Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DSI HOLDINGS CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/15/1996

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

2400 WISCONSIN AVE
DOWNERS GROVE, IL 60515-4019

2b Employer Identification Number (EIN)
36-3711293

2c Plan Sponsor's telephone number
630-833-0888

2d Business code (see instructions)
811490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	PAUL HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	PAUL HARRIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	307
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	278
a(2) Total number of active participants at the end of the plan year	**6a(2)**	425
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	31
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	456
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	457
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	286
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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

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

A Name of plan
DSI HOLDINGS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DSI HOLDINGS CORPORATION DBA SERVICEMASTER DSI

D Employer Identification Number (EIN)
36-3711293

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	20772	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SAGEVIEW ADVISORY GROUP

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	9616	Yes [X] No [ ]	Yes [ ] No [X]	6	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
DSI HOLDINGS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DSI HOLDINGS CORPORATION DBA SERVICEMASTER DSI

D Employer Identification Number (EIN)
36-3711293

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

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SV FD SER 25053 CL 0

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	431972

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
DSI HOLDINGS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DSI HOLDINGS CORPORATION DBA SERVICEMASTER DSI

D Employer Identification Number (EIN)
36-3711293

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2042	13538
(2) Participant contributions	1b(2)	20421	42545
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	151091	208581
(9) Value of interest in common/collective trusts	1c(9)	595232	431972
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3123650	7336309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3892436	8032945
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	28795	1947
k	Total liabilities (add all amounts in lines 1g through1j)	1k	28795	1947
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3863641	8030998

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	199050	
	(B) Participants	2a(1)(B)	821384	
	(C) Others (including rollovers)	2a(1)(C)	95898	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1116332
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	8885	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8885
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	121781	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121781
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		35173
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		888202
c Other income	2c		-764
d Total income. Add all **income** amounts in column (b) and enter total	2d		2169609
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	754735	
(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)		754735
f Corrective distributions (see instructions)	2f		1947
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	20773	
(3) Investment advisory and management fees	2i(3)	9619	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30392
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		787074
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1382535
l Transfers of assets:			
(1) To this plan	2l(1)		2784822
(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: JAMES M. BABIC, PC **(2)** EIN: 20-0713860

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	0

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
DSI HOLDINGS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DSI HOLDINGS CORPORATION DBA SERVICEMASTER DSI

D Employer Identification Number (EIN)
36-3711293

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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_____

DSI HOLDINGS CORPORATION 401(K) PLAN
PLAN NUMBER 001, EIN 36-3711293
FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
FOR THE YEAR ENDED
DECEMBER 31, 2019

DSI HOLDINGS CORPORATION 401(K) PLAN
PLAN NUMBER 0001, EIN 36-3711293
FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
FOR THE YEAR ENDED
DECEMBER 31, 2019

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James M Babic, PC
Certified Public Accountant
6414 Sinclair Avenue #220
Berwyn, IL 60402

Phone (708) 749-7030
Fax (312) 896-9431
email jimbabic@aol com

Independent Auditor's Report

Plan Trustee and Administrator
DSI Holdings Corporation 401(k) Plan
2400 Wisconsin Ave
Downers Grove, Illinois 60515

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of DSI Holdings Corporation 401(k) Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2019 and December 31, 2018, and the related statement of changes in net assets available for benefits for the years ended December 31, 2019 and December 31, 2018, and the related notes to the financial statements

Management's Responsibility

The Plan's 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 controls relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

My responsibility is to express an opinion on those 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 following paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion

Basis of Disclaimer of Opinion

As permitted by 29 CFR 2520 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Life Insurance Company and Principal Trust Company, the Plan's custodians, except for comparing such information with the related information included in the financial statements I have been informed by the Plan's administrator that Transamerica Life Insurance held the Plan's investment assets and executed investment transactions through January 9, 2018 and that Principal Trust Company held the Plan's investment assets and executed investment transactions thereafter The Plan administrator has obtained certification from the custodians for the period of January 1, 2018 through January 9, 2018, for the period January 10, 2018 through December 31, 2018, and for the period January 1, 2019 through December 31, 2019 that the information provided to the Plan administrator by the custodians is complete and accurate

