

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                          |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>             |                                                                                                                                                                                                                                             |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                        |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                           |                                                                                                                                                                                                                                             |  |

|                |                                                                                                                                                                                                                                                                                                                                                                             |           |                                                           |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                              |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>ST. GEORGE RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                                           | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> | Effective date of plan<br><u>07/01/2005</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ST. GEORGE TRUCKING AND WAREHOUSE, INC.</u><br><br><u>5 LOGISTICS DRIVE</u><br><u>SOUTH KEARNY, NJ 07032-4524</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>22-2607954</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>2c</b> | Plan Sponsor's telephone number<br><u>510-635-0350</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> | Business code (see instructions)<br><u>493100</u>         |
|                |                                                                                                                                                                                                                                                                                                                                                                             |           |                                                           |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2019 | TRACEY MILLER                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 902                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 853<br><b>6a(2)</b> 908<br><b>6b</b> 0<br><b>6c</b> 84<br><b>6d</b> 992<br><b>6e</b> 0<br><b>6f</b> 992<br><b>6g</b> 360<br><b>6h</b> 0                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018               |                                                             |
| <b>A</b> Name of plan<br>ST. GEORGE RETIREMENT PLAN                                                      | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ST. GEORGE TRUCKING AND WAREHOUSE, INC. | <b>D</b> Employer Identification Number (EIN)<br>22-2607954 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                       |                      |                                              |                                                                                    |                         |               |
|---------------------------------------------------------------------------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|-------------------------|---------------|
| <b>(a)</b> Name of insurance carrier<br>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY |                      |                                              |                                                                                    |                         |               |
| <b>(b)</b> EIN                                                                        | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | Policy or contract year |               |
|                                                                                       |                      |                                              |                                                                                    | <b>(f)</b> From         | <b>(g)</b> To |
| 71-0294708                                                                            | 00000                | 874100                                       | 360                                                                                | 01/01/2018              | 12/31/2018    |

|                                                                                                                                                                                                   |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>2</b> 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. |                                           |
| <b>(a)</b> Total amount of commissions paid<br>11352                                                                                                                                              | <b>(b)</b> Total amount of fees paid<br>0 |

|                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------|--|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |  |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid      |  |
| SBHU LIFE AGENCY, INC.<br>700 RED BROOK BLVD<br>SUITE 300<br>OWINGS MILLS, MD 21117-0000                     |  |

|                                                                                                         |                                 |                    |                                   |
|---------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|-----------------------------------|
| <b>(b)</b> Amount of sales and base commissions paid<br>11352                                           | Fees and other commissions paid |                    | <b>(e)</b> Organization code<br>3 |
|                                                                                                         | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                   |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |                                 |                    |                                   |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 999637  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 6448867 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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** 954226

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 236906 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0      |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 11173  |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 0      |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 40104  |  |

▶ **LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED, TRANSFERS**

(6) Total additions..... **7c(6)** 288183

**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 1242409

**e** Deductions:

|                                                                                 |              |        |  |
|---------------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 208649 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 1753   |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 671    |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 31699  |  |

▶ **LOAN W/D, NEGATIVE VALUE ADJUSTMENTS, TRANSFERS, FEES**

(5) Total deductions..... **7e(5)** 242772

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 999637

**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:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2018</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                          |                                                             |     |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018               |                                                             |     |
| <b>A</b> Name of plan<br>ST. GEORGE RETIREMENT PLAN                                                      | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                          |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ST. GEORGE TRUCKING AND WAREHOUSE, INC. | <b>D</b> Employer Identification Number (EIN)<br>22-2607954 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VOYA RETIREMENT INSURANCE AND ANNUI                                                                               |
| 71-0294708                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

UBS FINANCIAL SERVICES, INC.

13-2638166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | SERVICE PROVIDER                                                                                  | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 6339                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

