# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

**1a** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2011

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

1716 WEST HOLT
POMONA, CA 91768

**2b** Employer Identification Number (EIN)
95-4467199

**2c** Plan Sponsor's telephone number
909-623-9301

**2d** Business code (see instructions)
621510

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2019 | TALEEN VARTANIAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 369 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 227 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 181 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 153 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 334 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 334 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 316 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 23 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

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

**A** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY

**D** Employer Identification Number (EIN)
95-4467199

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 39-0989781 | 86231 | 801818-000 | | 01/01/2018 | 12/31/2018 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 8324 | 1087 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
AXA NETWORK LLC
2550 INTERSTATE DR STE 250
HARRISBURG, PA 17110-9606

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 8324 | 0 | 0 | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
21031 VENTURA BLVD. 12TH FLOOR
WOODLAND HILLS, CA 91364

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 1087 | TPA FEES | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2195383 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | 0 |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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 ▶ STABLE VALUE OPTION

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 8151 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 10910 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 191 | | |
| | (4) Transferred from separate account | 7c(4) | 2996 | | |
| | (5) Other (specify below) ▶ | 7c(5) | 4083 | | |
| | (6) Total additions | | | 7c(6) | 18180 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 26331 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 0 | | |
| | (2) Administration charge made by carrier | 7e(2) | 56 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) ▶ | 7e(4) | 4493 | | |
| | (5) Total deductions | | | 7e(5) | 4549 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 21782 |

## Part III Welfare Benefit Contract Information

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

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

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

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

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY

**D** Employer Identification Number (EIN)
95-4467199

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COM

39-0989781

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

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

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

QBI, LLC

26-2768667

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 64 | RECORDKEEPER | 8111 | Yes [X] No [ ] | Yes [X] No [ ] | 2 | Yes [ ] No [X] |

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 52 62 64 67 | RECORDKEEPER | 13519 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2018**

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

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

**A** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY

**D** Employer Identification Number (EIN)
95-4467199

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP VALU

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 138 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 667 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP GROW

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 678 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INCOME RET

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 858 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON OVERSEAS RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 1103 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CONSERVATI

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 1126 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-000 | P | 1395 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTERNATIONAL RET OP

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1420 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1596 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1603 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET OP

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1629 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH RET OP

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1755 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1770 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDEX

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1907 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2510 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2539 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2757 |
|---|---|---|

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2877 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP CORE EQUITY RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3089 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BOND RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3407 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3458 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3464 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3872 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CORE BOND RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3981 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SHORT DURATION BOND RET OP | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4224 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4264 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4876 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA BLACKROCK LIFEPATH INDEX RETIREM | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4981 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA VANGUARD REAL ESTATE INDEX RET O | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5193 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | STATE STREET INTERNATIONAL INDEX RE | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5417 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TA VANGUARD SMALL-CAP GROWTH INDEX | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5472 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS MID-CAP OPPORTUNITIES | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5847 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | JPMORGAN HIGH YIELD RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6169 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VIRTUS CEREDEX MID-CAP VALUE EQUITY | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6382 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS BALANCED RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6635 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | STATE STREET S&P MID CAP INDEX RET | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7512 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO TOTAL RETURN RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7593 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP VALUE INDEX R

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8897 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA U.S. TREASURY INDEX RET OP

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9143 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUNITIES

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9960 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10331 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13000 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13093 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMALL/MID CAP VALUE RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14528 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15220 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE RET

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19653 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21175 |
|---|---|---|

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23395 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP GROW | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26810 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27836 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35741 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38971 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40836 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44313 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66407 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS RET O | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87588 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91942 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104388 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106513 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109949 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125950 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH QUALITY

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151248 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251761 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265147 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

| **c** EIN-PN 39-0989781-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337424 |
|---|---|---|

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

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

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

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

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

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

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

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

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

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

**A** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY

**D** Employer Identification Number (EIN)
95-4467199

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 296625 | 70080 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 34032 | 133193 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1966595 | 2195383 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 8151 | 21782 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2305403 | 2420438 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2305403 | 2420438 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 70080 | |
| | **(B)** Participants | 2a(1)(B) | 284034 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 354114 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 191 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 5383 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5574 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -143519 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 216169 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 79505 | |
| (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) | | 79505 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 21629 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 21629 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 101134 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 115035 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (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: HKG, LLP **(2)** EIN: 95-4552788

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

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

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2018**

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

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

**A** Name of plan
FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY

**D** Employer Identification Number (EIN)
95-4467199

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 39-0989781

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

# FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN

Financial Statements

December 31, 2018 and 2017

(With Independent Auditors' Report Thereon)

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**

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*All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

HKG LLP
Certified Public Accountants

# INDEPENDENT AUDITORS' REPORT

Plan Administrator
Foundation Laboratory 401(k) Profit Sharing Plan
Pomona, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Foundation Laboratory 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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.

## Auditors' 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 administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

## 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**

The supplemental schedule – Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on this supplemental schedule.

**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 schedule, other than that derived from the information certified by the custodian, 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.