Disclaimer of Opinion

Because of the significance of the matter described in the preceding paragraph, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion Accordingly, I do not express an opinion on these financial statements

Other Matter

The supplemental Schedule of Assets Held as December 31, 2019 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph of this report, I 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, other than that derived from the information certified by the custodians, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

J. M. Babic, PC

September 28, 2020

DSI HOLDINGS CORPORATION 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2019	2018
ASSETS		
Investments held in participant-directed accounts:		
Mutual funds	$ 7,336,309	$ 3,123,650
Stable value investment contract held in a common collective trust	424,342	609,791
Notes receivable from participants	208,581	151,091
Contributions receivable, participants' elective deferrals	42,545	20,421
Contributions receivable, employer matching	13,538	2,042
Total assets	8,025,315	3,906,995
LIABILITIES		
Corrective action refunds payable	1,947	28,795
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 8,023,368	$ 3,878,200

The accompanying notes are an integral part of these financial statements

DSI HOLDINGS CORPORATION 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2019	2018
ADDITIONS:		
Net investment income and gains over losses	$ 1,009,983	$ -
Participant contributions, elective deferrals	821,384	585,798
Participant contributions, rollovers	95,898	-
Employer matching contributions	199,050	57,234
Earnings, stable value investment contract	12,984	7,329
Interest, notes receivable from participants	8,885	8,189
Other, loss on merger	(764)	-
Total additions	2,147,420	658,550
DEDUCTIONS:		
Net investment losses over income and gains	-	288,047
Benefits paid to participants and beneficiaries	754,735	751,469
Loan defaults and deemed distributions	-	5,668
Corrective action distributions	1,947	28,794
Administrative expenses	30,392	24,952
Total deductions	787,074	1,098,930
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	1,360,346	(440,380)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	3,878,200	4,318,580
Assets transferred in, plan merger	2,784,822	-
End of the year	$ 8,023,368	$ 3,878,200

The accompanying notes are an integral part of these financial statements

DSI HOLDINGS CORPORATION 401(K) PLAN
PLAN NUMBER 001
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the DSI Holdings Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is sponsored by DSI Holdings Corporation (the "Company"), is a defined contribution plan that was established effective October 15, 1996 and covers all employees of DSI Holdings Corporation (the "Company") who have met specific eligibility requirements. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was most recently amended on March, 30, 2016 and May 26, 2016 to address eligibility issues regarding certain classes of employees. Also, the Plan was amended on January 1, 2014 to change the name of the Plan from VVV Corporation 401(k) Plan to DSI Holdings Corporation 401(k) Plan, which became effective on January 1, 2014.

Contributions

Participants could contribute a percentage of their pretax annual compensation up to the maximum allowable under the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make a discretionary matching contribution equal to 10% each participant's contribution. All participants making pretax contributions receive matching contributions. The Company made discretionary matching contributions of $199,050 and $57,234 during the years ended December 31, 2019 and December 31, 2018, respectively.

The Plan also allows for an additional discretionary profit-sharing contribution as determined by the Company. Participants must be employed by the Company on the last day of the Plan year to be eligible to receive a profit-sharing contribution. The discretionary Company profit-sharing contribution is allocated to the participants based on compensation. The Company did not make any discretionary profit-sharing contributions during the years ended December 31, 2019 and December 31, 2018.

Vesting

Participant contributions, and related earnings thereon, vest immediately. Company discretionary matching contributions and Company discretionary profit-sharing contributions, and related earnings thereon, vest at a rate of 20% per year after one year of service.

Participant Accounts

All contributions received by the Plan are credited to individual participant accounts. Participants direct the investment of their account balances into 34 mutual funds and a common collective trust option offered by the Plan. Participant accounts are subdivided by contribution type based on Plan and IRS rules for each contribution type (i.e. participant pretax contributions, Company discretionary matching contribution, Company discretionary profit-sharing contributions, rollovers, etc.).