T AND T BENEFITS GROUP INC

11-1000111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | SERVICE PROVIDER                                                                                  | 3500                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| UBS FINANCIAL SERVICES, INC.                                        | 99                                                                                                                                                                 | 6339                                      |
| (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. |                                           |
| VOYA RETIREMENT INSURANCE AND ANNUITY<br><br>71-0294708             | OTHER FEES                                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

|                                                                                                                        |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>ST. GEORGE RETIREMENT PLAN</b>                                                             | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>ST. GEORGE TRUCKING AND WAREHOUSE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-2607954</b> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                               |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS AM BALANCED</b>                  |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>406036</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS EUROPACIFIC</b>                  |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>148986</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS FDMNTL INV</b>                   |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>309667</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS NEW PERSPECTIVE</b>              |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>66420</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK EQUITY DIVIDEND FUND</b>              |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>189104</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LORD ABBETT BOND DEBENTURE FUND</b>             |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>259647</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LORD ABBETT DEVELOPING GROWTH FUND</b>          |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VOYA RETIREMENT INSURANCE AND ANNUITY CO</b> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <b>71-0294708-000</b>                                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>228635</b> |  |

|                                                                                            |                        |                                                                                                     |       |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN FUND                      |                        |                                                                                                     |       |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |       |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 18212 |

  

|                                                                                            |                        |                                                                                                     |       |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN FUND                     |                        |                                                                                                     |       |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |       |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 77317 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCMR ESTABLISHED VALUE FD          |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 186921 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CRDX LG-CP VALUE EQTY FD             |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 113025 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS SEIX TOTAL RTN BND FD                |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 126565 |

  

|                                                                                            |                        |                                                                                                     |       |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MKT FND A                    |                        |                                                                                                     |       |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |       |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 37071 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2025 PORT ADV           |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 481989 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2035 PORT ADV           |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 941538 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2045 PORT ADV           |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 114741 |

  

|                                                                                            |                        |                                                                                                     |        |
|--------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2055 PORT ADV           |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 71-0294708-000                                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 196341 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION INC PORT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428401 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2020 PT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53388 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2030 PT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276914 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2040 PT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308978 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2050 PT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113575 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2060 PT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110800 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PORT ADV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 413347 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MIDCAP OPPORTUNITES PORT A**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242958 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MID CAP INDEX PORT A**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135488 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL SM CP INDEX PORT A**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56955 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA U.S. STOCK INDEX PORT ADV

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208555 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VY AMCEN SM-MD CP VAL PORT ADV

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100178 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VY CLARION REAL ESTATE PORT ADV

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 71-0294708-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97117 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                 |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>        |                                                                    |            |
| <b>A</b> Name of plan<br><b>ST. GEORGE RETIREMENT PLAN</b>                                                      | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                 |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ST. GEORGE TRUCKING AND WAREHOUSE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-2607954</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 148771                | 243644          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 4705277               | 6448867         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 954226                | 999637          |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5808274               | 7692148         |

**Liabilities**

|                                                                           |           |   |       |
|---------------------------------------------------------------------------|-----------|---|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 23000 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 23000 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5808274 | 7669148 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 488754     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 861169     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 731322     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2081245   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 10073      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 11173      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 21246     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 723        |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 723       |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -459526   |
| c Other income.....                                                                            | 2c     |            | 15173     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 1658861   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1056009 |         |
| (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) |         | 1056009 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 173     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 3500    |         |
| (2) Contract administrator fees.....                                                 | 2i(2) | 10825   |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 14325   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1070507 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 588354  |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  | 1272520 |
| (2) From this plan.....                                  | 2l(2) |  |         |

**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) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: FORD-SCOTT & ASSOCIATES, LLC

(2) EIN: 22-2087086

**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:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                                 |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ST. GEORGE RETIREMENT PLAN</u>                                                      | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ST. GEORGE TRUCKING AND WAREHOUSE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-2607954</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>71-0294708</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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): \_\_\_\_\_

- 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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

**ST. GEORGE  
RETIREMENT PLAN  
FINANCIAL STATEMENTS**

**AS OF  
DECEMBER 31, 2018 AND 2017**



**ST. GEORGE**  
**RETIREMENT PLAN**

Table of Contents

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Independent Auditor's Report                                   | 1-2         |
| Statements of Net Assets Available for Benefits                | 3           |
| Statements of Changes in Net Assets Available for Benefits     | 4           |
| Notes to Financial Statements                                  | 5-11        |
| Supplemental Information:                                      |             |
| Schedule H, line 4i - Schedule of Assets (Held at End of Year) | 12          |





## **INDEPENDENT AUDITOR'S REPORT**

October 15, 2019

To the Administrative Committee of St. George Logistics  
St. George Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the St. George Retirement Plan, which comprise of the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan 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 the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were 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 sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by the Voya Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan sponsor that the trustee holds the Plan's investment assets and executes investment transactions. The Plan sponsor has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the limited records for the prior periods of the companies purchased by the Plan sponsor, we were not able to perform sufficient auditing procedures with respect to the participant's individual account balances accumulated from inception for the assets transferred into the Plan during 2018 and therefore are unable to form an opinion regarding the balances at December 31, 2018, or the propriety of the distributions to terminated participants of such assets during the year then ended.