HRG, LLP

Pasadena, California
October 4, 2019

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2018 AND 2017**

| | 2018 | 2017 |
|---|---|---|
| **Assets** | | |
| Investments | | |
| Investments at fair value | $ 2,195,383 | $ 1,967,073 |
| Investment at contract value | 21,782 | 7,673 |
| Total investments | 2,217,165 | 1,974,746 |
| Receivables | | |
| Employer contribution | 70,080 | 296,625 |
| Participant loan receivables | 133,193 | 34,032 |
| Total receivables | 203,273 | 330,657 |
| **Net assets available for benefits** | $ 2,420,438 | $ 2,305,403 |

The accompanying notes are an integral part of these statements

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2018**

| | |
|---|---|
| **Additions to net assets attibuted to:** | |
| Investment (loss) income | |
| Net depreciation in fair value of pooled separate accounts | $ (143,519) |
| Interest - TransAmerica Stable Value Advantage Option | 191 |
| | (143,328) |
| Interest - participant loans receivable | 5,383 |
| Contributions | |
| Employer | 70,080 |
| Participants | 284,034 |
| Total contributions | 354,114 |
| Total additions | 216,169 |
| **Deductions from net assets attributed to:** | |
| Benefits paid to participants | 79,505 |
| Administrative expenses | 21,629 |
| Total deductions | 101,134 |
| Net increase | 115,035 |
| Net assets available for benefits - beginning of year | 2,305,403 |
| Net assets available for benefits - end of year | $ 2,420,438 |

The accompanying notes are an integral part of this statement

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2018 AND 2017**

## 1. DESCRIPTION OF THE PLAN

The following description of the Foundation Laboratory 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan was effective as of January 1, 2011. The sponsor of the Plan is Latara Enterprise, Inc. dba Foundation Laboratory (Employer).

The Plan is a defined contribution plan for which all full time employees who have one year of service (and 1,000 hours) and are age twenty-one or older are eligible. The Plan offers enrollment dates on the first days of January and July, after the employee has met the age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Basis of Accounting*

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP). Accordingly, income is recognized when earned, and expenses are recorded when incurred.

### *Contributions*

Each year, participants may contribute a portion of their pretax annual compensation as defined in the Plan (elective deferrals) and subject to Internal Revenue Code (IRC) limits. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions. Participants may also contribute (rollover) amounts representing pre-tax distributions from other qualified defined benefit or defined contribution plans. The Employer may match a portion of the participant's contributions and may also contribute a discretionary amount to each qualified participant's account. All contributions to the Plan, including any matching funds by the Employer, are invested at the direction of the participants. No employer matching contributions and no profit sharing contributions were made for the year ended December 31, 2018. Qualified non-elective contributions were $70,080, for the year ended December 31, 2018.

### *Participant Accounts*

Each participant directed account is credited with the participant's contributions, allocations of the Employer's contribution, investment earnings or loss, and reduced by benefits paid and an allocation of administrative expenses. Allocations are based on participant earnings, account balances or account activity. The benefit to which a participant is entitled is the benefit that can be provided from participant's vested account.

### *Administrative Expenses*

Investment transaction expenses are offset against the related investment income. Other administrative and non-investment expenses of the Plan are either paid by the Plan Sponsor, which is a party-in-interest, or through the Plan expense account. Expenses paid by the Plan Sponsor, which are not reflected in the accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Expenses paid through the Plan expense account are included in Administrative expenses in the Statement of Changes in Net Assets Available for Benefits. For the year ended December 31, 2018, the administrative expenses paid by the Plan were $21,629.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's matching and profit-sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service.

The following is the Plan's vesting schedule:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 2 | 0 % |
| 2 | 20 % |
| 3 | 40 % |
| 4 | 60 % |
| 5 | 80 % |
| 6+ | 100 % |

### *Participant Loan Receivables*

Participants may borrow from their account balances, provided that the loan does not exceed the lesser of 50% of their account balance or $50,000. The minimum loan balance is $1,000. Only one loan may be outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with the prevailing rate charged by commercial lenders. This is determined by the Plan administrator for loans of similar duration, repayment terms and security (typically the banking industry's prime rate). The sum of principal and interest is paid ratably through payroll deductions, generally over 5 years. Currently, the interest rate charged is 5.25% to 7.25%.

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

### *Withdrawals*

The IRS places certain restrictions on withdrawals in order to retain the special tax-saving benefits associated with the Plan. The Plan allows withdrawals at retirement, disability, and separation of service or upon death, as defined by the Plan. Other withdrawals are available only in cases of immediate and heavy financial hardship subject to IRS regulations.

### *Payment of Benefits*

Upon termination of service due to death, permanent disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Investment options may be available, but at an additional charge or restrictions may apply. In the event of a participant's death, payment of the value of the participant's account is made to their beneficiary in one lump sum.

Distributions to the participants of the Plan are recorded when paid.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

***Forfeitures***

Forfeitures are based on the nonvested portion of the Company's contribution upon employee termination. Forfeited amounts are being used to offset Plan expenses or reduce Employer contributions. Forfeitures were used to reduce the Plan expenses by $1,989 in 2018. The balance of unallocated forfeitures available to offset future Plan expenses amounted to $274 and $479 at December 31, 2018 and 2017, respectively.

***Investment Valuation and Income Recognition***

The Plan's participant directed investments are reported at fair value or net asset value as determined by TransAmerica, the Custodian, based on factors such as quoted market prices in active markets and prevailing interest rates. 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. *(See Note 4)*

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

The Plan presents, in the statement of changes in net assets available for benefits, the net depreciation in the fair value of its investments, which consists of realized and unrealized gains and losses on those investments.

See *Note 5 – Investment at contract value* for the financial statement presentation of investments at contract value.

***Use of Estimates***

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

## 3. INVESTMENTS

During the year ended December 31, 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held at year end) depreciated in value by $143,519.

## 4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of 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.

## 4. FAIR VALUE MEASUREMENTS (continued)

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC"), Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of fair value hierarchy under FASB ASC *Fair Value Measurements* are described as follows:

**Level 1 -** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2 -** Inputs to the valuation methodology are observable other than level 1 prices, such as quoted prices for similar assets and liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

**Level 3 -** Inputs to the valuation measurement are unobservable, supported by the little or no market data, and are significant to the fair value of the assets and liabilities.

