

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b> For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
<b>A</b> This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a DFE (specify) ____         </div> </div>	
<b>B</b> This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report         </div> <div> <input type="checkbox"/> the final return/report         </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>	
<b>D</b> Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>	
<input type="checkbox"/> special extension (enter description)	

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>				
<b>1a</b> Name of plan <u>ZAK DESIGNS, INC. RETIREMENT TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/1994</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>01/01/1994</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>				
<b>1c</b> Effective date of plan <u>01/01/1994</u>					
<b>2a</b> 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) <u>ZAK DESIGNS, INC.</u>  <div style="display: flex; justify-content: space-between;"> <div> <u>P.O. BOX 19188</u>  <u>SPOKANE, WA 99219-9188</u> </div> <div> <u>1603 S. GARFIELD ROAD</u>  <u>AIRWAY HEIGHTS, WA 99001</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>91-1575165</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>509-244-0555</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>326100</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-1575165</u>	<b>2c</b> Plan Sponsor's telephone number <u>509-244-0555</u>	<b>2d</b> Business code (see instructions) <u>326100</u>	
<b>2b</b> Employer Identification Number (EIN) <u>91-1575165</u>					
<b>2c</b> Plan Sponsor's telephone number <u>509-244-0555</u>					
<b>2d</b> Business code (see instructions) <u>326100</u>					

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/21/2020	MICHELE MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)  
v. 190130

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 156
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 126 <b>6a(2)</b> 114 <b>6b</b> 0 <b>6c</b> 30 <b>6d</b> 144 <b>6e</b> 0 <b>6f</b> 144 <b>6g</b> 128 <b>6h</b> 5
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 3D 2A  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
--	--

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2019</b>  <hr/> <b>This Form is Open to Public Inspection</b>
---	---	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
<b>A</b> Name of plan ZAK DESIGNS, INC. RETIREMENT TRUST	<b>B</b> Three-digit plan number (PN)	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ZAK DESIGNS, INC.	<b>D</b> Employer Identification Number (EIN) 91-1575165	

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

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

<b>(a)</b> Name of insurance carrier JOHN HANCOCK LIFE INSURANCE COMPANY - JOHN HANCOCK USA					
(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
01-0233346	65838	51828	132	01/01/2019	12/31/2019

<b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
<b>(a)</b> Total amount of commissions paid 0	<b>(b)</b> Total amount of fees paid 5634

<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid	
HUNTER BENEFITS CONSULTING GROUP	119 E PALATINE RD STE 104 PALATINE, IL 60067

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5605	TPA COMPENSTION	5

<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid	
HUNTER BENEFITS CONSULTING GROUP	119 E PALATINE RD STE 104 PALATINE, IL 60067

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	29	TPA ALLOWANCES	5

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	169356
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	11657973

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

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year.....	<b>7b</b>	339668
<b>c</b> Additions: (1) Contributions deposited during the year.....	<b>7c(1)</b>	26717
(2) Dividends and credits .....	<b>7c(2)</b>	0
(3) Interest credited during the year .....	<b>7c(3)</b>	2321
(4) Transferred from separate account.....	<b>7c(4)</b>	0
(5) Other (specify below) .....	<b>7c(5)</b>	3358
▶ PLAN EXPENSE REDUCTION CREDIT; FMV ADJ		
(6) Total additions.....	<b>7c(6)</b>	32396
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	372064
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	669
(2) Administration charge made by carrier .....	<b>7e(2)</b>	666
(3) Transferred to separate account.....	<b>7e(3)</b>	201373
(4) Other (specify below) .....	<b>7e(4)</b>	0
▶		
(5) Total deductions.....	<b>7e(5)</b>	202708
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	169356

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2019</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

<b>A</b> Name of plan <b>ZAK DESIGNS, INC. RETIREMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ZAK DESIGNS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>91-1575165</b>

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

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<b>JOHN HANCOCK USA</b>	<b>PO BOX 600</b> <b>BUFFALO, NY 14201-0600</b>
<b>01-0233346</b>	

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

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

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



---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

MERCER INVESTMENT MANAGEMENT

601 W MAIN  
SPOKANE, WA 99201

30-0282430

(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?
26	NONE	16991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