**Disclaimer of Opinion**

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

**Other Matter – Supplemental Schedule**

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets for the year ended December 31, 2018, is required by the Department of Labor's 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, we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL 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 us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

*Ford, Scott & Associates, LLC*

**FORD, SCOTT & ASSOCIATES, L.L.C.  
CERTIFIED PUBLIC ACCOUNTANTS**

**ST. GEORGE**  
**RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31,**

|                                          | <u>2018</u>             | <u>2017</u>          |
|------------------------------------------|-------------------------|----------------------|
| ASSETS:                                  |                         |                      |
| Investments at contract value:           |                         |                      |
| Voya Fixed General Account               | \$ 999,637              | 954,226              |
| Investments at fair value:               |                         |                      |
| Money Market                             | 37,071                  | 31,300               |
| Mutual Funds                             | <u>6,411,796</u>        | <u>4,673,977</u>     |
| Total investments                        | <u>7,448,504</u>        | <u>5,659,503</u>     |
| Receivables:                             |                         |                      |
| Notes receivable from participants       | <u>237,971</u>          | <u>147,008</u>       |
| Total receivables                        | <u>237,971</u>          | <u>147,008</u>       |
| <br>TOTAL ASSETS                         | <br>7,686,475           | <br>5,806,511        |
| LIABILITIES:                             |                         |                      |
| Excess Participant Contributions Payable | <u>23,000</u>           | <u>-</u>             |
| TOTAL LIABILITIES                        | <u>23,000</u>           | <u>-</u>             |
| <br>NET ASSETS AVAILABLE FOR BENEFITS    | <br><u>\$ 7,663,475</u> | <br><u>5,806,511</u> |

See accompanying notes to Financial Statements

**ST. GEORGE**  
**RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31,**

|                                                              | <u>2018</u>                | <u>2017</u>             |
|--------------------------------------------------------------|----------------------------|-------------------------|
| ADDITIONS                                                    |                            |                         |
| Additions/deductions to net assets attributed to:            |                            |                         |
| Investment income/(loss)                                     |                            |                         |
| Net appreciation/(depreciation) of fair value of investments | \$ (458,878)               | 618,740                 |
| Interest, dividends and capital gain distributions           | <u>11,896</u>              | <u>8,997</u>            |
| Total Investment Income / (Loss)                             | (446,982)                  | 627,737                 |
| Interest Income on Notes Receivable from Participants        | <u>10,073</u>              | <u>6,878</u>            |
| Contributions:                                               |                            |                         |
| Employer                                                     | 488,691                    | 256,137                 |
| Participant                                                  | 861,168                    | 471,611                 |
| Rollovers                                                    | <u>731,321</u>             | <u>6,014</u>            |
| Total Contributions                                          | <u>2,081,180</u>           | <u>733,762</u>          |
| Other Income                                                 | 10,681                     | -                       |
| Transfer of Assets                                           | <u>1,272,520</u>           | <u>-</u>                |
| TOTAL ADDITIONS                                              | <u>2,927,472</u>           | <u>1,368,377</u>        |
| DEDUCTIONS:                                                  |                            |                         |
| Deductions from net assets attributed to:                    |                            |                         |
| Benefits paid to participants                                | 1,056,010                  | 288,427                 |
| Corrective Distributions                                     | 173                        | -                       |
| Administrative Costs                                         | <u>14,325</u>              | <u>7,575</u>            |
| TOTAL DEDUCTIONS                                             | <u>1,070,508</u>           | <u>296,002</u>          |
| NET INCREASE                                                 | 1,856,964                  | 1,072,375               |
| NET ASSETS AVAILABLE FOR BENEFITS                            |                            |                         |
| Beginning of year                                            | <u>5,806,511</u>           | <u>4,734,136</u>        |
| END OF YEAR                                                  | \$ <u><u>7,663,475</u></u> | <u><u>5,806,511</u></u> |

The accompanying notes are an integral part of these financial statements

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

**NOTE A – DESCRIPTION OF PLAN:**

The following description of the St. George Retirement Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan under section 401(k) of the Internal Revenue Code, which covers all full-time employees of the St. George Logistics, Inc. (Company) who have completed three months of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company oversees the governance of the Plan.

