. The Company may make each payroll period, Employer Matching Contributions to participant accounts equal to a percentage, determined by the Sponsor. The Employer will match participant Catch Up 401(k) Contributions to the Plan. Additional Nonelective Contributions may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

***c. Participant's Accounts.*** Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, and (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts, and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***d. Vesting.*** Participants are immediately vested in their Rollover Contributions, Qualified Nonelective Contributions, Deferral Contributions and any earnings thereon. Vesting the Company's contribution portion of their accounts plus earnings thereon is based on years on continuous service. A participant is 100% after six years of credited service.

***e. Notes Receivable from Participants.*** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in your Account during the prior twelve months. Participants may only have 1 loan outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.00% to 5.50%, which are commensurate with local

prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

***f. Payment of Benefits.*** On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account in either a lump-sum amount, or monthly Life Annuity, Life Annuity with a period of 5, 10 or 15 years, Joint and 50%, 66 2/3%, or 100% Survivor Annuity, monthly income paid for a fixed period of time not less than 60 months or, a series of flexible income payments based on single of joint life expectancies. Termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

***g. Forfeited accounts***. At December 31, 2017 and 2016 forfeited accounts totaled $4,819 and $4,658 respectively. These accounts will be used to reduce future employer contributions.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting.*** The financial statements of the Plan are prepared using the accrual method of accounting.

***Estimates.*** The preparation of financial statements in accordance 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. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition.*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company. See note G for discussion of fair value measurements.

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the 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.

***Payment of Benefits.*** Benefits are recorded when paid.

**Fair Value Measurements.**

The plan determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

Level 1- Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - 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 that 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 – 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 need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

***Mutual funds***: Valued at the net asset value (NAV) of shares held by the plan at year end and classified with Level 1 in the fair value hierarchy table in *Note E*.

***Common collective trust***: The investment includes a guaranteed investment contract with Massachusetts Mutual Life Insurance Company ("MassMutual). The fair values of the participant units held in the investment contract are based on NAV to reflect all fund investments at fair value, including direct and indirect interests in the fully benefit responsive contracts. The investment contract generally permits redemption daily. If the any payment request until liquidity in sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

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, while the Plan Sponsor believes it, valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

***Operating expenses***. Generally, the expenses of administrating the Plan are paid from Plan assets, unless the Company elects to make the payment. If administrative expenses are paid from the Plan assets, they will first be reduced by any forfeitures the Administrator has directed to be used for payment of expenses. Any remaining expenses will be shared among all participants' Accounts. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

***Subsequent events***. The Plan has evaluated subsequent events through date of the independent auditor's report, the date the financial statements were available to be issued.

***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 distributions based upon the terms of the plan documents. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016.

***Recent Accounting Pronouncement.*** In 2015, the Financial Accounting Standards Board ("FASB") issued technical corrections and improvements to accounting guidance in a number of areas. Certain provisions of the guidance are effective as of the beginning of the 2016 plan year, with early adoption permissible. Management adopted those provisions of this new standard effective as of the beginning of 2015, and the adoption did not have a material impact on the Plan's financial statements. In 2015, the FASB issued accounting guidance for a three-part standard that (1) requires the use of contract value as the only measurement of fully benefit-responsive investment contracts; (2) eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation by general type; and (3) removes the requirement to categorize within the fair value hierarchy all investments measured using the net asset value per share as a practical expedient and related disclosures.

The provisions of this guidance are effective as of the beginning of the 2016 plan year and should be applied retrospectively for parts (1) and (2) and prospectively for part (3) with early adoption permissible. Management elected to early adopt the provisions of this guidance effective as of the beginning of 2015. *Part 1*-for plan benefits and the adjustment from fair value to contract value for fully benefit-responsive investment contracts have been eliminated. *Part II* – for individual investments that represent five percent or more of net assets available for benefits, the net appreciation or depreciation for these investments by general type in the table of net assets by asset category, as well as the categorization by class of investments in the fair value table, have been eliminated. *Part III* – adopted the guidance retrospectively, which removes investments measured using the practical expedient for the fair value hierarchy in all periods presented.