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

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

*Pooled separate accounts:* Valued at the number of shares of the underlying fund multiplied by the closing net asset value (NAV) per share quoted by that fund.

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

## 4. FAIR VALUE MEASUREMENTS (continued)

Fair value of assets measured on a recurring basis at December 31, 2018:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Pooled separate accounts | $ - | $ 2,195,383 | $ - | $ 2,195,383 |
| | $ - | $ 2,195,383 | $ - | $ 2,195,383 |

Fair value of assets measured on a recurring basis at December 31, 2017:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Pooled separate accounts | $ - | $ 1,967,073 | $ - | $ 1,967,073 |
| | $ - | $ 1,967,073 | $ - | $ 1,967,073 |

As of December 31, 2018 and 2017, the Plan had no assets measured at fair value on a non-recurring basis and no liabilities measured at fair value on a recurring or non-recurring basis.

## 5. INVESTMENT AT CONTRACT VALUE

The Plan's traditional fully benefit-responsive guaranteed investment contract with Transamerica Life Insurance Company (Transamerica) was stated at $21,782 at 2018 and $7,673 at 2017. Transamerica 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. The crediting rate is based on a formula established by the contract issuer. The crediting rate is set on annual basis by Transamerica. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## 5. INVESTMENT AT CONTRACT VALUE (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

## 6. PLAN AMENDMENT

There were no significant amendments to the Plan during 2018.

## 7. PARTY-IN-INTEREST TRANSACTIONS

A party-in-interest is defined under Department of Labor regulations as any fiduciary (including, but not limited to, any administrator, officer, trustee or custodian), counsel or employee of the Plan, any party rendering services to the Plan, the employer and certain others. The independent auditor of the plan's financial statements is a service provider to the plan and a party in interest. Certain plan investments are managed by Transamerica Life Insurance Company or affiliates thereof. Transamerica Life Insurance Company is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan.

## 8. TAX STATUS

The Plan utilizes a prototype non-standardized plan provided by Datair Employee Benefit Systems, Inc. ("Datair"). The Internal Revenue Service (IRS) informed Datair by a letter dated May 7, 2015 that the form of this Plan is acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of its employees. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is designed and currently operated in compliance with the applicable requirements of the IRC, and therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. TAX STATUS (continued)

The Plan is following the accounting requirements associated with the uncertainty in income taxes using the provisions of FASB ASC, *Income Taxes.* Using this guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the positions will be sustained upon examination by tax authorities. The guidance provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition.

As of December 31, 2018 and 2017, the Plan had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

## 9. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

Transamerica (the Custodian) has certified that the following information included in the financial statements as of December 31, 2018 and 2017 is complete and accurate:

a. Investments as included on the Statements of Net Assets Available for Benefits.

The Custodian has certified that the following information included in the financial statements for the year ended December 31, 2018 is complete and accurate:

b. All information pertaining to investment income (loss) on the Statement of Changes in Net Assets Available for Benefits.

## 10. RISKS AND UNCERTAINTIES

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

## 11. CONCENTRATION OF MARKET AND CREDIT RISK

The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk is dictated by the Plan's provisions as well as those of ERISA and the participants' investment preferences. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the financial statements.

## 12. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer 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 Employer contributions.

## 13. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 4, 2019, the date the financial statements were available to be issued.

# SUPPLEMENTAL INFORMATION

FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN
SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

*Attachment to Schedule H, Line 4(i)*

***Plan Name:*** ***Foundation Laboratory 401(k) Profit Sharing Plan***
***EIN:*** ***95-4467199***
***Plan Number:*** ***001***