**Eligibility:** All full-time employees of the Company who have completed three months of service and are age eighteen and older are eligible to join the Plan. Once completed and the employee joins the Plan, the participant is eligible to receive Company match contributions. Profit sharing contributions follow the same requirements.

**Contributions:** Each year, participants may contribute up to 100 percent of pre-tax annual compensation, as defined in the Plan, up to a maximum contribution limit established by the Internal Revenue Service for the plan year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to the limit established by the Internal Revenue Service for the plan year. The Company, the employer sponsoring the Plan, shall make a matching contribution to the Plan on behalf of the participants, limited to 100 percent of the participant's elected salary reduction contribution of the first 3 percent, plus 50 percent of the next 2 percent of the elected salary reduction contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers pooled separate accounts and a fixed general account as investment options for participants. In 2018 and 2017, the Company's matching contributions were \$488,691 and \$256,137, respectively. In 2018 and 2017, the Company's profit-sharing contributions were \$0 and \$0, respectively.

**Participant Accounts:** Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings (losses), and (c) the Company's profit-sharing contribution, if applicable, and are charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or accounts balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of their account to one or more investment options offered pursuant to the provisions of the Plan.

**Vesting:** Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are also vested 100 percent in the Company match contributions. Company profit sharing contributions are 100 percent vested after 3 years of vesting service.

**Forfeitures:** Upon termination of employment, the non-vested balance in the participant's Company profit sharing account will be forfeited. The forfeited balance will be used to offset Plan expenses or may be used to reduce the Company's contributions. The forfeiture takes place as of the end of the Plan year in which the participant receives the final distribution of the distributable benefit.

**Notes Receivables from Participant:** Participants may borrow from their vested account a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The note terms range from one to five years. The notes are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined monthly by the Plan administrator. The interest rate will be based on the prime rate of interest published by Bank One, NA as of the last day of the preceding month, plus 1 percent. Interest rates on notes outstanding were between 4.25 and 6.25 percent during 2018. Principal and interest is paid ratably through payroll deductions. Interest on notes receivable as of December 31, 2018 and 2017 were \$10,073 and \$6,878, respectively.

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

**Payment of Benefits:** Participants may withdraw funds allocated to the participant's vested contribution accounts, including earnings on those accounts, upon reaching retirement age, disability, or termination of employment with the Company. The participant/beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, part lump-sum and part installments, or installment payments. For 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.

**Termination of the Plan:** Although it has not expressed any interest 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 percent vested in their accounts.

**Excess Contributions Payable:**

For the year ended December 31, 2018 and 2017, there were excess participant contributions payable of \$23,000 and \$0, respectively. This balance was recorded as a decrease to employee contributions in the accompanying statements of changes to net assets available for benefits and was reflected as a liability in the statements of net assets available for benefits at December 31, 2018 and 2017 in order to satisfy ERISA requirements.

**Plan Expenses:** The total Plan administrative expenses for the years ended December 31, 2018 and 2017 were \$14,325 and \$7,575, respectively.

**NOTE B – SIGNIFICANT ACCOUNTING POLICIES:**

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

*Basis of Accounting*

The financial statements of the Plan have been prepared on the accrual basis of accounting.

*Notes Receivables from Participant*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses has been recorded. If a participant does not make note repayments and the Company considers the participant note to be in default, the note balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

*Investment Valuation and Income Recognition*

The Plan's investments are held by the Voya Retirement Insurance and Annuity Company and are stated at fair value (except for the fixed investment contract, which is reported at contract 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 administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee and insurance company. See Note I for the discussion of fair value measurement.

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

Purchases 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Investment Options*

The Plan has 100% of its assets invested through a group variable annuity contract with Voya Retirement Insurance and Annuity Company, which maintains the contributions in pooled separated accounts that invest directly in the mutual funds. There is a wide variety of investment options in which the Participants may direct their contributions. Participants may change their investment options daily by using an automated phone line or the internet directly with Voya Retirement Insurance and Annuity Company.

*Payment of Benefits*

Benefits are recorded when paid.

*Operating Expenses*

All operating expenses of the Plan, such as professional fees and administrative expenses related to the maintenance of the Plan's books and records, are paid by the Company and are therefore excluded from these financial statements.

*Employer and Employee Contributions*

All employer and employee contributions are paid by the Company to Voya Retirement Insurance and Annuity Company following the pay period in which they were earned/deducted.