**NOTE C – PLAN TERMNATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its 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 accounts.

**NOTE D – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTE (Unaudited)**

The plan administration has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the investment values and activity certified as complete and accurate, by the Plan's trustee, Fidelity Management Trust, Accordingly, the

trustees have certified that the following data included in the accompanying financial statements is complete and accurate:

Investments at fair value, investments at contract value and notes receivable from participants, as shown on the statements of net assets available for benefits as of December 31, 2017 and 2016.

Net income from investment activity, dividend income and interest earned on participant notes receivable, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements.

## NOTE E – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market, and credit risks. Due to the level associated with certain investment securities, it is as 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 statement of net assets available for benefits.

## NOTE E – INVESTMENTS

The plan through its participation in the Mass Mutual Investment Contract, has indirectly invested in a Fully Benefit Responsive Investment Contract. The Mass Mutual Investment Contract, a collective trust, is a commingled pool that invests in (i) investment contracts issued by insurance companies and other financial institutions; (ii) fixed income securities; and (iii) money market funds.

The following table sets forth the fair value of Plan assets by level, with the ASC 820 fair value hierarchy:

| | Fair Value Measurement Using: | | | |
|---|---|---|---|---|
| **As of December 31. 2017** | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | $3,081,140 | - | - | $3,081,140 |
| Mass Mutual Investment Contract * | 422,097 | - | - | 422,097 |
| | $3,503,237 | - | - | $3,503,237 |
| **As of December 31, 2016** | | | | |
| Mutual Funds | $2,261,974 | - | - | $2,261,974 |
| Mass Mutual Investment Contract* | 366,140 | - | - | 366,140 |
| | $2,628,114 | - | - | $2,628,114 |

*The fair values of the Mass Mutual Investment Contract reflected in the tables above have been determined using the NAV per share (or its equivalent) practical expedient and, as such, have not been categorized with the fair value hierarchy. The fair values represented in the tables are intended to permit reconciliation of the fair value hierarchy to amounts presented in the Statements of Net Assets Available for Plan Benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2017 and 2016, respectively.

| As of December 31, 2017 | Fair Value | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Mass Mutual Investment Contract | $422,097 | N/A | Daily | 60-90 days |
| As of December 31, 2016 | $366,140 | N/A | Daily | 60-90 days |

**NOTE G – GUARANTEED INVESTMENT CONTRACT WITH MASSACHUSEETS MUTUAL LIFE INSURANCE COMPANY**

The Plan has a benefit-responsive guaranteed investment contract with Massachusetts Mutual Life Insurance Company ("MassMutual"). MassMutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants my ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting rate is based on a formula agreed with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The average yield earned by the guaranteed investment contract based on interest rate credited to participants was 1.50% and 1.60% for 2017 and 2016, respectively.

## NOTE H – TAX STATUS

The Plan operates under the prototype standardized profit-sharing plan provisions established by Massachusetts Mutual Life Insurance Company. The Internal Revenue Service ("IRS") has issued a determination letter dated March 31, 2014 accepting the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles ("GAAP") requires the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than 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, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is not subject to income tax examinations for the years prior to 2012.

## NOTE I – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by MassMutual. MassMutual is the trustee and record keeper for the Plan, and, therefore these transactions qualify as party-in-interest transactions.

Certain administrative functions for the Plan are performed by employees of the Company. There were no employees who received compensation from the Plan.

