# 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
FISHER PRINTING, INC. 401(K) PLAN

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

**1c** Effective date of plan 09/01/1975

**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)
FISHER PRINTING, INC.

8640 S. OKETO AVE.
BRIDGEVIEW, IL 60455

**2b** Employer Identification Number (EIN)
36-2443352

**2c** Plan Sponsor's telephone number
708-598-1500

**2d** Business code (see instructions)
323100

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2020 | BRIAN FISCHER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 393 |
| **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)** | 351 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 329 |
| **b** Retired or separated participants receiving benefits | **6b** | |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 66 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 395 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** Total. Add lines **6d** and **6e** | **6f** | 395 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 235 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
FISHER PRINTING, INC. 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
36-2443352

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

**1** Coverage Information:

**(a)** Name of insurance carrier

| (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 | 55486 | 246 | 01/01/2019 | 12/31/2019 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 20605 | 5183 |

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

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

MERRILL LYNCH LIFE AGY
1851 EAST FIRST STREET
SUITE 1500
SANTA ANA, CA 92705

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 20605 | | | 1 |

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

QBI, LLC
21031 VENTURA BLVD
12TH FLOOR
WOODLAND HILLS, CA 91364

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 5183 | | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 11267928 |

**6** Contracts With Allocated Funds:

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

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

## Part III Welfare Benefit Contract Information

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

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

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**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
FISHER PRINTING, INC. 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
36-2443352

## 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

JOHN HANCOCK

01-0233346

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

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

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

QBI, LLC

26-2768667

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 17 37 50 70 | THIRD PARTY ADMINISTRATO | 12445 | Yes [X] No [ ] | Yes [X] No [ ] | | Yes [ ] No [X] |

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

JOHN HANCOCK USA

01-0233346

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 28 59 60 62 63 68 | RECORDKEEPER | 1260 | Yes [X] No [ ] | Yes [ ] No [ ] | | Yes [X] 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 [ ] |

**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
FISHER PRINTING, INC. 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
FISHER PRINTING, INC.

**D** Employer Identification Number (EIN)
36-2443352

**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: 500 INDEX FUND

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**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 USA

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2060

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50408 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2055

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23920 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2050

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147125 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2045

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69654 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2040

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57233 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2035

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269524 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2030

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 712891 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2025

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128045 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2020

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27213 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX 2015

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 566 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF LIFECYCLE INDEX RET

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76197 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 958663 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1552644 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1231659 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS MODERATE

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 392959 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS CONSERV

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 781661 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQUITY INDEX

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 36149 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 98064 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 0 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 42218 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 299076 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY REAL ESTATE INDEX

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 21221 |

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

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

| **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) |
|---|---|---|
| 01-0233346-000 | P | 182817 |

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 770 |
|---|---|---|

**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 USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF

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

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

**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 USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86055 |
|---|---|---|

**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 USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245634 |
|---|---|---|

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

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

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

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142879 |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SMALL CAP INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 15606 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SMALL CAP STOCK FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SMALL CAP VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | T. ROWE PRICE HEALTH SCI | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 271970 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | T. ROWE PRICE NEW ERA FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **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 USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TIAA-CREF SMALL-CAP BLEND IDX | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 194152 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD MID-CAP GROWTH ETF | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 58 |
| **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 USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1116 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD SMALL CAP GROW INDEX | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 976 |

**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 USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1644 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MIDCAP DIVIDEND ETF

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MC EARNINGS ETF

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE SC DIVIDEND ETF

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

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

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 934948 |
|---|---|---|

**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 USA

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37553 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LARGE COMPANY FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105990 |
|---|---|---|

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS

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

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

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51596 |
|---|---|---|

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2356 |
|---|---|---|

**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 USA

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

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33328 |
|---|---|---|

**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 USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 457689 |
|---|---|---|

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

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

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

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TIAA-CREF EQUITY INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 404521 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TIAA-CREF LARGE-CAP GROWTH IDX | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25014 |
| **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 USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 250450 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD HIGH DIVIDEND YLD IDX | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 139 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD TOT WLD STK INDEX ETF | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 603 |
| **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 USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK GLOBAL ALLOCATION | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CAPITAL INCOME BUILDER | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69071 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | IVY ASSET STRATEGY FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MFS UTILITIES FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1514 |

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INVT GRADE CREDIT BOND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 605 |
|---|---|---|