<b>A</b> Name of plan <u>ZAK DESIGNS, INC. RETIREMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ZAK DESIGNS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1575165</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIMANAGER 2055 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>97648</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIMANAGER 2050 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>90818</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULITMANAGER 2045 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>80145</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIMANAGER 2040 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>152136</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULITMANAGER 2035 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>24442</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULITMANAGER 2030 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>6956</u></span>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIMANAGER 2025 LIFETIME</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>523501</u></span>	

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTIMANAGER 2020 LIFETIME**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35167</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTIMANAGER 2010 LIFETIME**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>359968</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-INDEX 2055 PRESERV**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7889</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-INDEX 2050 PRESERV**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>49753</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-INDEX 2045 PRESERV**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35245</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-INDEX 2040 PRESERV**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>119362</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-INDEX 2035 PRESERV**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>373562</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>428038</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>710852</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>547904</b>
---------------------------------------	-------------------------------	---



<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER MODERATE LS		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127991
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER CONSERV LS		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19358
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336480
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60574
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81363
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8057
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4383
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9700

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>23</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>77916</b>
---------------------------------------	-------------------------------	--

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>860</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK INTL GROWTH**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN MIDCAP VALUE FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>42128</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP INDEX FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>142598</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP STOCK FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>130948</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>54222</b>
---------------------------------------	-------------------------------	--

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPENHEIMER DEVELOPING MKT</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRU JENNISON MID GROWTH FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>RESL EST. SECURITIES FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>157296</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ROYCE OPPORTUNITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SCIENCE &amp; TECHNOLOGY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>69056</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP STOCK FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>56206</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP VALUE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL COMPANY VALUE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE HEALTH SCI</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>67047</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283418
--------------------------------	------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27562
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75955
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35460
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32595
--------------------------------	------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP VALUE ETF

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24388
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16603
--------------------------------	------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1079672
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2996
--------------------------------	------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

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

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 617715
--------------------------------	------------------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 414604
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI IMPACT EQUITY FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3165
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7736
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 797127
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8861
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81320
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 640
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270115

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FUNDAMENTAL LARGE CAP VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18178</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>IVY ASSET STRATEGY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK DISCIPLINED VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>22207</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPMORGAN US EQUITY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>218712</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NEW PERSPECTIVE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>33858</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPENHEIMER GLOBAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PARNASSUS CORE EQUITY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>57481</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE EQUITY INC</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>251</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTI-INDEX 2060 PRESERV</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>97648</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON WORLD</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11276</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **THE GROWTH FUND OF AMERICA**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>27276</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INCOME FUND OF AMERICA**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>29554</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL STOCK MARKET INDEX FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **U.S. GROWTH FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>148862</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD GROWTH INDEX FUND**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>118430</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5290</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28447</b>
---------------------------------------	-------------------------------	--

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4066</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8812
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND OPPS FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58269
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U. S. HIGH YIELD BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59170
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74339
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138985
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2030 PRESERV		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130084
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4066
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184



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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4056</b>
---------------------------------------	-------------------------------	---

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

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1371334</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SHORT-TERM FEDERAL**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5128</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON FOREIGN SMALLER CO**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3171</b>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK US QUALITY GROWTH**

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

<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8037</b>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>		
<b>A</b> Name of plan <b>ZAK DESIGNS, INC. RETIREMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ZAK DESIGNS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>91-1575165</b>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	529	4633
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	10085077	11657973
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	339668	169356
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	10425274	11831962

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	10425274	11831962
---	-----------	----------	----------

**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	64213	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	492282	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	9951	
(2) Noncash contributions .....	<b>2a(2)</b>	0	566446
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	2321	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2321
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		2208990
(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		3645
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		2781402

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1324898	
(2) To insurance carriers for the provision of benefits .....	2e(2)	0	
(3) Other .....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		1324898
f Corrective distributions (see instructions) .....	2f		2375
g Certain deemed distributions of participant loans (see instructions) .....	2g		0
h Interest expense .....	2h		0
i Administrative expenses: (1) Professional fees .....	2i(1)	0	
(2) Contract administrator fees .....	2i(2)	30450	
(3) Investment advisory and management fees .....	2i(3)	16991	
(4) Other .....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		47441
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1374714