| (a) | (b) Identity of issue, borrower or similar party | (c) Description of Investment | (e) Current value |
|---|---|---|---|
| * | TransAmerica | AEGON Bond Ret Opt | $ 3,407 |
| * | TransAmerica | Alger Capital Appreciation Ret Opt | 1,770 |
| * | TransAmerica | American Century Mid Cap Value Ret Opt | 19,653 |
| * | TransAmerica | American Funds AMCAP Ret Opt | 2,757 |
| * | TransAmerica | American Funds Balanced Ret Opt | 6,635 |
| * | TransAmerica | American Funds Europacific Growth Ret Opt | 2,539 |
| * | TransAmerica | American Funds Fundamental Investors Ret Opt | 1,596 |
| * | TransAmerica | American Funds New Perspective Ret Opt | 3,872 |
| * | TransAmerica | American Funds Washington Mutual Investors Ret Opt | 10,331 |
| * | TransAmerica | BlackRock Equity Dividend Ret Opt | 21,175 |
| * | TransAmerica | BlackRock Global Allocation Ret Opt | 4,876 |
| * | TransAmerica | BlackRock Health Sciences Ops Ret Opt | 87,588 |
| * | TransAmerica | Calvert Equity Portfolio Ret Opt | 3,464 |
| * | TransAmerica | Columbia Acorn International Ret Opt | 1,420 |
| * | TransAmerica | Columbia U.S. Treasury Index Ret Opt | 9,143 |
| * | TransAmerica | Delafield Ret Opt | 2,510 |
| * | TransAmerica | Franklin Utilities Ret Opt | 13,000 |
| * | TransAmerica | Goldman Sachs Mid-Cap Opportunities Ret Opt | 5,847 |
| * | TransAmerica | Invesco International Growth Ret Opt | 1,755 |
| * | TransAmerica | Invesco Mid Cap Core Equity Ret Opt | 3,089 |
| * | TransAmerica | Invesco Small Cap Growth Ret Opt | 1,603 |
| * | TransAmerica | Janus Balanced Ret Opt | 1,103 |
| * | TransAmerica | Janus Overseas Ret Opt | 667 |
| * | TransAmerica | JPMorgan Core Bond Ret Opt | 3,981 |
| * | TransAmerica | JPMorgan High Yield Ret Opt | 6,169 |
| * | TransAmerica | JPMorgan Short Duration Bond Ret Opt | 4,224 |
| * | TransAmerica | Morgan Stanley Growth Opportunities Ret Opt | 9,960 |
| * | TransAmerica | Morgan Stanley Growth Ret Opt | 44,313 |
| * | TransAmerica | Neuberger Berman Genesis Ret Opt | 2,877 |
| * | TransAmerica | Oppenheimer Developing Markets Ret Opt | 1,395 |
| * | TransAmerica | Oppenheimer Global Ret Opt | 3,458 |
| * | TransAmerica | Oppenheimer International Growth Ret Opt | 35,741 |
| * | TransAmerica | PIMCO Total Return Ret Opt | 7,593 |
| * | TransAmerica | RidgeWorth Mid-Cap Value Equity Ret Opt | 6,382 |
| * | TransAmerica | SSgA Emerging Markets Index Ret Opt | 1,907 |
| * | TransAmerica | SSgA International Index Ret Opt | 5,417 |
| * | TransAmerica | SSgA Russell Large Cap Growth Index Ret Opt | 26,810 |
| * | TransAmerica | SSgA Russell Small Cap Growth Index Ret Opt | 678 |
| * | TransAmerica | SSgA Russell Small Cap Value Index Ret Opt | 138 |
| * | TransAmerica | SSgA S&P Mid Cap Index Ret Opt | 7,512 |
| * | TransAmerica | SSgA U.S. Bond Index Ret Opt | 1,629 |
| * | TransAmerica | Templeton Global Bond Ret Opt | 27,836 |
| * | TransAmerica | Transamerica Partners High Quality Bond Ret Opt | 151,248 |
| * | TransAmerica | Transamerica Partners High Yield Bond Ret Opt | 125,950 |
| * | TransAmerica | Transamerica Small/Mid Cap Value Ret Opt | 14,528 |
| * | TransAmerica | Transamerica Stable Value Advantage Ret Opt | 21,782 |
| * | TransAmerica | TA BlackRock Lifepath Index Ret Opt | 4,981 |
| * | TransAmerica | TA BlackRock Lifepath Index 2020 Ret Opt | 66,407 |
| * | TransAmerica | TA BlackRock Lifepath Index 2025 Ret Opt | 104,388 |

FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN
SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

*Attachment to Schedule H, Line 4(i)*

***Plan Name:*** ***Foundation Laboratory 401(k) Profit Sharing Plan***
***EIN:*** ***95-4467199***
***Plan Number:*** ***001***

| (a) | (b) Identity of issue, borrower or similar party | (c) Description of Investment | (e) Current value |
|---|---|---|---|
| * | TransAmerica | TA BlackRock Lifepath Index 2030 Ret Opt | 109,949 |
| * | TransAmerica | TA BlackRock Lifepath Index 2035 Ret Opt | 251,761 |
| * | TransAmerica | TA BlackRock Lifepath Index 2040 Ret Opt | 91,942 |
| * | TransAmerica | TA BlackRock Lifepath Index 2045 Ret Opt | 106,513 |
| * | TransAmerica | TA BlackRock Lifepath Index 2050 Ret Opt | 337,424 |
| * | TransAmerica | TA BlackRock Lifepath Index 2055 Ret Opt | 40,836 |
| * | TransAmerica | TA BlackRock Lifepath Index 2060 Ret Opt | 13,093 |
| * | TransAmerica | Vanguard Lifestrategy Conservative Growth Ret Opt | 1,126 |
| * | TransAmerica | Vanguard LifeStrategy Growth Ret Opt | 38,971 |
| * | TransAmerica | Vanguard LifeStrategy Income Ret Opt | 858 |
| * | TransAmerica | Vanguard LifeStrategy Moderate Growth Ret Opt | 265,147 |
| * | TransAmerica | Vanguard REIT Index Ret Opt | 5,193 |
| * | TransAmerica | Vanguard Small-Cap Growth Index Ret Opt | 5,472 |
| * | TransAmerica | Vanguard Small-Cap Index Ret Opt | 4,264 |
| * | TransAmerica | Vanguard Small-Cap Value Index Ret Opt | 8,897 |
| * | TransAmerica | Vanguard Total Stock Market Index Ret Opt | 23,395 |
| * | TransAmerica | WMC Core Equity Ret Opt | 15,220 |
| | Total investments | | 2,217,165 |
| | Participant Loan Receivables | Participant Loans (5.25-7.25%) | 133,193 |
| | | | $ 2,350,358 |

** Party-in-interest*

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here . . . . . ► [ ]

**D** Check box if filing under:
- [x] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

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

**1a** Name of plan
Foundation Laboratory 401(k) Profit Sharing Plan

**1b** Three-digit plan number (PN) ► 001

**1c** Effective date of plan 01/01/2011

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

Latara Enterprise, Inc. DBA Foundation Laboratory

1716 West Holt

US Pomona CA 91768

**2b** Employer Identification Number (EIN)
95-4467199

**2c** Plan Sponsor's telephone number
(909) 623-9301

**2d** Business code (see instructions)
621510

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | [signature] | 10/14/19 | Talcen Vartanian |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