Certain participants of the Plan have outstanding loans (notes receivable from participants) with the Plan as of December 31, 2017. These loans are considered party-in-interest transactions according to the DOL guidelines. Total note receivable from participants as of December 31, 2017 and 2016 were $160,421 and $211,867, respectively

## NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

| | 2017 | 2016 |
|---|---|---|
| Net assets available for benefits per the financial statements | $3,669,048 | $2,844,224 |
| Subtract: Contribution receivables to participants | (7.627) | (4,243) |
| Add: Excess contributions payable | 2,236 | 0 |
| Net assets available for benefits per Form 5500 | $3,663,657 | $2,839,981 |

The following is a reconciliation of the net increase in net assets available for benefits:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 824,824 |
| Add: Contribution receivables to participants – 2016 | 4,243 |
| Subtract: Contribution receivables to participants – 2017 | ( 7,626) |
| Add: Excess contributions payable – 2017 | 2,236 |
| Net income per Form 5500 | $ 823,677 |

Beyel Brothers, Inc. 401(K) Plan
EIN 59-2937835 PN 002
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2017

| (a) | (b) Identity of issuer, rorrower, lessor or similar party | c Description of investment | (d) Cost | e Current value |
|---|---|---|---|---|
| | MFS Research International | Mutual Fund | ** | $199,870 |
| | Invesco Real Estate | Mutual Fund | ** | $815 |
| | AF Cap World Growth and Income | Mutual Fund | ** | $215,990 |
| | Pimco Real Return | Mutual Fund | ** | $156,552 |
| | T Rowe Price Growth Stock | Mutual Fund | ** | $591,614 |
| | Victory Special Vaule | Mutual Fund | ** | $245,549 |
| | Allianz NFJ Dividend Value | Mutual Fund | ** | $483,733 |
| | AF Bond Fund Amer | Mutual Fund | ** | $204,846 |
| | Victory Small Company Opportunity | Mutual Fund | ** | $102,971 |
| | Franklin Income | Mutual Fund | ** | $77,715 |
| * | Hartford Small Company | Mutual Fund | ** | $110,219 |
| | Pioneer High Yield | Mutual Fund | ** | $158,652 |
| | T Rowe Price Retire 2050 | Mutual Fund | ** | $26,643 |
| | T Rowe Price Retire 2010 | Mutual Fund | ** | $35,525 |
| | T Rowe Price Retire 2020 | Mutual Fund | ** | $40,273 |
| | T Rowe Price Retire 2030 | Mutual Fund | ** | $179,469 |
| | T Rowe Price Retire 2040 | Mutual Fund | ** | $37,170 |
| | T Rowe Price Retire Income | Mutual Fund | ** | $11,962 |
| * | Fixed Account | Guaranteed investment contract | ** | $422,097 |
| | Piogleqa | Mutual Fund | ** | $201,572 |
| * | Notes receivable from participants | Interest rate 3.25 - 4.25% Term 1-5 | 0 | $160,421 |
| | | | | $3,663,658 |

* A party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.

MassMutual

# Schedule C Soft Dollar Compensation
# Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information ("SAI"). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

**MassMutual Premier Funds**

MassMutual Premier Balanced Fund
MassMutual Premier Disciplined Gr Fund
MassMutual Premier Disciplined Value Fund
MassMutual Premier Global Fund
MassMutual Premier International Equity Fund
MassMutual Premier Main Street Fund
MassMutual Premier Small Cap Opportunities Fund
MassMutual Premier Strat Emerging Markets Fund
MassMutual Premier Value Fund

**MassMutual Select Funds**

MassMutual Select BlackRock Global Allocation Fund
MassMutual Select Blue Chip Growth Fund
MassMutual Select Diversified Value Fund
MassMutual Select Equity Opportunities Fund
MassMutual Select Fundamental Growth Fund
MassMutual Select Fundamental Value Fund
MassMutual Select Growth Opportunities Fund
MassMutual Select Large Cap Value Fund
MassMutual Select Mid Cap Growth Fund
MassMutual Select Mid Cap Value Fund
MassMutual Select Overseas Fund
MassMutual Select Small Cap Growth Equity Fund
MassMutual Select Small Cap Val Equity Fund
MassMutual Select Small Company Value Fund

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# Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2017 - 12/31/2017 and indirect compensation is presented on a calendar year basis ending 12/31/2017.**