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		1406688
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) ☐ Unmodified (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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection.</b>
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

<b>A</b> Name of plan <u>ZAK DESIGNS, INC. RETIREMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ZAK DESIGNS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1575165</u>

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>01-0233346</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

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

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
If you completed line 6c, skip lines 8 and 9.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box .....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2019  
v. 190130

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_



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

**a** The current year.....

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

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

**14a****14b****14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

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

**15a****15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



Financial Statements

December 31, 2019 and 2018

## Zak Designs, Inc. Retirement Trust

# Zak Designs, Inc. Retirement Trust

## Table of Contents

December 31, 2019 and 2018

---

Independent Auditor's Report .....	1
Financial Statements	
Statements of Net Assets Available for Benefits .....	3
Statements of Changes in Net Assets Available for Benefits .....	4
Notes to Financial Statements .....	5
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets Held at End of Year .....	12



## Independent Auditor's Report

Trustees and Participants  
Zak Designs, Inc. Retirement Trust  
Airway Heights, Washington

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Zak Designs, Inc. Retirement Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 are 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 ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock 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 custodian as of December 31, 2019 and 2018 and for the years then ended, 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 – Supplementary Information**

The supplemental schedule H, line 4i-schedule of assets held at end of year as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 ERISA.

A handwritten signature in black ink that reads "Eide Sully LLP". The signature is written in a cursive, flowing style.

Spokane, Washington  
July 10, 2020

Zak Designs, Inc. Retirement Trust  
Statements of Net Assets Available for Benefits  
December 31, 2019 and 2018

---

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value	\$ 11,827,329	\$ 10,424,745
Cash, non interest bearing	<u>4,633</u>	<u>529</u>
Total assets	<u>11,831,962</u>	<u>10,425,274</u>
Liabilities		
Excess contributions payable	<u>-</u>	<u>2,386</u>
Net Assets Available for Benefits	<u><u>\$ 11,831,962</u></u>	<u><u>\$ 10,422,888</u></u>

Zak Designs, Inc. Retirement Trust  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 2,212,635	\$ (455,709)
Interest	<u>2,321</u>	<u>1,966</u>
	<u>2,214,956</u>	<u>(453,743)</u>
Contributions		
Employer	64,213	64,613
Participant	492,282	513,746
Rollover	<u>9,951</u>	<u>24,265</u>
	<u>566,446</u>	<u>602,624</u>
Total additions	<u>2,781,402</u>	<u>148,881</u>
Deductions		
Benefits paid to participants	1,324,887	1,292,147
Administrative expenses	<u>47,441</u>	<u>26,602</u>
Total deductions	<u>1,372,328</u>	<u>1,318,749</u>
Net Increase (Decrease)	1,409,074	(1,169,868)
Net Assets Available for Benefits		
Beginning of year	<u>10,422,888</u>	<u>11,592,756</u>
End of year	<u><u>\$ 11,831,962</u></u>	<u><u>\$ 10,422,888</u></u>

## **Note 1 - Description of Plan**

The following brief description of the Zak Designs, Inc. Retirement Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### **General**

The Plan is a defined contribution plan covering qualified employees of Zak Designs, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Board of Directors determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

### **Eligibility**

Employees are eligible to participate in the Plan if they have completed 1,000 or more hours of service.

### **Entry Date**

Employees may enter the Plan on the first day of January, April, July or October coinciding with or following the date they satisfy the Plan's eligibility requirements.

### **Contributions**

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). At the discretion of the Company's board of directors, a matching contribution may be made for a particular Plan year. For 2019 and 2018, the Company made discretionary matching contributions of 25% of total participant deferrals up to 6% of compensation.

### **Participant Accounts**

Each participant's account is credited with the participant's contributions as well as allocations of the Company's discretionary contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.



### Investment Options

Upon enrollment to the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

### Vesting

Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of cumulative service.

Vesting is based on years of credited services as set forth in the following table:

<u>Participant's Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

### Forfeitures

At December 31, 2019 and 2018, forfeited non-vested accounts totaled \$4,633 and \$528, respectively. These accounts will be used to reduce future employer contributions or offset plan expenses. During the years ended December 31, 2019 and 2018, employer contributions were reduced by \$4,412 and \$1,676, respectively, from forfeited non-vested accounts.