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4645 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 766830 |
|---|---|---|

**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
FISHER PRINTING, INC. 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
36-2443352

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1814 | 1741 |
| **(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) | 252134 | 357529 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(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) | 8398539 | 11267928 |
| **(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 | 8652487 | 11627198 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 643 | 570 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 643 | 570 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 8651844 | 11626628 |

## 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) | 87416 | |
| | **(B)** Participants | 2a(1)(B) | 638682 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 852563 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1578661 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 16640 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16640 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (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) | | 1839434 |
| c Other income | 2c | | 3408 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3438143 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 450873 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 450873 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 12486 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12486 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 463359 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2974784 |
| 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: DIGIOVINE HNILO JORDAN JOHNSON **(2)** EIN: 36-3029663

**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 | | 5578 |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**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
FISHER PRINTING, INC. 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
36-2443352

## 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): 01-0233346

**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_____




CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

Financial Statements and
Independent Auditor's Report

# Fisher Printing, Inc.
# 401(k) Plan

December 31, 2019 and 2018

TEL 630 420 1360 FAX 630 420 1463 184 SHUMAN BLVD, SUITE 200 NAPERVILLE, IL 60563
TEL 630 377 1106 FAX 630 377 2294 2560 FOXFIELD ROAD, SUITE 300 ST. CHARLES, IL 60174
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CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of the
**Fisher Printing, Inc. 401(k) Plan**
Bridgeview, Illinois

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fisher Printing, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by John Hancock Life Insurance Company (U.S.A), 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 and for the years ended December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at Year End) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

DHJJ

Naperville, Illinois
October 9, 2020

Fisher Printing, Inc. 401(k) Plan

# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

| ASSETS | 2019 | 2018 |
|---|---|---|
| Cash | $ 1,741 | $ 1,814 |
| Participant-directed investments, at fair value: | | |
| Pooled separate accounts | 11,267,927 | 8,398,539 |
| Receivables: | | |
| Notes receivable from participants | 357,529 | 252,134 |
| **TOTAL ASSETS** | 11,627,197 | 8,652,487 |
| **LIABILITIES** | | |
| Accrued expenses | 569 | 643 |
| Excess contributions payable | 5,337 | - |
| **TOTAL LIABILITIES** | 5,906 | 643 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 11,621,291 | $ 8,651,844 |

See accompanying notes.

Fisher Printing, Inc. 401(k) Plan

# STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

| | | |
|---|---|---|
| **ADDITIONS:** | | |
| Contributions: | | |
| Employer | | $ 87,416 |
| Participants | | 633,346 |
| Rollover | | 852,564 |
| | | 1,573,326 |
| Investment income: | | |
| Net appreciation in fair value of investments | | 1,842,842 |
| Interest income on notes receivable from participants | | 16,640 |
| | **TOTAL ADDITIONS** | 3,432,808 |
| **DEDUCTIONS:** | | |
| Benefits paid to participants | | 450,873 |
| Administrative expenses | | 12,488 |
| | **TOTAL DEDUCTIONS** | 463,361 |
| | **NET INCREASE** | 2,969,447 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | | 8,651,844 |
| | **END OF YEAR** | $ 11,621,291 |

See accompanying notes.

**NOTE A--DESCRIPTION OF PLAN**

The following brief description of the Fisher Printing, Inc. 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is sponsored by Fisher Printing, Inc. (the "Company") for employees that meet specific age and service eligibility requirements. Effective November 7, 2018 affiliated company, Fisher Bedford Park Operating LLC, is a participating employer under the Plan for benefit of their employees and is bound by all elections selected by the Company (see Note H). The Plan, designated as a defined contribution plan, was established on September 1, 1975 originally as a profit-sharing plan, restated effective January 1, 2016. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"). The Plan Administrator and Plan Trustees are responsible for oversight of the Plan, determining the appropriateness of investment offerings, and monitoring investment performance.

**Contributions**

Eligible participants may elect to contribute pre-tax annual compensation to the Plan by means of a salary deferral agreement. Contributions are subject to limitations as provided in the Code and as described in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover) in accordance with the Plan provisions.

The Company may make discretionary matching contributions based on a participant's contributions to the Plan in accordance with Plan provisions. Discretionary matching contributions are based on a percentage determined by Company management and are determined annually. The Company may also make discretionary profit-sharing contributions in accordance with Plan provisions.