# E-SIGNATURE AUTHORIZATION

## for

## Foundation Laboratory 401(k) Profit Sharing Plan

## 95-4467199/001

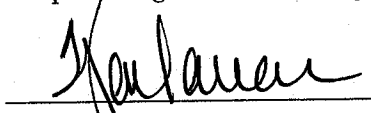
## For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize QBI, LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to QBI, LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
  - QBI, LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- QBI, LLC will maintain a copy of this written authorization in its records.
- QBI, LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- QBI, LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator

10/14/19

Date

Plan Sponsor

Date

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 369 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 227 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 181 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 153 |
| **d** Subtotal. Add lines **6a(2), 6b,** and **6c** | **6d** | 334 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 334 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 316 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 23 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a** **Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b** **General Schedules**

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

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

**11b** Is the plan currently in compliance with the Form M-1 filling 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 _____

**SCHEDULE A (Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2018**

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

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

**A** Name of plan
**Foundation Laboratory 401(k) Profit Sharing Plan**

**B** Three-digit plan number (PN) ► **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500
**Latara Enterprise, Inc. DBA Foundation Laboratory**

**D** Employer Identification Number (EIN)
**95-4467199**

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier

**Transamerica Life Insurance Company**

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0989781 | 86231 | 801818-000 | | 01/01/2018 | 12/31/2018 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 8,324 | 1,087 |

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

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

**AXA NETWORK LLC**
**2550 INTERSTATE DR STE 250**

**US HARRISBURG PA 17110-9606**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 8,324 | 0 | 0 | 3 |

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

**QBI, LLC**
**21031 Ventura Blvd. 12th Floor**

**US Woodland Hills CA 91364**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | 1,087 | TPA Fees | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2,195,383 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ►

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | 0 |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount | 6d | |

Specify nature of costs ►

**e** Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ►

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

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

**a** Type on contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ►

**Stable Value Option**

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 8,151 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 10,910 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 191 | | |
| | (4) Transferred from separate account | 7c(4) | 2,996 | | |
| | (5) Other (specify below) ► | 7c(5) | 4,083 | | |
| | (6) Total additions | | | 7c(6) | 18,180 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 26,331 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 0 | | |
| | (2) Administration charge made by carrier | 7e(2) | 56 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) ► | 7e(4) | 4,493 | | |
| | (5) Total deductions | | | 7e(5) | 4,549 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 21,782 |

## 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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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

Specify nature of costs ►

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
Foundation Laboratory 401(k) Profit Sharing Plan

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
Latara Enterprise, Inc. DBA Foundation Laboratory

**D** Employer Identification Number (EIN)
95-4467199

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COM 39-0989781

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

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

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

**QBI, LLC** **26-2768667**

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 64 | **Recordkeeper** | **8,111** | Yes [X] No [ ] | Yes [X] No [ ] | **2** | Yes [ ] No [X] |

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

**TRANSAMERICA LIFE INSURANCE COMPANY** **39-0989781**

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 52 62 64 67 | **Recordkeeper** | **13,519** | Yes [X] No [ ] | Yes [X] No [ ] | **0** | Yes [ ] No [X] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

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

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

| **A** Name of plan | **B** Three-digit plan number (PN) ► | |
|---|---|---|
| **Foundation Laboratory 401(k) Profit Sharing Plan** | | **001** |

| **C** Plan or DFE sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| **Latara Enterprise, Inc. DBA Foundation Laboratory** | **95-4467199** |

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

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET RUSSELL SMALL CAP VALU** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **138** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JANUS HENDERSON BALANCED RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **667** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET RUSSELL SMALL CAP GROW** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **678** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD LIFESTRATEGY INCOME RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **858** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JANUS HENDERSON OVERSEAS RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,103** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD LIFESTRATEGY CONSERVATI** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,126** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **OPPENHEIMER DEVELOPING MARKETS RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,395** |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **COLUMBIA ACORN INTERNATIONAL RET OP** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,420** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS FUNDAMENTAL INVESTOR** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,596** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **INVESCO SMALL CAP GROWTH RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,603** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET U.S. BOND INDEX RET OP** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,629** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **INVESCO INTERNATIONAL GROWTH RET OP** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,755** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **ALGER CAPITAL APPRECIATION RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,770** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET EMERGING MARKETS INDEX** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,907** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **DELAFIELD RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **2,510** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS EUROPACIFIC GROWTH R** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **2,539** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS AMCAP RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **2,757** |