### Payment of Benefits

Participants may elect to receive either a lump-sum amount equal to the value of their vested interest or annual installments as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than \$5,000 may be automatically paid out by the Plan upon termination. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½, subject to certain limitations, or hardship as defined in the Plan document.

### Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

## **Note 2 - Summary of Accounting Policies**

### **Basis of Accounting**

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

### **Use of Estimates**

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

### **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### **Payment of Benefits**

Benefits payments to participants are recorded upon distribution.

### **Expenses**

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net asset available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

### **Note 3 - Fair Value Measurements**

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 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 include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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, 2019 and 2018.

Pooled separate accounts – Valued at fair value based on the net asset value (NAV) of units as determined by the insurance company. The NAV is based on the observable market prices of the underlying assets within the account less liabilities. The NAV for the underlying assets of the account is a readily determinable measure of their fair value and is the basis for current transitions.

Guaranteed investment contract - The fair value of the non-fully benefit-responsive guaranteed investment contract is measured using an income approach and discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	2019			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 11,657,973	\$ -	\$ 11,657,973
Guaranteed Investment Contract	-	169,356	-	169,356
Investments at fair value	<u>\$ -</u>	<u>\$ 11,827,329</u>	<u>\$ -</u>	<u>\$ 11,827,329</u>
	2018			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 10,085,077	\$ -	\$ 10,085,077
Guaranteed Investment Contract	-	339,668	-	339,668
Investments at fair value	<u>\$ -</u>	<u>\$ 10,424,745</u>	<u>\$ -</u>	<u>\$ 10,424,745</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

#### Transfers Between Levels

For the years ended December 31, 2019 and 2018, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

#### Note 4 - Information Certified by John Hancock Life Insurance Company

The Plan administrator has elected the method of compliance permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the plan's independent auditors not to perform any auditing procedures with respect to the information certified as completed and accurate by John Hancock Life Insurance Company, the custodian, except for comparing such information certified by the custodian with information included in the plan's financial statements and supplemental schedule H, line 4i-schedule of assets held at end of year.

The custodian has certified its statement of accounts as of December 31, 2019 and 2018, and for the years then ended. The statement of accounts includes beginning and ending balances of investments held and all related investment activity during the period, including investment earnings.

#### **Note 5 - Tax Status**

The Plan uses a pre-approved plan document sponsored by Foster Garvey PC, which received an opinion letter from the Internal Revenue Service (IRS), dated February 2, 2020, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 6 - Contract with Insurance Company**

The Plan entered into an investment contract with John Hancock Life Insurance Company (John Hancock). As part of the contract, John Hancock maintains a portion of the contributions in a guaranteed account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expense charged by John Hancock. The guaranteed account is included in the financial statements at fair value.

#### **Note 7 - Related-Party and Party-in-Interest Transactions**

Certain Plan investments are units of pooled separate accounts managed by John Hancock, the custodian as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

#### **Note 8 - Risks and Uncertainties**

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

**Note 9 - Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The amount of excess contributions was \$0 and \$2,386 for the years ended December 31, 2019 and 2018, respectively.

**Note 10 - Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018, to Form 5500:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per the Financial Statements	\$ 11,831,962	\$ 10,422,888
Excess Contributions Payable	<u>-</u>	<u>2,386</u>
Net assets per the Form 5500	<u><u>\$ 11,831,962</u></u>	<u><u>\$ 10,425,274</u></u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2019 and 2018, to Form 5500.

	<u>2019</u>	<u>2018</u>
Total Benefits Paid to Participants per the Financial Statements	\$ 1,324,887	\$ 1,292,147
Add (Deduct) Prior Year Excess Contributions Payable	<u>2,386</u>	<u>(2,386)</u>
Total benefits paid to participants per the Form 5500	<u><u>\$ 1,327,273</u></u>	<u><u>\$ 1,289,761</u></u>

**Note 11 - Subsequent Events**

Subsequent to year-end, the United States and global markets experienced significant declines in value resulting from uncertainty caused by the world-wide coronavirus pandemic. The plan sponsor is closely monitoring its investment portfolio and its liquidity and is actively working to minimize the impact of these declines. The plan's financial statements do not include adjustments to fair value that have resulted from these declines.