**NOTE C – TAX STATUS:**

The provisions of the Plan have been designed to meet the requirements of the Internal Revenue Service Code and the requirements of the Internal Revenue Service (IRS) dealing with master and prototype plans, when used in conjunction with certain group annuity contracts issued by the Plan trustee. The trustee has submitted this form of a pension plan document to the Internal Revenue Service and has received a letter from the Service to the effect that it is acceptable as to the form for use by employers. The Internal Revenue Service has determined and informed the Plan administrator by a letter dated August 7, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine tax audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

**NOTE D – INFORMATION PREPARED AND CERTIFIED BY PLAN'S TRUSTEE:**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2018, and net appreciation(depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2018, was obtained or derived from information supplied to the Plan administrator and certified as complete

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

and accurate by Voya Retirement Insurance and Annuity Company (the trustee of the Plan). As noted in the Auditor's report, the audit performed was a limited scope audit.

**NOTE E – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS:**

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. At December 31, 2018 and 2017 the Plan held an unallocated investment contract with Voya Retirement Insurance and Annuity Company as well as a money market account and mutual funds. Since this company is the trustee of the Plan, these investments qualify as party-in-interest investments. Participant notes held by the Plan also reflect party-in-interest transactions.

**NOTE F – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY:**

The Plan is involved in a benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company totaling \$999,637 for 2018 and \$954,226 for 2017. Voya Retirement Insurance and Annuity Company 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 investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the contract meets the criteria to be considered 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 contract. Contract value, as reported by the Plan by the trustee, represents contributions made under this contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal of 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 interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Voya Retirement Insurance and Annuity Company. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) 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 (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employees Retirement Income Security Act of 1974. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**NOTE G – INVESTMENTS:**

All investment balances at December 31, 2018 and 2017 are certified by the Voya Retirement Insurance and Annuity Company and are valued at fair and contract value as stated by the Voya Retirement Insurance and Annuity Company.

During 2018 and 2017, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value as follows:

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

|                                   | <u>2018</u>         | <u>2017</u>       |
|-----------------------------------|---------------------|-------------------|
| Interest, dividends and capital   |                     |                   |
| Gain distributions                | \$ 11,896           | \$ 8,997          |
| Net appreciation(depreciation) of |                     |                   |
| Fair value of investments         | (458,878)           | 618,740           |
|                                   | <hr/>               | <hr/>             |
| Total Investment Income/(Loss)    | <u>\$ (446,982)</u> | <u>\$ 627,737</u> |

**NOTE H – NOTES RECEIVABLE FROM PARTICIPANTS:**

The notes receivable are carried at their fair value which is measured by the unpaid principal balance on the notes. Notes in the amount of \$237,971 and \$147,008 are included on the accompanying Statement of Net Assets Available for Benefits as of December 31, 2018 and 2017, respectively. There were deemed distribution participant notes totaling \$1,223 and \$1,763 in 2018 and 2017, respectively. Notes issued in 2018 had an original interest rate of 5.50, 5.75, 6.00 and 6.25 percent. The activity for the two years is as follows:

|      | <u>Beginning Balance</u> | <u>New Loans</u> | <u>Payments</u> | <u>Ending Balance</u> |
|------|--------------------------|------------------|-----------------|-----------------------|
| 2018 | \$ 147,008               | \$ 201,121       | \$ (110,158)    | \$ 237,971            |
| 2017 | \$ 174,836               | \$ 83,380        | \$ (111,208)    | \$ 147,008            |

**NOTE I – FAIR VALUE MEASUREMENTS:**

The Plan's investments, with the exception of the general account which is reported at contract value, are reported at fair value in the accompany Statement of Net Assets Available for Benefits. The methods used to measure the fair value may produce an amount that may not be indicative of net realizable value or reflective future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 1 or Level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to methodologies used at December 31, 2018 and 2017.

*Level 2: Fair Value Measurements*

All investments, with the exception of the investment contract with the insurance company, are in pooled separate accounts with Voya Retirement Insurance and Annuity Company with the underlying investments in mutual funds. The investments by the Plan are reported at fair value based on the quoted market prices of similar assets in a non-active market held by Voya Retirement Insurance and Annuity Company at year end.