**Part II** **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **NEUBERGER BERMAN GENESIS RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **2,877** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **INVESCO MID CAP CORE EQUITY RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,089** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AEGON BOND RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,407** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **OPPENHEIMER GLOBAL RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,458** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **CALVERT EQUITY RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,464** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS NEW PERSPECTIVE RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,872** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JPMORGAN CORE BOND RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **3,981** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JPMORGAN SHORT DURATION BOND RET OP** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **4,224** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD SMALL-CAP INDEX RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **4,264** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **BLACKROCK GLOBAL ALLOCATION RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **4,876** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX RETIREM** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **4,981** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD REAL ESTATE INDEX RET O** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **5,193** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET INTERNATIONAL INDEX RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **5,417** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD SMALL-CAP GROWTH INDEX** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **5,472** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **GOLDMAN SACHS MID-CAP OPPORTUNITIES** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **5,847** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JPMORGAN HIGH YIELD RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **6,169** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **VIRTUS CEREDEX MID-CAP VALUE EQUITY** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **6,382** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS BALANCED RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **6,635** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET S&P MID CAP INDEX RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **7,512** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **PIMCO TOTAL RETURN RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **7,593** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD SMALL-CAP VALUE INDEX R** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **8,897** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **COLUMBIA U.S. TREASURY INDEX RET OP** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **9,143** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **MORGAN STANLEY GROWTH OPPORTUNITIES** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **9,960** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN FUNDS WASHINGTON MUTUAL IN** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **10,331** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **FRANKLIN UTILITIES RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **13,000** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2060 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **13,093** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TRANSAMERICA SMALL/MID CAP VALUE RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **14,528** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **WMC CORE EQUITY RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **15,220** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN CENTURY MID CAP VALUE RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **19,653** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **BLACKROCK EQUITY DIVIDEND RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **21,175** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD TOTAL STOCK MARKET INDE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **23,395** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **STATE STREET RUSSELL LARGE CAP GROW** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **26,810** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TEMPLETON GLOBAL BOND RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **27,836** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **OPPENHEIMER INTERNATIONAL GROWTH RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **35,741** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD LIFESTRATEGY GROWTH RET** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **38,971** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2055 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **40,836** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **MORGAN STANLEY GROWTH RET OPT** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **44,313** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2020 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **66,407** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **BLACKROCK HEALTH SCIENCES OPS RET O** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **87,588** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2040 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **91,942** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2025 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **104,388** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2045 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **106,513** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2030 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **109,949** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TRANSAMERICA PARTNERS HIGH YIELD BO** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **125,950** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TRANSAMERICA PARTNERS HIGH QUALITY** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **151,248** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2035 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **251,761** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA VANGUARD LIFESTRATEGY MODERATE G** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **265,147** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **TA BLACKROCK LIFEPATH INDEX 2050 RE** | | |
| **b** Name of sponsor of entity listed in (a): | **TRANSAMERICA LIFE INSURANCE COMPANY** | | |
| **c** EIN-PN **39-0989781-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **337,424** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| **b** Name of sponsor of entity listed in (a): | | | |
| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| **b** Name of sponsor of entity listed in (a): | | | |
| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

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

**A** Name of plan
**Foundation Laboratory 401(k) Profit Sharing Plan**

**B** Three-digit plan number (PN) ▶ **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500
**Latara Enterprise, Inc. DBA Foundation Laboratory**

**D** Employer Identification Number (EIN)
**95-4467199**

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 296,625 | 70,080 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 34,032 | 133,193 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1,966,595 | 2,195,383 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 8,151 | 21,782 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 2,305,403 | 2,420,438 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through 1j) | 1k | | |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 2,305,403 | 2,420,438 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 70,080 | |
| **(B)** Participants | 2a(1)(B) | 284,034 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 354,114 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 191 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 5,383 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5,574 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A), (B),** and **(C)** | 2b(2)(D) | | |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | (143,519) |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 216,169 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 79,505 | |
| (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) | | 79,505 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 21,629 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 21,629 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 101,134 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 115,035 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (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: **HKG, LLP** (2) EIN: **95-4552788**

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

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

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

| During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 500,000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2018** and ending **12/31/2018**

Name of plan
**Foundation Laboratory 401(k) Profit Sharing Plan**

Employer Identification Number
**95-4467199**

Three-digit plan number ► **001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET RUSSELL SMALL CAP | | 138 |
| * | TRANSAMERICA LIFE INSURANCE CO | JANUS HENDERSON BALANCED RET O | | 667 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET RUSSELL SMALL CAP | | 678 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD LIFESTRATEGY INCOM | | 858 |
| * | TRANSAMERICA LIFE INSURANCE CO | JANUS HENDERSON OVERSEAS RET O | | 1,103 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD LIFESTRATEGY CONSE | | 1,126 |
| * | TRANSAMERICA LIFE INSURANCE CO | OPPENHEIMER DEVELOPING MARKETS | | 1,395 |
| * | TRANSAMERICA LIFE INSURANCE CO | COLUMBIA ACORN INTERNATIONAL R | | 1,420 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS FUNDAMENTAL INV | | 1,596 |
| * | TRANSAMERICA LIFE INSURANCE CO | INVESCO SMALL CAP GROWTH RET O | | 1,603 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET U.S. BOND INDEX R | | 1,629 |
| * | TRANSAMERICA LIFE INSURANCE CO | INVESCO INTERNATIONAL GROWTH R | | 1,755 |
| * | TRANSAMERICA LIFE INSURANCE CO | ALGER CAPITAL APPRECIATION RET | | 1,770 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET EMERGING MARKETS | | 1,907 |
| * | TRANSAMERICA LIFE INSURANCE CO | DELAFIELD RET OPT | | 2,510 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS EUROPACIFIC GRO | | 2,539 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS AMCAP RET OPT | | 2,757 |
| * | TRANSAMERICA LIFE INSURANCE CO | NEUBERGER BERMAN GENESIS RET O | | 2,877 |
| * | TRANSAMERICA LIFE INSURANCE CO | INVESCO MID CAP CORE EQUITY RE | | 3,089 |
| * | TRANSAMERICA LIFE INSURANCE CO | AEGON BOND RET OPT | | 3,407 |
| * | TRANSAMERICA LIFE INSURANCE CO | OPPENHEIMER GLOBAL RET OPT | | 3,458 |
| * | TRANSAMERICA LIFE INSURANCE CO | CALVERT EQUITY RET OPT | | 3,464 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS NEW PERSPECTIVE | | 3,872 |
| * | TRANSAMERICA LIFE INSURANCE CO | JPMORGAN CORE BOND RET OPT | | 3,981 |
| * | TRANSAMERICA LIFE INSURANCE CO | JPMORGAN SHORT DURATION BOND R | | 4,224 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD SMALL-CAP INDEX RE | | 4,264 |
| * | TRANSAMERICA LIFE INSURANCE CO | BLACKROCK GLOBAL ALLOCATION RE | | 4,876 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX RE | | 4,981 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD REAL ESTATE INDEX | | 5,193 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET INTERNATIONAL IND | | 5,417 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD SMALL-CAP GROWTH I | | 5,472 |
| * | TRANSAMERICA LIFE INSURANCE CO | GOLDMAN SACHS MID-CAP OPPORTUN | | 5,847 |
| * | TRANSAMERICA LIFE INSURANCE CO | JPMORGAN HIGH YIELD RET OPT | | 6,169 |
| * | TRANSAMERICA LIFE INSURANCE CO | VIRTUS CEREDEX MID-CAP VALUE E | | 6,382 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS BALANCED RET OP | | 6,635 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET S&P MID CAP INDEX | | 7,512 |
| * | TRANSAMERICA LIFE INSURANCE CO | PIMCO TOTAL RETURN RET OPT | | 7,593 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD SMALL-CAP VALUE IN | | 8,897 |
| * | TRANSAMERICA LIFE INSURANCE CO | COLUMBIA U.S. TREASURY INDEX R | | 9,143 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2018** and ending **12/31/2018**