The Plan Sponsor has evaluated subsequent events through July 10, 2020, the date which the financial statements were available to be issued.



Supplementary Information  
December 31, 2019

## Zak Designs, Inc. Retirement Trust

Zak Designs, Inc. Retirement Trust  
Schedule H, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2019  
Plan: 001

EIN: 91-1575165

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	John Hancock General Funds			
*	John Hancock Life Insurance Company USA	Guaranteed Investment Contract	N/A	\$ 169,356
	John Hancock Pooled Separate Accounts			
	John Hancock Life Insurance Company USA	500 Index Fund	N/A	1,079,672
*	John Hancock Life Insurance Company USA	American Century Heritage Fund	N/A	336,480
*	John Hancock Life Insurance Company USA	BlackRock Global Allocation Fund	N/A	2,996
*	John Hancock Life Insurance Company USA	Blue Chip Growth Fund	N/A	617,715
*	John Hancock Life Insurance Company USA	Capital Appreciation Fund	N/A	414,604
*	John Hancock Life Insurance Company USA	Core Bond Fund	N/A	74,339
*	John Hancock Life Insurance Company USA	DFA Emerging Markets Value Fund	N/A	60,574
*	John Hancock Life Insurance Company USA	Domini Impact Equity Fund	N/A	3,165
*	John Hancock Life Insurance Company USA	Equity Income Fund	N/A	7,736
*	John Hancock Life Insurance Company USA	EuroPacific Growth Fund	N/A	81,363
*	John Hancock Life Insurance Company USA	Fidelity Advisor Leveraged Company Stock Fund	N/A	8,057
*	John Hancock Life Insurance Company USA	Fidelity Advisor Total Bond Fund	N/A	138,985
*	John Hancock Life Insurance Company USA	Fidelity Contra Fund	N/A	797,127
*	John Hancock Life Insurance Company USA	Financial Industries Fund	N/A	4,383
*	John Hancock Life Insurance Company USA	Franklin Mutual Beacon Fund	N/A	8,861
*	John Hancock Life Insurance Company USA	Franklin Mutual Global Discovery Fund	N/A	81,320
*	John Hancock Life Insurance Company USA	Franklin Small-Mid Cap Growth Fund	N/A	9,700
*	John Hancock Life Insurance Company USA	Fundamental All Cap Core Fund	N/A	640
*	John Hancock Life Insurance Company USA	Fundamental Large Cap Value Fund	N/A	18,178
*	John Hancock Life Insurance Company USA	International Value Fund	N/A	23
*	John Hancock Life Insurance Company USA	Invesco International Growth Fund	N/A	77,916
*	John Hancock Life Insurance Company USA	Invesco Oppenheimer Developing Markets Fund	N/A	181,182
*	John Hancock Life Insurance Company USA	Invesco Small Cap Growth Fund	N/A	860
*	John Hancock Life Insurance Company USA	John Hancock Disciplined Value Fund	N/A	22,207
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2030 Preservation Portfolio	N/A	130,084
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2035 Preservation Portfolio	N/A	373,562
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2040 Preservation Portfolio	N/A	119,362
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2045 Preservation Portfolio	N/A	35,245
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2050 Preservation Portfolio	N/A	49,753
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2055 Preservation Portfolio	N/A	7,889
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2060 Preservation Portfolio	N/A	21,158
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2010 Lifetime Portfolio	N/A	359,968
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2020 Lifetime Portfolio	N/A	35,167
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2025 Lifetime Portfolio	N/A	523,501
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2030 Lifetime Portfolio	N/A	6,956
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2035 Lifetime Portfolio	N/A	24,442
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2040 Lifetime Portfolio	N/A	152,136
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2045 Lifetime Portfolio	N/A	80,145
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2050 Lifetime Portfolio	N/A	90,818
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2055 Lifetime Portfolio	N/A	97,648
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Aggressive Lifestyle Portfolio	N/A	428,038
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Balanced Lifestyle Portfolio	N/A	547,904
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Conservative Lifestyle Portfolio	N/A	19,358
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Growth Lifestyle Portfolio	N/A	710,852
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Moderate Lifestyle Portfolio	N/A	127,991
*	John Hancock Life Insurance Company USA	John Hancock U.S. Quality Growth Fund	N/A	8,037
*	John Hancock Life Insurance Company USA	JPMorgan Mid Cap Value Fund	N/A	42,128
*	John Hancock Life Insurance Company USA	JPMorgan U.S. Equity Fund	N/A	218,712
*	John Hancock Life Insurance Company USA	MFS Utilities Fund	N/A	148,862
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	N/A	142,598
*	John Hancock Life Insurance Company USA	Mid Cap Stock Fund	N/A	130,948
*	John Hancock Life Insurance Company USA	Mid Value Fund	N/A	54,222
*	John Hancock Life Insurance Company USA	Money Market Fund	N/A	1,371,334
*	John Hancock Life Insurance Company USA	New Perspective Fund	N/A	33,858
*	John Hancock Life Insurance Company USA	Opportunistic Fixed Income Fund	N/A	4,066