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017.

| <b>December 31, 2018</b>   | <u>Fair Value<br/>(Level 2)</u> | <u>Total</u>     |
|----------------------------|---------------------------------|------------------|
| Money Market               | \$ 37,071                       | 37,071           |
| Mutual Funds               | <u>6,411,796</u>                | <u>6,411,796</u> |
| Total assets at fair value | <u>\$ 6,448,867</u>             | <u>6,448,867</u> |

| <b>December 31, 2017</b>   | <u>Fair Value<br/>(Level 2)</u> | <u>Total</u>     |
|----------------------------|---------------------------------|------------------|
| Money Market               | \$ 31,300                       | 31,300           |
| Mutual Funds               | <u>4,673,977</u>                | <u>4,673,977</u> |
| Total assets at fair value | <u>\$ 4,705,277</u>             | <u>4,705,277</u> |

Gains and losses included in net assets available for benefits for the years ended December 31, 2018 and 2017, are reported in net appreciation/(depreciation) in fair value of investments.

**NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:**

The following is a reconciliation of the differences between the financial statements and the amounts reported on the IRS Form 5500 Schedule H as of December 31, 2018 and 2017:

|                                                                | <u>2018</u>         | <u>2017</u>      |
|----------------------------------------------------------------|---------------------|------------------|
| Net assets available for benefits per the financial statements | \$ 7,663,475        | 5,806,511        |
| Add: Deemed distributions                                      | <u>5,673</u>        | <u>1,763</u>     |
| Net assets available for benefits per the Sch. H per Form 5500 | <u>\$ 7,669,148</u> | <u>5,808,274</u> |

|                                                                                | <u>2018</u>         | <u>2017</u>      |
|--------------------------------------------------------------------------------|---------------------|------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 1,856,964        | 1,072,375        |
| Add: Deemed distributions                                                      | <u>3,910</u>        | <u>1,763</u>     |
| Net increase in net assets available for benefits per Schedule H of Form 5500  | <u>\$ 1,860,874</u> | <u>1,074,138</u> |

**NOTE K - RISKS AND UNCERTAINTIES:**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur near term and that such changes could materially affect

**ST. GEORGE RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 and 2017**

participant's account balances and the amounts reported in the statement of net assets available for benefits, however no estimated gain or loss is measurable.

**NOTE L – ROLLOVERS:**

The Plan allows for rollovers of employee contributions from qualified plans. During the years ended December 31, 2018 and 2017 rollover contributions were \$731,321 and \$6,014, respectively.

**NOTE M – TRANSFER OF ASSETS:**

During the months of January and February 2018, the Company transferred the assets of the retirement plans of the three companies, AZ CFS, LLC, STG WRHSE & Trucking CA and Extra Express, it purchased in 2017. The asset fund transfer included the balances within each new participant's account and any outstanding note balance within. The new employees were given the opportunity to transfer their retirement accounts elsewhere prior to the January and February transfer.

**NOTE N – THIRD PARTY ADMINISTRATOR AND BROKER CHANGES:**

During the month of July 2018, the Plan changed third party administrators to the current Retirement Solutions Specialist. During the same month the Plan changed investment brokers to UBS Financial Services.

**NOTE M – SUBSEQUENT EVENTS:**

Management has evaluated subsequent events through October 15, 2019, the date which the financial statements were available to be issued and determined no adjustment was necessary. As of the report date, the Plan has since been terminated. All of the assets of the Plan have been transferred to the new retirement Plan, still using the Plan trustee, Voya Retirement Insurance and Annuity Company.