Name of plan
**Foundation Laboratory 401(k) Profit Sharing Plan**

Employer Identification Number
**95-4467199**

Three-digit plan number ► **001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | TRANSAMERICA LIFE INSURANCE CO | MORGAN STANLEY GROWTH OPPORTUN | | 9,960 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN FUNDS WASHINGTON MUTU | | 10,331 |
| * | TRANSAMERICA LIFE INSURANCE CO | FRANKLIN UTILITIES RET OPT | | 13,000 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 13,093 |
| * | TRANSAMERICA LIFE INSURANCE CO | TRANSAMERICA SMALL/MID CAP VAL | | 14,528 |
| * | TRANSAMERICA LIFE INSURANCE CO | WMC CORE EQUITY RET OPT | | 15,220 |
| * | TRANSAMERICA LIFE INSURANCE CO | AMERICAN CENTURY MID CAP VALUE | | 19,653 |
| * | TRANSAMERICA LIFE INSURANCE CO | BLACKROCK EQUITY DIVIDEND RET | | 21,175 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD TOTAL STOCK MARKET | | 23,395 |
| * | TRANSAMERICA LIFE INSURANCE CO | STATE STREET RUSSELL LARGE CAP | | 26,810 |
| * | TRANSAMERICA LIFE INSURANCE CO | TEMPLETON GLOBAL BOND RET OPT | | 27,836 |
| * | TRANSAMERICA LIFE INSURANCE CO | OPPENHEIMER INTERNATIONAL GROW | | 35,741 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD LIFESTRATEGY GROWT | | 38,971 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 40,836 |
| * | TRANSAMERICA LIFE INSURANCE CO | MORGAN STANLEY GROWTH RET OPT | | 44,313 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 66,407 |
| * | TRANSAMERICA LIFE INSURANCE CO | BLACKROCK HEALTH SCIENCES OPS | | 87,588 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 91,942 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 104,388 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 106,513 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 109,949 |
| * | TRANSAMERICA LIFE INSURANCE CO | TRANSAMERICA PARTNERS HIGH YIE | | 125,950 |
| * | TRANSAMERICA LIFE INSURANCE CO | TRANSAMERICA PARTNERS HIGH QUA | | 151,248 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 251,761 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA VANGUARD LIFESTRATEGY MODER | | 265,147 |
| * | TRANSAMERICA LIFE INSURANCE CO | TA BLACKROCK LIFEPATH INDEX 20 | | 337,424 |
| * | TRANSAMERICA FINANCIAL LIFE IN | TA STABLE VALUE | | 21,782 |
| * | PARTICIPANT LOANS | INTEREST AT 5.25 TO 6.25% | | 133,193 |
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# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

► **File as an Attachment to Form 5500.**

OMB No. 1210-0110

**2018**

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

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

**A** Name of plan
**Foundation Laboratory 401(k) Profit Sharing Plan**

**B** Three-digit plan number (PN) ► **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500
**Latara Enterprise, Inc. DBA Foundation Laboratory**

**D** Employer Identification Number (EIN)
**95-4467199**

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions . . . . . **1** **0**

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

EIN(s): **39-0989781**

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

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

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**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): _____

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**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

**b** Provide the average duration of the combined investment-grade and high-yeild 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):

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2018**

***Attachment to Schedule H, Line 4(i)***

***Plan Name:*** ***Foundation Laboratory 401(k) Profit Sharing Plan***
***EIN:*** ***95-4467199***
***Plan Number:*** ***001***