Zak Designs, Inc. Retirement Trust  
Schedule H, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2019  
Plan: 001

EIN: 91-1575165

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	John Hancock Life Insurance Company USA	Parnassus Core Equity Fund	N/A	57,481
*	John Hancock Life Insurance Company USA	PIMCO All Asset Fund	N/A	8,812
*	John Hancock Life Insurance Company USA	PIMCO Global Bond Opportunities Fund	N/A	191
*	John Hancock Life Insurance Company USA	PIMCO Real Return Fund	N/A	184
*	John Hancock Life Insurance Company USA	Real Estate Securities Fund	N/A	157,296
*	John Hancock Life Insurance Company USA	Science & Technology Fund	N/A	69,056
*	John Hancock Life Insurance Company USA	Small Cap Index Fund	N/A	56,206
*	John Hancock Life Insurance Company USA	Sprott Gold Fund	N/A	75,955
*	John Hancock Life Insurance Company USA	Strategic Income Opportunities Fund	N/A	302
*	John Hancock Life Insurance Company USA	T. Rowe Price Equity Income Fund	N/A	251
*	John Hancock Life Insurance Company USA	T. Rowe Price Health Sciences Fund	N/A	67,047
*	John Hancock Life Insurance Company USA	T. Rowe Price New Era Fund	N/A	159
*	John Hancock Life Insurance Company USA	T. Rowe Price Science & Technology Fund	N/A	283,418
*	John Hancock Life Insurance Company USA	T. Rowe Price Small Cap Value Fund	N/A	27,562
*	John Hancock Life Insurance Company USA	T. Rowe Price Spectrum Income Fund	N/A	58,269
*	John Hancock Life Insurance Company USA	Templeton Institutional Foreign Smaller Companies Fund	N/A	3,171
*	John Hancock Life Insurance Company USA	Templeton World Fund	N/A	11,276
*	John Hancock Life Insurance Company USA	The Growth Fund of America	N/A	27,276
*	John Hancock Life Insurance Company USA	The Income Fund of America	N/A	29,554
*	John Hancock Life Insurance Company USA	U.S. High Yield Bond Fund	N/A	59,170
*	John Hancock Life Insurance Company USA	Vanguard Energy Fund	N/A	35,460
*	John Hancock Life Insurance Company USA	Vanguard Explorer Fund	N/A	32,595
*	John Hancock Life Insurance Company USA	Vanguard Growth Index Fund	N/A	118,430
*	John Hancock Life Insurance Company USA	Vanguard Mid-Cap Value ETF	N/A	24,388
*	John Hancock Life Insurance Company USA	Vanguard Short-Term Federal Fund	N/A	5,128
*	John Hancock Life Insurance Company USA	Vanguard Small Cap Value Index Fund	N/A	16,603
*	John Hancock Life Insurance Company USA	US Government Securities	N/A	4,056
*	John Hancock Life Insurance Company USA	Washington Mutual Investors	N/A	5,290
*	John Hancock Life Insurance Company USA	American Balanced Fund	N/A	28,447
*	John Hancock Life Insurance Company USA	Fundamental Investors	N/A	270,115
				<u>\$ 11,827,329</u>

\* A party-in-interest as defined by the ERISA.