Investment income, gains, and losses are credited to participant accounts on a daily basis.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(Continued on the next page)

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant Loans

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the vested balance of the participant's account and bear interest at a rate commensurate with rates charged by other lenders on similar loans. Loan repayments are made ratably through payroll deductions over a period not to exceed five years.

Payment of Benefits

The only form of payment under the Plan is a lump-sum distribution equal to the total value of the participant's vested interest in his or her account. A participant can receive payment under the following circumstances: 1) reaching normal retirement age, 2) upon reaching the age of 59 1/2, 3) termination of employment, 4) death or disability, and 5) financial hardship. Benefits paid under financial hardship, which can only be made from participant contributions, are exempt from lump-sum distribution provisions.

Forfeitures

Forfeited accounts are used to reduce future Company contributions or to pay expenses of the Plan. Forfeitures during the years ended December 31, 2019 and December 31, 2018 were $6,798 and $ZERO, respectively.

Administrative Expenses

During 2019 and 2018 expenses associated with the administration of the Plan were paid from cash held by the custodian except for certain investment management fees, and loan fees which were deducted directly from the participant's account.

Tax Status

The Plan obtained a favorable determination letter from the Internal Revenue Service on September 28, 2006. Therefore, no provision for income taxes have been included in the Plan's financial statements. The Company’s management has determined that FASB ASC 740-10, which addresses accounting for uncertainty in income taxes, has no effect on the Plan’s financial statements due to the favorable determination received from the Internal Revenue Service.

The Plan is subject to audits from the Internal Revenue Service, however no such audits for the current year or any previous year were initiated or in-progress as of the date of this audit report.

Plan Amendment and Termination

The Company has reserved the right to amend or terminate the Plan. However no amendment can reduce the benefit earned by the participants. All participants become fully vested upon termination of the Plan. The Company has not expressed any desire to end the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Management Estimates

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

Investment Valuation

The Plan's investments in mutual funds are stated at fair value based on quoted market prices of the net asset value of shares held by the Plan at year end. Investments in the common collective trust is stated at contract value. Participant loans are stated at cost, which approximates, or is equal to, fair market value.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan has evaluated subsequent events through September 28, 2020, the date financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan's administrators have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974. Accordingly, the Plan's Custodian, Principal Trust Company, has certified that the following data included in the accompanying financial statements and supplemental information as of December 31, 2019 and for the year then ended is complete and accurate:

Net Assets Available for Benefits		Amount as of Dec. 31, 2019
Mutual funds held in participant-directed accounts	$	7,336,309
Common collective trust held in participant-directed accounts		424,342
Notes receivable from participants		208,581
Total	$	7,969,232

Additions (Deductions) in Net Assets Available for Benefits		Amount
Net investment income and gains over losses	$	1,009,983
Earnings, stable value investment contract		12,984
Interest, notes receivable from participants		8,885
Benefits paid to participants and beneficiaries		(754,735)
Corrective action distributions		(1,947)
Administrative expenses		(30,392)
Net additions in net assets available for benefits	$	244,778

NOTE 4 - INVESTMENTS

The Plan's independent auditor did not perform auditing procedures with respect to the information in the table below except for comparing such information to the related information included in the financial statements and supplemental schedule (See Note 3).

The table below presents investments that individually exceed 5% or more of the Plan's net assets available for benefits as of December 31, 2019:

Description		Amount
Voya Large Cap Growth	$	718,902
iShares S&P 500 Index Fund		643,411
Blackrock Lifepath Index 2045		525,909
American Funds EuroPacific Growth		513,035
Blackrock Lifepath Index 2030		504,848
Putnam Equity Income		453,329
MetLife Stable Value 25033		424,342
Vanguard LifeStrategy Med Growth		421,149
Total	$	4,204,925

All of the investments listed above, except the MetLife Stable Value 25033, are in participant-directed mutual funds.

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC)* 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset'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.