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

**Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.**

*********

**Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.**

---

[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

# FORM 5500 SCHEDULE C REPORT
# SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

## BEYEL BROTHERS, INC. 401(K) PLAN (813600)
## EIN #: 59-2937835

***Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2017 - 12/31/2017 and indirect compensation is presented on a calendar year basis ending 12/31/2017.***

***For use with lines 2(h), 3(c), 3(d), 3(e)***

***Total Direct Compensation Paid*** **$2,883.61**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

***Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850***

**Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)**

*Direct Compensation* **$2,883.61**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2017 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2017, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

*Indirect Compensation*

**Float compensation** **$35.50**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (1.367% for 2017) earned on the bank accounts and investments associated with the short-term investment pool for the 2017 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan’s/Plan Sponsor’s tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

**Compensation paid with respect to Funds**

| *Investment Option Name* | *EIN* | *Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2017)* | *Underlying Fund Gross Expense Ratio as of the Fund's Year End* * | *Separate Account Charge* ** |
|---|---|---|---|---|
| ALLIANZGI NFJ DIVIDEND VALUE A | 06-1349805 | .5 | 1.09% | 0.50% |
| AMERICAN FUNDS BND FD OF AMER R3 | 95-2884967 | .65 | 0.91% | 0.50% |
| AMERICAN FUNDS CAP WLD GR INC R3 | 95-1411037 | .65 | 1.10% | 0.50% |
| FIXED ACCOUNT | 23-2177800 | | 0.00% | 0.00% |
| FRANKLIN INCOME A | 13-2573775 | 0.15%+ .10% + $12/participant | 0.61% | 0.50% |
| HARTFORD SMALL COMPANY HLS IB | 22-2937447 | .5 | 1.00% | 0.50% |
| INVESCO REAL ESTATE A | 76-0343427 | .55 | 1.24% | 0.50% |
| MFS RESEARCH INTERNATIONAL R3 | 04-3158862 | .55 | 1.11% | 0.50% |
| PIMCO REAL RETURN A | 95-2632339 | .4 | 1.04% | 0.50% |
| PIONEER EMERGING MARKETS A | 04-3233999 | .55 | 2.28% | 0.50% |
| PIONEER GLOBAL EQUITY A | 13-5657669 | .55 | 1.46% | 0.50% |
| PIONEER HIGH YIELD A | 04-3500606 | .55 | 1.17% | 0.50% |
| T. ROWE PRICE GROWTH STOCK R | 52-0655816 | .65 | 1.18% | 0.50% |
| T. ROWE PRICE RETIRE 2010 R | 52-1151266 | .65 | 1.07% | 0.50% |
| T. ROWE PRICE RETIRE 2020 R | 52-1151266 | .65 | 1.13% | 0.50% |
| T. ROWE PRICE RETIRE 2030 R | 52-1151266 | .65 | 1.19% | 0.50% |
| T. ROWE PRICE RETIRE 2040 R | 52-1151266 | .65 | 1.24% | 0.50% |
| T. ROWE PRICE RETIRE 2050 R | 52-1151266 | .65 | 1.24% | 0.50% |
| T. ROWE PRICE RETIREMENT BAL R | 52-1151266 | .65 | 1.06% | 0.50% |
| VICTORY SPECIAL VALUE A | 31-6364605 | .55 | 1.30% | 0.50% |
| VICTORY SYCAMORE SMALL CO OPP A | 31-6364605 | .55 | 1.31% | 0.50% |

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Massachusetts Mutual Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2017 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that some of the funds available through your service contract or arrangement are funds from The Hartford Financial Services Group, Inc.'s proprietary family of mutual funds (The Hartford Mutual Funds). These proprietary mutual funds have contracts for services with companies that are affiliated with Hartford Securities Distribution Company Inc.