SUPPLEMENTAL INFORMATION

**ST. GEORGE  
RETIREMENT PLAN  
FORM 5500 SCHEDULE H, LINE 4i  
(SCHEDULE OF ASSETS HELD AT YEAR END)**

St. George Logistics, Inc.  
St. George Retirement Plan

EIN - 22-2607954  
Plan Number 001

| (a)                           | (b)<br>Identity<br>of issue, borrower,<br>lessor, or similar<br>party | (c)<br>Description of<br>Investment including<br>maturity date, rate<br>of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current Value       |
|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Fixed Account                                                                                                        | (1)         | \$ 999,637                 |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds AM Balanced R3                                                                                             | (1)         | 406,036                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds EuroPacific R3                                                                                             | (1)         | 148,986                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds Fundamental Investors R3                                                                                   | (1)         | 309,667                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds New Perspective R3                                                                                         | (1)         | 66,420                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Blackrock Equity Dividend Fund R                                                                                          | (1)         | 189,104                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Lord Abbett Bond Debenture Fund R3                                                                                        | (1)         | 259,647                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Lord Abbett Developing Growth Fund R3                                                                                     | (1)         | 228,635                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Pimco Real Return Fund R                                                                                                  | (1)         | 18,212                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Pimco Total Return Fund R                                                                                                 | (1)         | 77,317                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Virtus CrdxLarge Cap Value Equity Fund A                                                                                  | (1)         | 113,025                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Virtus Seix Total Return Bond Fund R                                                                                      | (1)         | 126,565                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Victory Sycamore Established Value Fund R                                                                                 | (1)         | 186,921                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Gv Money Market Fund                                                                                                 | (1)         | 37,071                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2020 Pt Adv                                                                                           | (1)         | 53,388                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2025 P Adv                                                                                            | (1)         | 481,988                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2030 Pt Adv                                                                                           | (1)         | 276,914                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2035 P Adv                                                                                            | (1)         | 941,537                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2040 Pt Adv                                                                                           | (1)         | 308,978                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2045 P Adv                                                                                            | (1)         | 114,741                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2050 Pt Adv                                                                                           | (1)         | 113,575                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2055 P Adv                                                                                            | (1)         | 196,341                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2060 P Adv                                                                                            | (1)         | 110,800                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution Income P Adv                                                                                          | (1)         | 428,401                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Large Cap Growth Prt Adv                                                                                             | (1)         | 413,347                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Mid Cap Opportunities Port A                                                                                         | (1)         | 242,958                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Russell Mid Cap Index Prt A                                                                                          | (1)         | 135,488                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Russell Small Cap Index Prt A                                                                                        | (1)         | 56,955                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya US Stock Index Port Adv                                                                                              | (1)         | 208,555                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | VY American Century Small-Mid Cap VI Pt Adv                                                                               | (1)         | 100,178                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | VY Clarion Real Estate Prt Adv                                                                                            | (1)         | 97,117                     |
| *                             | Participant Loans                                                     | Prevailing Interest Rates of 4.25 to 6.25%                                                                                | 0           | <u>237,971</u>             |
| Total assets held at year end |                                                                       |                                                                                                                           |             | <u><u>\$ 7,686,475</u></u> |

an asterisk (\*) in column (a) indicates a party-in-interest  
(1) Cost is not required for participant-directed investments.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><br/> <input type="checkbox"/> a DFE (specify) ____         </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/><br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/><br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>                                                                                                         |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/><br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension<br/><br/> <input type="checkbox"/> the DFVC program         </div> </div>                                                                                                                                    |

|                |                                                                                                                                                                                                                                                                                                                                                                       |           |                                                    |           |                                                 |                                      |                                            |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|-----------|-------------------------------------------------|--------------------------------------|--------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                        |           |                                                    |           |                                                 |                                      |                                            |
| <b>1a</b>      | Name of plan<br>ST. GEORGE RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                            |           |                                                    |           |                                                 |                                      |                                            |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td><b>1c</b></td> <td colspan="2">Effective date of plan<br/>07/01/2005</td> </tr> </table>                                                                                           | <b>1b</b> | Three-digit plan number (PN) ▶                     | 001       | <b>1c</b>                                       | Effective date of plan<br>07/01/2005 |                                            |
| <b>1b</b>      | Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                        | 001       |                                                    |           |                                                 |                                      |                                            |
| <b>1c</b>      | Effective date of plan<br>07/01/2005                                                                                                                                                                                                                                                                                                                                  |           |                                                    |           |                                                 |                                      |                                            |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ST. GEORGE TRUCKING AND WAREHOUSE, INC.<br><br>5 LOGISTICS DRIVE<br><br>SOUTH KEARNY NJ 07032-4524             |           |                                                    |           |                                                 |                                      |                                            |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)<br/>22-2607954</td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number<br/>510-635-0350</td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)<br/>493100</td> </tr> </table> | <b>2b</b> | Employer Identification Number (EIN)<br>22-2607954 | <b>2c</b> | Plan Sponsor's telephone number<br>510-635-0350 | <b>2d</b>                            | Business code (see instructions)<br>493100 |
| <b>2b</b>      | Employer Identification Number (EIN)<br>22-2607954                                                                                                                                                                                                                                                                                                                    |           |                                                    |           |                                                 |                                      |                                            |
| <b>2c</b>      | Plan Sponsor's telephone number<br>510-635-0350                                                                                                                                                                                                                                                                                                                       |           |                                                    |           |                                                 |                                      |                                            |
| <b>2d</b>      | Business code (see instructions)<br>493100                                                                                                                                                                                                                                                                                                                            |           |                                                    |           |                                                 |                                      |                                            |