N/A - Not applicable for participant-directed plan.

Zak Designs, Inc. Retirement Trust  
Schedule H, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2019  
Plan: 001

EIN: 91-1575165

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	John Hancock General Funds			
*	John Hancock Life Insurance Company USA	Guaranteed Investment Contract	N/A	\$ 169,356
	John Hancock Pooled Separate Accounts			
	John Hancock Life Insurance Company USA	500 Index Fund	N/A	1,079,672
*	John Hancock Life Insurance Company USA	American Century Heritage Fund	N/A	336,480
*	John Hancock Life Insurance Company USA	BlackRock Global Allocation Fund	N/A	2,996
*	John Hancock Life Insurance Company USA	Blue Chip Growth Fund	N/A	617,715
*	John Hancock Life Insurance Company USA	Capital Appreciation Fund	N/A	414,604
*	John Hancock Life Insurance Company USA	Core Bond Fund	N/A	74,339
*	John Hancock Life Insurance Company USA	DFA Emerging Markets Value Fund	N/A	60,574
*	John Hancock Life Insurance Company USA	Domini Impact Equity Fund	N/A	3,165
*	John Hancock Life Insurance Company USA	Equity Income Fund	N/A	7,736
*	John Hancock Life Insurance Company USA	EuroPacific Growth Fund	N/A	81,363
*	John Hancock Life Insurance Company USA	Fidelity Advisor Leveraged Company Stock Fund	N/A	8,057
*	John Hancock Life Insurance Company USA	Fidelity Advisor Total Bond Fund	N/A	138,985
*	John Hancock Life Insurance Company USA	Fidelity Contra Fund	N/A	797,127
*	John Hancock Life Insurance Company USA	Financial Industries Fund	N/A	4,383
*	John Hancock Life Insurance Company USA	Franklin Mutual Beacon Fund	N/A	8,861
*	John Hancock Life Insurance Company USA	Franklin Mutual Global Discovery Fund	N/A	81,320
*	John Hancock Life Insurance Company USA	Franklin Small-Mid Cap Growth Fund	N/A	9,700
*	John Hancock Life Insurance Company USA	Fundamental All Cap Core Fund	N/A	640
*	John Hancock Life Insurance Company USA	Fundamental Large Cap Value Fund	N/A	18,178
*	John Hancock Life Insurance Company USA	International Value Fund	N/A	23
*	John Hancock Life Insurance Company USA	Invesco International Growth Fund	N/A	77,916
*	John Hancock Life Insurance Company USA	Invesco Oppenheimer Developing Markets Fund	N/A	181,182
*	John Hancock Life Insurance Company USA	Invesco Small Cap Growth Fund	N/A	860
*	John Hancock Life Insurance Company USA	John Hancock Disciplined Value Fund	N/A	22,207
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2030 Preservation Portfolio	N/A	130,084
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2035 Preservation Portfolio	N/A	373,562
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2040 Preservation Portfolio	N/A	119,362
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2045 Preservation Portfolio	N/A	35,245
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2050 Preservation Portfolio	N/A	49,753
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2055 Preservation Portfolio	N/A	7,889
*	John Hancock Life Insurance Company USA	John Hancock Multi-Index 2060 Preservation Portfolio	N/A	21,158
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2010 Lifetime Portfolio	N/A	359,968
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2020 Lifetime Portfolio	N/A	35,167
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2025 Lifetime Portfolio	N/A	523,501
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2030 Lifetime Portfolio	N/A	6,956
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2035 Lifetime Portfolio	N/A	24,442
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2040 Lifetime Portfolio	N/A	152,136
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2045 Lifetime Portfolio	N/A	80,145
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2050 Lifetime Portfolio	N/A	90,818
*	John Hancock Life Insurance Company USA	John Hancock Multimanager 2055 Lifetime Portfolio	N/A	97,648
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Aggressive Lifestyle Portfolio	N/A	428,038
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Balanced Lifestyle Portfolio	N/A	547,904
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Conservative Lifestyle Portfolio	N/A	19,358
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Growth Lifestyle Portfolio	N/A	710,852
*	John Hancock Life Insurance Company USA	John Hancock Multimanager Moderate Lifestyle Portfolio	N/A	127,991
*	John Hancock Life Insurance Company USA	John Hancock U.S. Quality Growth Fund	N/A	8,037
*	John Hancock Life Insurance Company USA	JPMorgan Mid Cap Value Fund	N/A	42,128
*	John Hancock Life Insurance Company USA	JPMorgan U.S. Equity Fund	N/A	218,712
*	John Hancock Life Insurance Company USA	MFS Utilities Fund	N/A	148,862
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	N/A	142,598
*	John Hancock Life Insurance Company USA	Mid Cap Stock Fund	N/A	130,948
*	John Hancock Life Insurance Company USA	Mid Value Fund	N/A	54,222
*	John Hancock Life Insurance Company USA	Money Market Fund	N/A	1,371,334
*	John Hancock Life Insurance Company USA	New Perspective Fund	N/A	33,858
*	John Hancock Life Insurance Company USA	Opportunistic Fixed Income Fund	N/A	4,066