Salary deferral contributions are funded proximate to the withholding date. Discretionary matching contributions, if any, are funded each payroll period. All contributions invested are directed by the participant into various investment options offered by the Plan.

**Participant Accounts**

Each participant's account is credited with the participant's contribution, if any, and Company matching and other profit sharing contributions, if any, as well as allocations of (a) Plan earnings or losses, (b) forfeitures of terminated participants' non-vested accounts, and (c) charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant account balances or compensation, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**NOTE A--DESCRIPTION OF PLAN-continued**

**Investment Options**

Upon enrollment in the Plan, participants direct their contributions into a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time in accordance with Plan provisions. During any period in which there is no participant direction on file with the Custodian as to the investment of a participant's account, 100% of that participant's account will be invested in the investment option designated from time to time by the Custodian as the default investment. The Plan currently offers pooled separate accounts for participants.

**Vesting**

Participants are immediately vested in their voluntary contributions and the company match plus earnings thereon. Vesting in the Company's profit-sharing contributions portion of their accounts plus actual earnings thereon is based on years of credited service as presented below. A participant is 100% vested after six years of credited service. Participants who attain the normal retirement age of 65, or who terminate employment due to death or disability become 100% vested in their account balances.

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

**Payment of Benefits**

Upon termination of employment due to death, disability, retirement or Plan termination, a participant is entitled to 100% of their account balance in a lump-sum cash distribution, or as a direct rollover to an individual retirement account ("IRA"). For termination of employment for other reasons, a participant is entitled to a lump-sum cash distribution of 100% of the participant's contributions and the vested portion of the Company's contributions based upon the Plan's vesting provisions.

All distributions will be made as soon as administratively feasible. However, those account balances in excess of $5,000 (not including rollover account balances), will be made as soon as administratively feasible following the date the Plan Administrator receives a written request for distribution. In-service and hardship withdrawals, subject to certain restrictions, are also permitted.

Mandatory distributions greater than $1,000, may be paid in a direct rollover to an IRA designated by the Plan Administrator. These distributions will be made if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or does not elect to receive the distribution directly.

**NOTE A--DESCRIPTION OF PLAN-continued**

**Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of 50% of their vested account balance, not to exceed $50,000. The loans are secured by a participant's vested account balance and bear a reasonable rate of interest comparable to the prime rate charged by banks as published in the Wall Street Journal plus 1%. Loans are for a period not to exceed five years unless for the purchase of the participant's principal residence, in which case the Plan Administrator may permit a longer repayment term. Principal and interest shall be repaid ratably at least quarterly by participants as determined by the Plan Administrator at loan inception. A participant may incur no more than two loans at any time. The interest rates applied to current loans outstanding are between 4.25% and 6.50%.

**Forfeited Accounts**

Forfeited non-vested accounts may be used at the discretion of the Company to reduce employer contributions. There were no forfeited non-vested accounts at December 31, 2019 and 2018. During the years ending December 31, 2019 and 2018, no forfeited non-vested accounts were used by the employer.

Forfeited non-vested accounts may also be used to reinstate any previously forfeited amounts of certain former participants who are rehired and used to reinstate any previously forfeited amounts of participants that were not located if the participant makes a claim thereafter.

**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 of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions. Any unallocated Plan assets should be allocated to participant accounts and distributed in such a manner as the Company may determine.

**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

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

**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued**

**Investment Valuation and Income Recognition**

The Plan's investments in shares of pooled separate accounts 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. Fully benefit responsive investment contracts are reported at contract value. The Plan's Administrator and Trustees determine the Plan's valuation policies utilizing information provided by investment advisors, Custodian and insurance company. See Note C for discussion of fair value measurements.

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

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Excess Contributions Payable**

Amounts payable in the amount of $5,337 to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability as of December 31, 2019 with a corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants prior to March 15, 2020. There were no excess contributions as of December 31, 2018.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation or depreciation of fair value of investments.

**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued**

**Subsequent Events**

Management has evaluated subsequent events through October 9, 2020, which is the date the financial statements were available to be issued.

**NOTE C--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 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There has been no changes in the methodologies used at December 31, 2019 and 2018.