The Hartford-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these proprietary mutual funds, see the applicable fund prospectus.

| Hartford Affiliate | Services | Compensation |
|---|---|---|
| Hartford Investment Financial Services, LLC | Principal Underwriter to The Hartford Mutual Funds | As Principal Underwriter paid by the Fund in the form of dealer concessions |
| Hartford Administrative Services Company | Transfer Agent to The Hartford Mutual Funds | Paid by the Fund in the form of fees for services |
| HL Investment Advisors, LLC | Investment Manager to The Hartford Mutual Funds | Paid by the Fund in the form of investment advisory fees based on assets under management |

****Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

---

## *Recipient: Morningstar Associates, LLC EIN: 36-4317381*

**Service Code: 49**

*Indirect Compensation*

**"Managed by You" services fee** Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850 **$20.52**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

---

## *Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599*

*Indirect Compensation*

**Annual platform package fee ("Model My Goals")** **$20.42**
**Service code: 49**

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

# Direct Revenue Detail

**Recipient:** ***Massachusetts Mutual Life Insurance Company***

| **Fee Description** | **Dollar Amount** |
|---|---|
| Participant Fee | $872.50 |
| Contract Maintenance Fee | $1,489.11 |
| Loan Set-up Fee | $250.00 |
| Loan Administration Fee | $272.00 |
| **Total Direct Revenue:** | **$2,883.61** |
| **Grand Total Direct Fees:** | **$2,883.61** |

# BEYEL BROTHERS, INC. 401(k) PLAN

## FINANCIAL STATEMENTS

## For the Year Ended December 31, 2017

**BEYEL BROTHERS, INC. 401(k) PLAN**

**FINANCIAL STATEMENTS**

**For the Year Ended December 31, 2017**

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**Clement C. Brandenburg, Jr., CPA, PA**
*Certified Public Accountant*
*Tax & Financial Planning*

4440 PGA Blvd., Suite 600
Palm Beach Gardens, Florida 33410
Telephone (561) 747-0799
Fax (561) 747-0750

# Independent Auditor's Report

To the Trustees of
Beyel Brothers, Inc. 401(k) Plan
Cocoa, Florida

## Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Beyel Brothers, Inc. 401(k) Plan (the "Plan") which comprise the statements of net assets as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes 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.

## Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting my audits in accordance with auditing standards generally accepted in the United States of America. Because the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by MassMutual, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

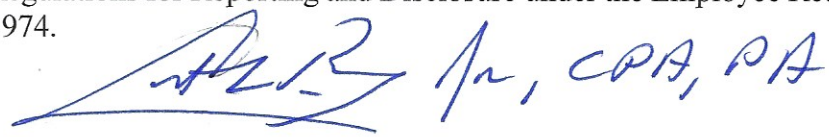
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule H, Line 4i-Schedule of Assets Held at December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and. is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Clement C Brandenburg, Jr, CPA, PA
Palm Beach Gardens, Florida
October 12, 2018

Beyel Brothers, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

| | 2017 | 2016 |
|---|---|---|
| ASSETS | | |
| Investments at fair value | $3,081,140 | $2,261,974 |
| Investment at contract value | 422,097 | 366,140 |
| Receivables: | | |
| Participant contributions | 5,585 | 4,243 |
| Employer contributions | 2,041 | 0 |
| Notes receivable from participants | 160,421 | 211,867 |
| Total receivables | 168,047 | 216,110 |
| TOTAL ASSETS | 3,671,284 | 2,844,224 |
| LIABILITIES | | |
| Excess contributions payable | 2,236 | 0 |
| TOTAL LIABILITIES | 2,236 | 0 |
| NET ASSETS AVAILABLE FOR BENEFITS | $3,669,048 | $2,844,224 |

See accompanying notes to the financial statements.

Beyel Brothers, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

| | 2017 |
|---|---|
| ADDITIONS: | |
| Additions to net assets attributed to: | |
| Net appreciation (depreciation) in fair value of investments | $484,813 |
| Interest income | 5,868 |
| | 490,681 |
| Interest income on notes receivable from participants | 8,498 |
| Contributions: | |
| Participants | 321,760 |
| Employer | 87,044 |
| | 408,804 |
| TOTAL ADDITIONS | 907,983 |
| DEDUCTIONS: | |
| Deductions to net assets attributed to: | |
| Benefit payments directly to participants | 78,737 |
| Corrective distribution | 1,538 |
| Administrative expense | 2,884 |
| | 83,159 |
| TOTAL DEDUCTIONS | 83,159 |
| NET INCREASE | 824,824 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| Beginning of year | 2,844,224 |
| End of year | $3,669,048 |

See accompanying notes to the financial statements.