| (a) | (b) Identity of issue, borrower or similar party | (c) Description of Investment | (e) Current value |
|---|---|---|---|
| * | TransAmerica | AEGON Bond Ret Opt | $ 3,407 |
| * | TransAmerica | Alger Capital Appreciation Ret Opt | 1,770 |
| * | TransAmerica | American Century Mid Cap Value Ret Opt | 19,653 |
| * | TransAmerica | American Funds AMCAP Ret Opt | 2,757 |
| * | TransAmerica | American Funds Balanced Ret Opt | 6,635 |
| * | TransAmerica | American Funds Europacific Growth Ret Opt | 2,539 |
| * | TransAmerica | American Funds Fundamental Investors Ret Opt | 1,596 |
| * | TransAmerica | American Funds New Perspective Ret Opt | 3,872 |
| * | TransAmerica | American Funds Washington Mutual Investors Ret Opt | 10,331 |
| * | TransAmerica | BlackRock Equity Dividend Ret Opt | 21,175 |
| * | TransAmerica | BlackRock Global Allocation Ret Opt | 4,876 |
| * | TransAmerica | BlackRock Health Sciences Ops Ret Opt | 87,588 |
| * | TransAmerica | Calvert Equity Portfolio Ret Opt | 3,464 |
| * | TransAmerica | Columbia Acorn International Ret Opt | 1,420 |
| * | TransAmerica | Columbia U.S. Treasury Index Ret Opt | 9,143 |
| * | TransAmerica | Delafield Ret Opt | 2,510 |
| * | TransAmerica | Franklin Utilities Ret Opt | 13,000 |
| * | TransAmerica | Goldman Sachs Mid-Cap Opportunities Ret Opt | 5,847 |
| * | TransAmerica | Invesco International Growth Ret Opt | 1,755 |
| * | TransAmerica | Invesco Mid Cap Core Equity Ret Opt | 3,089 |
| * | TransAmerica | Invesco Small Cap Growth Ret Opt | 1,603 |
| * | TransAmerica | Janus Balanced Ret Opt | 1,103 |
| * | TransAmerica | Janus Overseas Ret Opt | 667 |
| * | TransAmerica | JPMorgan Core Bond Ret Opt | 3,981 |
| * | TransAmerica | JPMorgan High Yield Ret Opt | 6,169 |
| * | TransAmerica | JPMorgan Short Duration Bond Ret Opt | 4,224 |
| * | TransAmerica | Morgan Stanley Growth Opportunities Ret Opt | 9,960 |
| * | TransAmerica | Morgan Stanley Growth Ret Opt | 44,313 |
| * | TransAmerica | Neuberger Berman Genesis Ret Opt | 2,877 |
| * | TransAmerica | Oppenheimer Developing Markets Ret Opt | 1,395 |
| * | TransAmerica | Oppenheimer Global Ret Opt | 3,458 |
| * | TransAmerica | Oppenheimer International Growth Ret Opt | 35,741 |
| * | TransAmerica | PIMCO Total Return Ret Opt | 7,593 |
| * | TransAmerica | RidgeWorth Mid-Cap Value Equity Ret Opt | 6,382 |
| * | TransAmerica | SSgA Emerging Markets Index Ret Opt | 1,907 |
| * | TransAmerica | SSgA International Index Ret Opt | 5,417 |
| * | TransAmerica | SSgA Russell Large Cap Growth Index Ret Opt | 26,810 |
| * | TransAmerica | SSgA Russell Small Cap Growth Index Ret Opt | 678 |
| * | TransAmerica | SSgA Russell Small Cap Value Index Ret Opt | 138 |
| * | TransAmerica | SSgA S&P Mid Cap Index Ret Opt | 7,512 |
| * | TransAmerica | SSgA U.S. Bond Index Ret Opt | 1,629 |
| * | TransAmerica | Templeton Global Bond Ret Opt | 27,836 |
| * | TransAmerica | Transamerica Partners High Quality Bond Ret Opt | 151,248 |
| * | TransAmerica | Transamerica Partners High Yield Bond Ret Opt | 125,950 |
| * | TransAmerica | Transamerica Small/Mid Cap Value Ret Opt | 14,528 |
| * | TransAmerica | Transamerica Stable Value Advantage Ret Opt | 21,782 |
| * | TransAmerica | TA BlackRock Lifepath Index Ret Opt | 4,981 |
| * | TransAmerica | TA BlackRock Lifepath Index 2020 Ret Opt | 66,407 |
| * | TransAmerica | TA BlackRock Lifepath Index 2025 Ret Opt | 104,388 |

**FOUNDATION LABORATORY 401(K) PROFIT SHARING PLAN**
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2018**

***Attachment to Schedule H, Line 4(i)***

***Plan Name:*** ***Foundation Laboratory 401(k) Profit Sharing Plan***
***EIN:*** ***95-4467199***
***Plan Number:*** ***001***

| (a) | (b) Identity of issue, borrower or similar party | (c) Description of Investment | (e) Current value |
|---|---|---|---|
| * | TransAmerica | TA BlackRock Lifepath Index 2030 Ret Opt | 109,949 |
| * | TransAmerica | TA BlackRock Lifepath Index 2035 Ret Opt | 251,761 |
| * | TransAmerica | TA BlackRock Lifepath Index 2040 Ret Opt | 91,942 |
| * | TransAmerica | TA BlackRock Lifepath Index 2045 Ret Opt | 106,513 |
| * | TransAmerica | TA BlackRock Lifepath Index 2050 Ret Opt | 337,424 |
| * | TransAmerica | TA BlackRock Lifepath Index 2055 Ret Opt | 40,836 |
| * | TransAmerica | TA BlackRock Lifepath Index 2060 Ret Opt | 13,093 |
| * | TransAmerica | Vanguard Lifestrategy Conservative Growth Ret Opt | 1,126 |
| * | TransAmerica | Vanguard LifeStrategy Growth Ret Opt | 38,971 |
| * | TransAmerica | Vanguard LifeStrategy Income Ret Opt | 858 |
| * | TransAmerica | Vanguard LifeStrategy Moderate Growth Ret Opt | 265,147 |
| * | TransAmerica | Vanguard REIT Index Ret Opt | 5,193 |
| * | TransAmerica | Vanguard Small-Cap Growth Index Ret Opt | 5,472 |
| * | TransAmerica | Vanguard Small-Cap Index Ret Opt | 4,264 |
| * | TransAmerica | Vanguard Small-Cap Value Index Ret Opt | 8,897 |
| * | TransAmerica | Vanguard Total Stock Market Index Ret Opt | 23,395 |
| * | TransAmerica | WMC Core Equity Ret Opt | 15,220 |
| | Total investments | | 2,217,165 |
| | Participant Loan Receivables | Participant Loans (5.25-7.25%) | 133,193 |
| | | | $ 2,350,358 |

** Party-in-interest*