*Pooled separate accounts:* Valued at the net asset values of the shares held by the Plan at year end. The net asset value (NAV) is based upon the valuation of underlying investment assets, liabilities or mutual funds at year end as determined by quoted prices or other observable inputs provided by pricing services, transfer agents or other approved method. The NAV, as provided by the Custodian, is used as practical expedient to estimate fair value.

**NOTE C--FAIR VALUE MEASUREMENTS-continued**

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

In accordance with Subtopic 820-10, certain investments that are measured at net asset value (or its equivalent) are not classified in the fair value hierarchy. All the investments held by the Plan do not require a classification under the fair value hierarchy, in accordance with Subtopic 820-10, thus, a fair value leveling table has not been presented in these financial statements.

**Fair value of investments in entities that use NAV**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| December 31, 2019 | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|
| Pooled separate accounts | $ 11,267,927 | N/A | Daily | N/A* |

| December 31, 2018 | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|
| Pooled separate accounts | $ 8,398,539 | N/A | Daily | N/A* |

*Redemption occurs as soon as administratively feasible.

**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments and interest for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by John Hancock Life Insurance Company (U.S.A), the Custodian, as of December 31, 2019 and 2018. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information certified by the Custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019.

**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)-continued**

Except for comparing such information as certified by the Custodian to information included in the Plan's financial statements and supplemental schedules, we did not perform any auditing procedures on the certified information.

The following represents investments certified by the Custodian as of December 31, 2019 and 2018:

| | 2019 | 2018 |
|---|---|---|
| Pooled separate accounts | $ 11,267,927 | $ 8,398,539 |
| Notes receivable from participants | 357,529 | 252,134 |
| Net appreciation in fair value of investments | 1,842,842 | |
| Interest income on notes receivable from participants | 16,640 | |

**NOTE E--TAX STATUS**

On August 22, 2014, the Internal Revenue Service stated that the prototype plan document adopted by the Plan, as then designed, qualified under section 401(k) of the Internal Revenue Code ("IRC"). The Plan has been amended and restated subsequent to the date of the determination letter. The Plan Administrator and the Plan's legal counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability, if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2016.

**NOTE F--RELATED PARTY TRANSACTIONS**

Certain Plan investments are managed by affiliates of the Custodian; and therefore, qualify as party-in-interest transactions. QBI, LLC (the "Recordkeeper") performs administrative and recordkeeping services for the Plan. Fees paid by the Company to the Custodian and the recordkeeper and other service providers are not material to the financial statements.

The Recordkeeper provides certain administrative services to the Plan pursuant to a service agreement between the Plan and the Recordkeeper. The Recordkeeper may receive revenue from the Custodian for the cost of the Plan's recordkeeping and service package. This revenue is used to offset certain amounts owed to the Recordkeeper for its administrative services to the Plan.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services. Certain other administrative expenses are paid by the Company on behalf of the Plan. These amounts are not material to the financial statements.

**NOTE G--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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Participants who have borrowed from the Plan are all employees of the Company in the Chicago, Illinois and Los Angeles, California areas. Their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions of the metropolitan area or the economic condition of the Company itself.

**NOTE H--PLAN AMENDMENT**

Effective November 7, 2018, the Plan was amended to include Fisher Bedford Park Operating LLC as a participating employer under the Plan under a specialty eligibility rule. The specialty eligibility rule states the employees who were employed by Fisher Bedford Park Operating LLC on November 7, 2018 are eligible to enter the plan on November 7, 2018 and they are 100% vested.

**NOTE I--RECONCILIATION TO FORM 5500**

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

| | 2019 | 2018 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 11,621,291 | $ 8,651,844 |
| Excess contributions payable | 5,337 | - |
| Net assets available for benefits per Schedule H to the Form 5500 | $ 11,626,628 | $ 8,651,844 |

The following is a reconciliation of the net increase per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2019:

| | 2019 |
|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 2,969,447 |
| Add: adjustment for excess contributions payable | 5,337 |
| Net increase in net assets available for benefits per Form 5500 - Schedule H | $ 2,974,784 |

**NOTE J--NONEXEMPT TRANSACTIONS**

During 2019 and 2018, the Plan Sponsor did not remit to the Plan's Custodian, certain employee contributions and loan repayments totaling $2,089 and $3,489 within the period prescribed by DOL regulations. The employee contributions, loan repayments, and amounts representing lost earnings were remitted during each Plan year.