## NOTE A – DESCRIPTION OF PLAN

The following description of the Beyel Brothers, Inc. 401(k) Plan ("Plan") is provided for only general information purposes only. Participants should refer to the plan document for most complete information.

***a. General.*** The plan is a defined contribution plan established March 1, 2001 by Beyel Brothers, Inc. ("Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. Participation in the plan is entirely voluntary. An eligible employee is any person employed by of the company who have one year of service and are age twenty-one or older. Entry date is the first day of Plan Year and the first day of the seventh month of each Plan Year. The plan was adopted under the provisions of Internal Revenue Code (IRC) Section 401(a), with a cash or deferred arrangement qualified under IRC Section 401(k). Pursuant to the requirements of IRC Section 401(a) (27) the plan is also a profit-sharing plan.

***b. Contributions.*** For the 2017 year, participants may contribute up to the lesser of 100% of eligible compensation or $18,000. The Plan permits participants to make pre-tax and contributions. The Plan provides that participants who are projected to be age 50 or older by the end of the calendar year and who making Deferral Contributions to the Plan may also make a catch-up provision of up to $6,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds as investment options for participants. The Company may make each payroll period, Employer Matching Contributions to participant accounts equal to a percentage, determined by the Sponsor. The Employer will match participant Catch Up 401(k) Contributions to the Plan. Additional Nonelective Contributions may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

***c. Participant's Accounts.*** Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, and (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts, and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***d. Vesting.*** Participants are immediately vested in their Rollover Contributions, Qualified Nonelective Contributions, Deferral Contributions and any earnings thereon. Vesting the Company's contribution portion of their accounts plus earnings thereon is based on years on continuous service. A participant is 100% after six years of credited service.

***e. Notes Receivable from Participants.*** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in your Account during the prior twelve months. Participants may only have 1 loan outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.00% to 5.50%, which are commensurate with local

prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

***f. Payment of Benefits.*** On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account in either a lump-sum amount, or monthly Life Annuity, Life Annuity with a period of 5, 10 or 15 years, Joint and 50%, 66 2/3%, or 100% Survivor Annuity, monthly income paid for a fixed period of time not less than 60 months or, a series of flexible income payments based on single of joint life expectancies. Termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

***g. Forfeited accounts***. At December 31, 2017 and 2016 forfeited accounts totaled $4,819 and $4,658 respectively. These accounts will be used to reduce future employer contributions.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting.*** The financial statements of the Plan are prepared using the accrual method of accounting.

***Estimates.*** The preparation of financial statements in accordance 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. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition.*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company. See note G for discussion of fair value measurements.

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the 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.

***Payment of Benefits.*** Benefits are recorded when paid.

**Fair Value Measurements.**

The plan determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

Level 1- Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - 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 that 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 – 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 need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

***Mutual funds***: Valued at the net asset value (NAV) of shares held by the plan at year end and classified with Level 1 in the fair value hierarchy table in *Note E*.

***Common collective trust***: The investment includes a guaranteed investment contract with Massachusetts Mutual Life Insurance Company ("MassMutual). The fair values of the participant units held in the investment contract are based on NAV to reflect all fund investments at fair value, including direct and indirect interests in the fully benefit responsive contracts. The investment contract generally permits redemption daily. If the any payment request until liquidity in sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

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, while the Plan Sponsor believes it, valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

***Operating expenses***. Generally, the expenses of administrating the Plan are paid from Plan assets, unless the Company elects to make the payment. If administrative expenses are paid from the Plan assets, they will first be reduced by any forfeitures the Administrator has directed to be used for payment of expenses. Any remaining expenses will be shared among all participants' Accounts. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

***Subsequent events***. The Plan has evaluated subsequent events through date of the independent auditor's report, the date the financial statements were available to be issued.