**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.

|                      |                                     |                    |                                                                         |
|----------------------|-------------------------------------|--------------------|-------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <br>Signature of plan administrator | 10/15/2019<br>Date | TRACEY MILLER<br>Enter name of individual signing as plan administrator |
| <b>SIGN<br/>HERE</b> | Signature of employer/plan sponsor  | Date               | Enter name of individual signing as employer or plan sponsor            |
| <b>SIGN<br/>HERE</b> | Signature of DFE                    | Date               | Enter name of individual signing as DFE                                 |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 902                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 853<br><b>6a(2)</b> 908<br><b>6b</b> 0<br><b>6c</b> 84<br><b>6d</b> 992<br><b>6e</b> 0<br><b>6f</b> 992<br><b>6g</b> 360<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E    2F    2G    2J    2K    2T    3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

**ST. GEORGE  
RETIREMENT PLAN  
FORM 5500 SCHEDULE H, LINE 4i  
(SCHEDULE OF ASSETS HELD AT YEAR END)**

St. George Logistics, Inc.  
St. George Retirement Plan

EIN - 22-2607954  
Plan Number 001

| (a)                           | (b)<br>Identity<br>of issue, borrower,<br>lessor, or similar<br>party | (c)<br>Description of<br>Investment including<br>maturity date, rate<br>of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current Value       |
|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Fixed Account                                                                                                        | (1)         | \$ 999,637                 |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds AM Balanced R3                                                                                             | (1)         | 406,036                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds EuroPacific R3                                                                                             | (1)         | 148,986                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds Fundamental Investors R3                                                                                   | (1)         | 309,667                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | American Funds New Perspective R3                                                                                         | (1)         | 66,420                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Blackrock Equity Dividend Fund R                                                                                          | (1)         | 189,104                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Lord Abbett Bond Debenture Fund R3                                                                                        | (1)         | 259,647                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Lord Abbett Developing Growth Fund R3                                                                                     | (1)         | 228,635                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Pimco Real Return Fund R                                                                                                  | (1)         | 18,212                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Pimco Total Return Fund R                                                                                                 | (1)         | 77,317                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Virtus CrdxLarge Cap Value Equity Fund A                                                                                  | (1)         | 113,025                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Virtus Seix Total Return Bond Fund R                                                                                      | (1)         | 126,565                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Victory Sycamore Established Value Fund R                                                                                 | (1)         | 186,921                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Gv Money Market Fund                                                                                                 | (1)         | 37,071                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2020 Pt Adv                                                                                           | (1)         | 53,388                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2025 P Adv                                                                                            | (1)         | 481,988                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2030 Pt Adv                                                                                           | (1)         | 276,914                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2035 P Adv                                                                                            | (1)         | 941,537                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2040 Pt Adv                                                                                           | (1)         | 308,978                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2045 P Adv                                                                                            | (1)         | 114,741                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2050 Pt Adv                                                                                           | (1)         | 113,575                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2055 P Adv                                                                                            | (1)         | 196,341                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution 2060 P Adv                                                                                            | (1)         | 110,800                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Index Solution Income P Adv                                                                                          | (1)         | 428,401                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Large Cap Growth Prt Adv                                                                                             | (1)         | 413,347                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Mid Cap Opportunities Port A                                                                                         | (1)         | 242,958                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Russell Mid Cap Index Prt A                                                                                          | (1)         | 135,488                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya Russell Small Cap Index Prt A                                                                                        | (1)         | 56,955                     |
| *                             | Voya Retirement Insurance and Annuity Company                         | Voya US Stock Index Port Adv                                                                                              | (1)         | 208,555                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | VY American Century Small-Mid Cap VI Pt Adv                                                                               | (1)         | 100,178                    |
| *                             | Voya Retirement Insurance and Annuity Company                         | VY Clarion Real Estate Prt Adv                                                                                            | (1)         | 97,117                     |
| *                             | Participant Loans                                                     | Prevailing Interest Rates of 4.25 to 6.25%                                                                                | 0           | <u>237,971</u>             |
| Total assets held at year end |                                                                       |                                                                                                                           |             | <u><u>\$ 7,686,475</u></u> |

an asterisk (\*) in column (a) indicates a party-in-interest  
(1) Cost is not required for participant-directed investments.