**SUPPLEMENTARY INFORMATION**

Fisher Printing, Inc. 401(k) Plan

# SCHEDULE H, Line 4i
# SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2019

EIN: 36-2443352
Plan # 001

| ( a ) | ( b ) Identity of issue, borrower, lessor, or similar party | ( c ) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | ( d ) Cost | ( e ) Current Value |
|---|---|---|---|---|
| | Pooled separate accounts: | | | |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2015 | ** | $ 566 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2020 | ** | 27,213 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2025 | ** | 128,045 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2030 | ** | 712,891 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2035 | ** | 269,524 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2040 | ** | 57,234 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2045 | ** | 69,654 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2050 | ** | 147,125 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2055 | ** | 23,920 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2060 | ** | 50,408 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index Ret | ** | 76,197 |
| * | John Hancock Life Insurance Company | TIAA-CREF Small-Cap Blend Index | ** | 194,152 |
| * | John Hancock Life Insurance Company | TIAA-CREF Equity Index Fund | ** | 404,521 |
| * | John Hancock Life Insurance Company | TIAA-CREF Large-Cap Growth Index | ** | 25,014 |
| * | John Hancock Life Insurance Company | JH Multi-Index LS Conservative | ** | 781,661 |
| * | John Hancock Life Insurance Company | JH Multi-Index LS Moderate | ** | 392,959 |
| * | John Hancock Life Insurance Company | JH Multi-Index LS Balanced | ** | 1,231,659 |
| * | John Hancock Life Insurance Company | JH Multi-Index LS Growth | ** | 1,552,644 |
| * | John Hancock Life Insurance Company | JH Multi-Index LS Aggressive | ** | 958,663 |
| * | John Hancock Life Insurance Company | BlackRock EAFE Equity Index | ** | 36,149 |
| * | John Hancock Life Insurance Company | Invesco Opportunity International Growth Fund | ** | 770 |
| * | John Hancock Life Insurance Company | Capital Income Builder | ** | 69,071 |
| * | John Hancock Life Insurance Company | Total Bond Market Fund | ** | 4,645 |
| * | John Hancock Life Insurance Company | MFS Massachusetts Investors | ** | 33,328 |
| * | John Hancock Life Insurance Company | MFS Utilities Fund | ** | 1,514 |
| * | John Hancock Life Insurance Company | 500 Index Fund | ** | 934,948 |
| * | John Hancock Life Insurance Company | The Growth Fund of America | ** | 457,689 |
| * | John Hancock Life Insurance Company | John Hancock Disciplined Value | ** | 2,356 |
| * | John Hancock Life Insurance Company | Mid Cap Index Fund | ** | 86,055 |
| * | John Hancock Life Insurance Company | Fidelity Real Estate Index | ** | 21,221 |
| * | John Hancock Life Insurance Company | Financial Industries Fund | ** | 182,817 |
| * | John Hancock Life Insurance Company | T. Rowe Price Health Science | ** | 271,970 |
| * | John Hancock Life Insurance Company | PIMCO Income Fund | ** | 180 |
| * | John Hancock Life Insurance Company | PIMCO Investment Grade Credit Bond | ** | 605 |
| * | John Hancock Life Insurance Company | Vanguard Mid-Cap Value ETF | ** | 1,116 |
| * | John Hancock Life Insurance Company | Vanguard Mid-Cap Growth ETF | ** | 58 |
| * | John Hancock Life Insurance Company | Vanguard Small Cap Grow Index | ** | 976 |
| * | John Hancock Life Insurance Company | Vanguard Small Cap Value Index | ** | 1,644 |
| * | John Hancock Life Insurance Company | Vanguard Growth Index Fund | ** | 250,450 |
| * | John Hancock Life Insurance Company | Vanguard High Dividend Yield Index | ** | 139 |
| * | John Hancock Life Insurance Company | Vanguard Tot Wld Stk Index ETF | ** | 603 |
| * | John Hancock Life Insurance Company | Invesco Small Cap Growth | ** | 67 |
| * | John Hancock Life Insurance Company | Invesco Diversified Dividend | ** | 51,596 |
| * | John Hancock Life Insurance Company | EuroPacific Growth Fund | ** | 299,076 |
| * | John Hancock Life Insurance Company | Science & Technology Fund | ** | 142,879 |
| * | John Hancock Life Insurance Company | Small Cap Index Fund | ** | 15,606 |
| * | John Hancock Life Insurance Company | Mid Cap Stock Fund | ** | 245,634 |
| * | John Hancock Life Insurance Company | DFA U.S. Small Cap Fund | ** | 42,218 |
| * | John Hancock Life Insurance Company | DFA U.S. Large Company Fund | ** | 105,990 |
| * | John Hancock Life Insurance Company | DFA Emerging Markets Value | ** | 98,064 |
| * | John Hancock Life Insurance Company | Capital Appreciation Fund | ** | 37,553 |
| * | John Hancock Life Insurance Company | John Hancock Bond Fund | ** | 60 |
| * | John Hancock Life Insurance Company | John Hancock Stable Value Fund | ** | 766,830 |
| | | | | 11,267,927 |
| | Other: | | | |
| * | Participant loans | Interest rates of 4.25% - 6.50% | -0- | 357,529 |
| | | | | $ 11,625,456 |