***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 distributions based upon the terms of the plan documents. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016.

***Recent Accounting Pronouncement.*** In 2015, the Financial Accounting Standards Board ("FASB") issued technical corrections and improvements to accounting guidance in a number of areas. Certain provisions of the guidance are effective as of the beginning of the 2016 plan year, with early adoption permissible. Management adopted those provisions of this new standard effective as of the beginning of 2015, and the adoption did not have a material impact on the Plan's financial statements. In 2015, the FASB issued accounting guidance for a three-part standard that (1) requires the use of contract value as the only measurement of fully benefit-responsive investment contracts; (2) eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation by general type; and (3) removes the requirement to categorize within the fair value hierarchy all investments measured using the net asset value per share as a practical expedient and related disclosures.

The provisions of this guidance are effective as of the beginning of the 2016 plan year and should be applied retrospectively for parts (1) and (2) and prospectively for part (3) with early adoption permissible. Management elected to early adopt the provisions of this guidance effective as of the beginning of 2015. *Part 1*-for plan benefits and the adjustment from fair value to contract value for fully benefit-responsive investment contracts have been eliminated. *Part II* – for individual investments that represent five percent or more of net assets available for benefits, the net appreciation or depreciation for these investments by general type in the table of net assets by asset category, as well as the categorization by class of investments in the fair value table, have been eliminated. *Part III* – adopted the guidance retrospectively, which removes investments measured using the practical expedient for the fair value hierarchy in all periods presented.

**NOTE C – PLAN TERMNATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its 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 accounts.

**NOTE D – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTE (Unaudited)**

The plan administration has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the investment values and activity certified as complete and accurate, by the Plan's trustee, Fidelity Management Trust, Accordingly, the

trustees have certified that the following data included in the accompanying financial statements is complete and accurate:

Investments at fair value, investments at contract value and notes receivable from participants, as shown on the statements of net assets available for benefits as of December 31, 2017 and 2016.

Net income from investment activity, dividend income and interest earned on participant notes receivable, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements.

## NOTE E – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market, and credit risks. Due to the level associated with certain investment securities, it is as 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 statement of net assets available for benefits.

## NOTE E – INVESTMENTS

The plan through its participation in the Mass Mutual Investment Contract, has indirectly invested in a Fully Benefit Responsive Investment Contract. The Mass Mutual Investment Contract, a collective trust, is a commingled pool that invests in (i) investment contracts issued by insurance companies and other financial institutions; (ii) fixed income securities; and (iii) money market funds.

The following table sets forth the fair value of Plan assets by level, with the ASC 820 fair value hierarchy:

| | Fair Value Measurement Using: | | | |
|---|---|---|---|---|
| **As of December 31. 2017** | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | $3,081,140 | - | - | $3,081,140 |
| Mass Mutual Investment Contract * | 422,097 | - | - | 422,097 |
| | $3,503,237 | - | - | $3,503,237 |
| **As of December 31, 2016** | | | | |
| Mutual Funds | $2,261,974 | - | - | $2,261,974 |
| Mass Mutual Investment Contract* | 366,140 | - | - | 366,140 |
| | $2,628,114 | - | - | $2,628,114 |

*The fair values of the Mass Mutual Investment Contract reflected in the tables above have been determined using the NAV per share (or its equivalent) practical expedient and, as such, have not been categorized with the fair value hierarchy. The fair values represented in the tables are intended to permit reconciliation of the fair value hierarchy to amounts presented in the Statements of Net Assets Available for Plan Benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2017 and 2016, respectively.

| As of December 31, 2017 | Fair Value | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Mass Mutual Investment Contract | $422,097 | N/A | Daily | 60-90 days |
| As of December 31, 2016 | $366,140 | N/A | Daily | 60-90 days |

**NOTE G – GUARANTEED INVESTMENT CONTRACT WITH MASSACHUSEETS MUTUAL LIFE INSURANCE COMPANY**

The Plan has a benefit-responsive guaranteed investment contract with Massachusetts Mutual Life Insurance Company ("MassMutual"). MassMutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants my ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting rate is based on a formula agreed with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The average yield earned by the guaranteed investment contract based on interest rate credited to participants was 1.50% and 1.60% for 2017 and 2016, respectively.