(Continued on the following page)

NOTE 5 - FAIR VALUE MEASUREMENTS (continued from preceding page)

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 December 31, 2018:

Mutual funds - unadjusted quoted prices per active markets that the plan has the ability to access.

Stable value investment contract - Valued at contract value as reported to the Plan by the custodian, which represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

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

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

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,336,309	$ -	$ -	7,336,309
Stable value investment contract .	424,324	-	-	424,324
Total assets at fair value	$ 7,760,633	$ -	$ -	$ 7,760,633

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,123,650	$ -	$ -	3,123,650
Stable value investment contract .	609,791	-	-	609,791
Total assets at fair value	$ 3,733,441	$ -	$ -	$ 3,733,441

NOTE 6 - STABLE VALUE INVESTMENT CONTRACT

The Plan has a stable value investment contract held in a common collective trust. Under the terms of the contract participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

This contract is fully benefit-responsive and is considered fairly valued at contract value. Contract value, as reported to the Plan by the custodian, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Certain events limit the ability of the Plan to transact at contract value with the contract issuer. Such events include premature termination of the contract by the Plan, plant closings, layoffs, Plan termination, bankruptcy, mergers, and early retirement incentives. The Plan's administrator believes any events which would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - CONTRIBUTIONS RECEIVABLE

Contributions receivable as of December 31, 2019, consist of participant elective deferrals and related employer matching contributions incurred on or before December 31, 2019 that were paid, on a timely basis, in accordance with ERISA guidelines, into the Plan in 2020.

Contributions receivable as of December 31, 2018, consist of participant elective deferrals and related employer matching contributions incurred on or before December 31, 2018 that were paid, on a timely basis, in accordance with ERISA guidelines, into the Plan in 2019.

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Certain investment management fees, and loan fees (as described in Note 1) , which are deducted directly from the participant's account, were paid to the Plan’s custodian, Principal Trust Company.

NOTE 10 - RECONCILIATION OF AUDIT REPORT TO FORM 5500

Listed below is a reconciliation of net assets and net increase in net assets per the audit report to form 5500 for the year ended December 31, 2019.

	Net Assets Available for Plan Benefits	Net Increase in Net Assets
Per audit report	$ 8,023,368	$ 1,360,346
Adjust stable value investment contracts from contract value to fair market value	7,630	22,189
Per form 5500	$ 8,030,998	$ 1,382,535

NOTE 11 - PLAN MERGER

Effective July 1, 2019 the assets and liabilities of Specialty Contracting Services 401(k) Profit Sharing (SCS) were merged into the Plan. SCS did not accept any contributions after July 1, 2019. Under the merger agreement former participants of SCS are subject to the vesting rules of the Plan, provided the Plan's rules are not detrimental to the former participants of SCS.

Listed below is a summary of assets transferred From SCS into the Plan during the year ended December 31, 2019:

	Amount
Mutual funds held in participant-directed accounts	$ 2,542,778
Stable value investment contract held in a common collective trust	180,445
Notes receivable from participants	61,599
Total assets transferred from SCS to the Plan	$ 2,784,822

SUPPLEMENTARY

INFORMATION

DSI HOLDINGS CORPORATION 401(K) PLAN
SUPPLEMENTARY INFORMATION - SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2019
Sponsor Employer Identification Number: 36-3711293, Plan Number 001