Zak Designs, Inc. Retirement Trust  
Schedule H, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2019  
Plan: 001

EIN: 91-1575165

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	John Hancock Life Insurance Company USA	Parnassus Core Equity Fund	N/A	57,481
*	John Hancock Life Insurance Company USA	PIMCO All Asset Fund	N/A	8,812
*	John Hancock Life Insurance Company USA	PIMCO Global Bond Opportunities Fund	N/A	191
*	John Hancock Life Insurance Company USA	PIMCO Real Return Fund	N/A	184
*	John Hancock Life Insurance Company USA	Real Estate Securities Fund	N/A	157,296
*	John Hancock Life Insurance Company USA	Science & Technology Fund	N/A	69,056
*	John Hancock Life Insurance Company USA	Small Cap Index Fund	N/A	56,206
*	John Hancock Life Insurance Company USA	Sprott Gold Fund	N/A	75,955
*	John Hancock Life Insurance Company USA	Strategic Income Opportunities Fund	N/A	302
*	John Hancock Life Insurance Company USA	T. Rowe Price Equity Income Fund	N/A	251
*	John Hancock Life Insurance Company USA	T. Rowe Price Health Sciences Fund	N/A	67,047
*	John Hancock Life Insurance Company USA	T. Rowe Price New Era Fund	N/A	159
*	John Hancock Life Insurance Company USA	T. Rowe Price Science & Technology Fund	N/A	283,418
*	John Hancock Life Insurance Company USA	T. Rowe Price Small Cap Value Fund	N/A	27,562
*	John Hancock Life Insurance Company USA	T. Rowe Price Spectrum Income Fund	N/A	58,269
*	John Hancock Life Insurance Company USA	Templeton Institutional Foreign Smaller Companies Fund	N/A	3,171
*	John Hancock Life Insurance Company USA	Templeton World Fund	N/A	11,276
*	John Hancock Life Insurance Company USA	The Growth Fund of America	N/A	27,276
*	John Hancock Life Insurance Company USA	The Income Fund of America	N/A	29,554
*	John Hancock Life Insurance Company USA	U.S. High Yield Bond Fund	N/A	59,170
*	John Hancock Life Insurance Company USA	Vanguard Energy Fund	N/A	35,460
*	John Hancock Life Insurance Company USA	Vanguard Explorer Fund	N/A	32,595
*	John Hancock Life Insurance Company USA	Vanguard Growth Index Fund	N/A	118,430
*	John Hancock Life Insurance Company USA	Vanguard Mid-Cap Value ETF	N/A	24,388
*	John Hancock Life Insurance Company USA	Vanguard Short-Term Federal Fund	N/A	5,128
*	John Hancock Life Insurance Company USA	Vanguard Small Cap Value Index Fund	N/A	16,603
*	John Hancock Life Insurance Company USA	US Government Securities	N/A	4,056
*	John Hancock Life Insurance Company USA	Washington Mutual Investors	N/A	5,290
*	John Hancock Life Insurance Company USA	American Balanced Fund	N/A	28,447
*	John Hancock Life Insurance Company USA	Fundamental Investors	N/A	270,115
				<u>\$ 11,827,329</u>

\* A party-in-interest as defined by the ERISA.

N/A - Not applicable for participant-directed plan.