## NOTE H – TAX STATUS

The Plan operates under the prototype standardized profit-sharing plan provisions established by Massachusetts Mutual Life Insurance Company. The Internal Revenue Service ("IRS") has issued a determination letter dated March 31, 2014 accepting the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles ("GAAP") requires the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than 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, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is not subject to income tax examinations for the years prior to 2012.

## NOTE I – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by MassMutual. MassMutual is the trustee and record keeper for the Plan, and, therefore these transactions qualify as party-in-interest transactions.

Certain administrative functions for the Plan are performed by employees of the Company. There were no employees who received compensation from the Plan.

Certain participants of the Plan have outstanding loans (notes receivable from participants) with the Plan as of December 31, 2017. These loans are considered party-in-interest transactions according to the DOL guidelines. Total note receivable from participants as of December 31, 2017 and 2016 were $160,421 and $211,867, respectively

## NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

| | 2017 | 2016 |
|---|---|---|
| Net assets available for benefits per the financial statements | $3,669,048 | $2,844,224 |
| Subtract: Contribution receivables to participants | (7.627) | (4,243) |
| Add: Excess contributions payable | 2,236 | 0 |
| Net assets available for benefits per Form 5500 | $3,663,657 | $2,839,981 |

The following is a reconciliation of the net increase in net assets available for benefits:

| | |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 824,824 |
| Add: Contribution receivables to participants – 2016 | 4,243 |
| Subtract: Contribution receivables to participants – 2017 | ( 7,626) |
| Add: Excess contributions payable – 2017 | 2,236 |
| Net income per Form 5500 | $ 823,677 |

Beyel Brothers, Inc. 401(K) Plan
EIN 59-2937835 PN 002
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2017

| (a) | (b) Identity of issuer, rorrower, lessor or similar party | c Description of investment | (d) Cost | e Current value |
|---|---|---|---|---|
| | MFS Research International | Mutual Fund | ** | $199,870 |
| | Invesco Real Estate | Mutual Fund | ** | $815 |
| | AF Cap World Growth and Income | Mutual Fund | ** | $215,990 |
| | Pimco Real Return | Mutual Fund | ** | $156,552 |
| | T Rowe Price Growth Stock | Mutual Fund | ** | $591,614 |
| | Victory Special Vaule | Mutual Fund | ** | $245,549 |
| | Allianz NFJ Dividend Value | Mutual Fund | ** | $483,733 |
| | AF Bond Fund Amer | Mutual Fund | ** | $204,846 |
| | Victory Small Company Opportunity | Mutual Fund | ** | $102,971 |
| | Franklin Income | Mutual Fund | ** | $77,715 |
| * | Hartford Small Company | Mutual Fund | ** | $110,219 |
| | Pioneer High Yield | Mutual Fund | ** | $158,652 |
| | T Rowe Price Retire 2050 | Mutual Fund | ** | $26,643 |
| | T Rowe Price Retire 2010 | Mutual Fund | ** | $35,525 |
| | T Rowe Price Retire 2020 | Mutual Fund | ** | $40,273 |
| | T Rowe Price Retire 2030 | Mutual Fund | ** | $179,469 |
| | T Rowe Price Retire 2040 | Mutual Fund | ** | $37,170 |
| | T Rowe Price Retire Income | Mutual Fund | ** | $11,962 |
| * | Fixed Account | Guaranteed investment contract | ** | $422,097 |
| | Piogleqa | Mutual Fund | ** | $201,572 |
| * | Notes receivable from participants | Interest rate 3.25 - 4.25% Term 1-5 | 0 | $160,421 |
| | | | | $3,663,658 |

* A party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.