Identity of Issuer / Borrower	No. of Shares	Description	Per Unit Cost	Investment Value as of December 31, 2019
Participant-directed investments, mutual funds				
The American Funds	6,075.442	Mutual fund shares, American Funds American Balanced	(a)	173,211
The American Funds	9,235.558	Mutual fund shares, American Funds EuroPacific Growth	(a)	513,035
The American Funds	4,324.574	Mutual fund shares, American Funds New Perspective	(a)	204,336
Eagle Financial Services, Inc.	3,250.426	Mutual fund shares, Carillon Eagle Mid Cap Growth	(a)	229,805
Dimensional Fund Advisors	5,393.472	Mutual fund shares, DFA Global Real Estate Securities	(a)	63,589
Blackrock	1,681.153	Mutual fund shares, iShares S&P 500 Index Fund	(a)	643,411
Blackrock	10,493.069	Mutual fund shares, iShares Russell Small/Mid Cap Index	(a)	138,509
Blackrock	11,200.475	Mutual fund shares, iShares Russell 2000 Small Cap Index	(a)	229,834
Blackrock	15,284.043	Mutual fund shares, Metropolitan West Total Return Bond	(a)	157,273
Oppenheimer	3,496.674	Mutual fund shares, Oppenheimer Developing Markets	(a)	159,413
Pioneer	35,796.115	Mutual fund shares, Pioneer Strategic Income	(a)	394,831
Putnam Investments	17,126.132	Mutual fund shares, Putnam Equity Income	(a)	453,329
Blackrock	5,299.781	Mutual fund shares, Blackrock Lifepath Index Retirement	(a)	69,109
Blackrock	13,110.726	Mutual fund shares, Blacrock Lifepath Index 2025	(a)	186,828
Blackrock	34,320.088	Mutual fund shares, Blacrock Lifepath Index 2030	(a)	504,848
Blackrock	9,781.005	Mutual fund shares, Blacrock Lifepath Index 2035	(a)	149,747
Blackrock	21,025.376	Mutual fund shares, Blacrock Lifepath Index 2040	(a)	331,780
Blackrock	32,323.829	Mutual fund shares, Blacrock Lifepath Index 2045	(a)	525,909
Blackrock	4,918.134	Mutual fund shares, Blacrock Lifepath Index 2050	(a)	81,395
Blackrock	4,344.006	Mutual fund shares, Blacrock Lifepath Index 2055	(a)	73,587
Blackrock	4,348.741	Mutual fund shares, Blacrock Lifepath Index 2060	(a)	65,536
Blackrock	18.044	Mutual fund shares, Blacrock Lifepath Index 2065	(a)	189
John Hancock	4,947.077	Mutual fund shares, John Hancock Alt. Asset Allocation	(a)	71,485
Loomis Sayles	3,879.416	Mutual fund shares, Loomis Sayles Small Cap Growth	(a)	104,007
Transamerica	19,359.321	Mutual fund shares, Transamerica Partners Hg Yd Bd	(a)	179,074
Vanguard Group	3,936.119	Mutual fund shares, Vanguard Int Term Bond Index	(a)	46,486
Vanguard Group	7,665.454	Mutual fund shares, Vanguard LifeStrategy Cons Growth	(a)	161,205
Vanguard Group	137.617	Mutual fund shares, Vanguard LifeStrategy Growth	(a)	4,974
Vanguard Group	1,333.690	Mutual fund shares, Vanguard LifeStrategy Income	(a)	21,619
Vanguard Group	14,592.841	Mutual fund shares, Vanguard LifeStrategy Mod Growth	(a)	421,149
Victory Funds	5,160.687	Mutual fund shares, Victory Sycamore Established Value	(a)	206,892
Voya	14,942.891	Mutual fund shares, Voya Large Cap Growth	(a)	718,902
Wells Fargo	4,591.518	Mutual fund shares, Wells Fargo Gov't Securities Fund	(a)	51,012
Total participant-directed investments, mutual funds				7,336,309
Participant-directed investments held in common collective trust				
Reliance Trust Company	3,524.805	Stable value investment contract, MetLife Stable Value 25033 at contract value	(a)	424,342
Notes receivable from participants	38	Loans to participants, interest rates ranging from 4.25% to 7.50%	NA	208,581
Total assets held				$ 7,969,232

(a) The cost of participant-directed investments is not required to be disclosed

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DSI H C 401() P

EIN 36 3711293
PLAN NUMBER 001
PLAN YEAR 01/01/2019 TO 12/31/2019

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	BlackRock	Registered Investment Company iShares Russ Sm/Md-Cp Idx K Fd	$ 0.00	$ 138,508.51
	BlackRock	Registered Investment Company iShares S&P 500 Index K Fund	$ 0.00	$ 643,410.74
	BlackRock	Registered Investment Company iShs Russ 2000 SC Index K Fund	$ 0.00	$ 229,833.75
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	$ 0.00	$ 513,035.23
	The American Funds	Registered Investment Company Amer Funds Amer Bal R6 Fd	$ 0.00	$ 173,210.86
	The American Funds	Registered Investment Company American Funds NewPrsp R6 Fnd	$ 0.00	$ 204,336.10
	BlackRock	Registered Investment Company BlackRock Lfpth Idx 2060 K Fd	$ 0.00	$ 65,535.52
	BlackRock	Registered Investment Company BlackRock Lfpth Ind Rtrmt K Fd	$ 0.00	$ 69,109.15
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2025 K Fd	$ 0.00	$ 186,827.85
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2030 K Fd	$ 0.00	$ 504,848.49
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2035 K Fd	$ 0.00	$ 149,747.19
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2040 K Fd	$ 0.00	$ 331,780.44
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2045 K Fd	$ 0.00	$ 525,908.70
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2050 K Fd	$ 0.00	$ 81,395.11
	BlackRock	Registered Investment Company BlackRock Lfpth Indx 2055 K Fd	$ 0.00	$ 73,587.37

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DSI H C 401() P

EIN 36 3711293
PLAN NUMBER 001
PLAN YEAR 01/01/2019 TO 12/31/2019

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	BlackRock	Registered Investment Company BLACKROCK LFPTH IDX 2065 K FD	$ 0.00	$ 189.10
	Eagle Financial Services, Inc.	Registered Investment Company Carillon Eagle MidCaGwth R6 Fd	$ 0.00	$ 229,805.09
	Dimensional Fund Advisors	Registered Investment Company DFA Global Real Estate Sc I Fd	$ 0.00	$ 63,589.03
	Oppenheimer	Registered Investment Company Inv Oppenheim Dev Mark R6 Fd	$ 0.00	$ 159,413.35
	John Hancock	Registered Investment Company JOHN HANCOCK ALT ASST ALLOC R6	$ 0.00	$ 71,485.26
	Loomis Sayles	Registered Investment Company LOOMIS SAYLES SM CP GR N FD	$ 0.00	$ 104,007.13
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt Tl Rtn Bd Plan	$ 0.00	$ 157,272.80
	Reliance Trust Company	Common/Collective Trust MetLife SV Fd Ser 25053 Cl 0	$ 0.00	$ 431,972.25
	Pioneer	Registered Investment Company Pioneer Strategic Income K Fd	$ 0.00	$ 394,831.15
	Putnam Investments	Registered Investment Company Putnam Equity Income R6 Fund	$ 0.00	$ 453,328.72
	Transamerica	Registered Investment Company Transamerica Hgh Yld Bd R6 Fd	$ 0.00	$ 179,073.72
	Vanguard Group	Registered Investment Company Vanguard Int-Tm Bd Idx Adm Fd	$ 0.00	$ 46,485.56
	Vanguard Group	Registered Investment Company Vgd LifeStrat Cnsrv Gr Inv Fd	$ 0.00	$ 161,204.50
	Vanguard Group	Registered Investment Company Vgd LifeStrategy Growth Inv Fd	$ 0.00	$ 4,973.48
	Vanguard Group	Registered Investment Company Vgd LifeStrategy Income Inv Fd	$ 0.00	$ 21,619.12

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DSI H C 401() P

EIN 36 3711293
PLAN NUMBER 001
PLAN YEAR 01/01/2019 TO 12/31/2019

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company Vgd LifeStrategy Mod Gr Inv Fd	$ 0.00	$ 421,149.38
	Victory Funds	Registered Investment Company Victory Sycamore Est Val R6 Fd	$ 0.00	$ 206,891.94
	Voya	Registered Investment Company Voya Large-Cap Growth I Fund	$ 0.00	$ 718,902.46
	Wells Fargo	Registered Investment Company Wells Fargo Govt Sec I Fund	$ 0.00	$ 51,011.76
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 7.50%	$ 0.00	$ 208,581.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)