* Party in interest.
** Cost information not required for participant directed plans.

Fisher Printing, Inc. 401(k) Plan

# SCHEDULE H, LINE 4a
# SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2019

EIN: 36-2443352
PLAN # 001

<table>
<tr><td>Participant contributions transferred late to Plan:<br>$5,578</td><td colspan="3">Total that constitute Nonexempt Prohibited Transactions:<br>$5,578</b></td><td rowspan="2"><b>Total fully Corrected Under VFCP and PTE 2002-51<br>$ -</td></tr>
<tr><td>Check here if late Participant loan contributions are included<br>☑</td><td>Contributions Not Corrected:<br>$ -</td><td>Contributions Corrected Outside VFCP:<br>$5,578</b></td><td><b>Contributions Pending Correction in VFCP:<br>$ -</td></tr>
</table>

Fisher Printing, Inc. 401(k) Plan

# SCHEDULE H, Line 4i
# SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2019

EIN: 36-2443352
Plan # 001

| ( a ) | ( b ) Identity of issue, borrower, lessor, or similar party | ( c ) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | ( d ) Cost | ( e ) Current Value |
|---|---|---|---|---|
| | Pooled separate accounts: | | | |
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| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2020 | ** | 27,213 |
| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2025 | ** | 128,045 |
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| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2035 | ** | 269,524 |
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| * | John Hancock Life Insurance Company | TIAA-CREF Lifecycle Index 2045 | ** | 69,654 |
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| * | John Hancock Life Insurance Company | Total Bond Market Fund | ** | 4,645 |
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| * | John Hancock Life Insurance Company | John Hancock Disciplined Value | ** | 2,356 |
| * | John Hancock Life Insurance Company | Mid Cap Index Fund | ** | 86,055 |
| * | John Hancock Life Insurance Company | Fidelity Real Estate Index | ** | 21,221 |
| * | John Hancock Life Insurance Company | Financial Industries Fund | ** | 182,817 |
| * | John Hancock Life Insurance Company | T. Rowe Price Health Science | ** | 271,970 |
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| * | John Hancock Life Insurance Company | Vanguard Growth Index Fund | ** | 250,450 |
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| * | John Hancock Life Insurance Company | Invesco Small Cap Growth | ** | 67 |
| * | John Hancock Life Insurance Company | Invesco Diversified Dividend | ** | 51,596 |
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| * | John Hancock Life Insurance Company | Capital Appreciation Fund | ** | 37,553 |
| * | John Hancock Life Insurance Company | John Hancock Bond Fund | ** | 60 |
| * | John Hancock Life Insurance Company | John Hancock Stable Value Fund | ** | 766,830 |
| | | | | 11,267,927 |
| | Other: | | | |
| * | Participant loans | Interest rates of 4.25% - 6.50% | -0- | 357,529 |
| | | | | $ 11,625,456 |

* Party in interest.
** Cost information not required for participant directed plans.

# 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
Fisher Printing, Inc. 401(k) Plan

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

**1c** Effective date of plan 09/01/1975

**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)

Fisher Printing, Inc.

8640 S. Oketo Ave.

US Bridgeview IL 60455

**2b** Employer Identification Number (EIN)
36-2443352

**2c** Plan Sponsor's telephone number
(708) 598-1500

**2d** Business code (see instructions)
323100

**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** | Brian Fischer | 10-14-2020 | Brian Fischer |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Brian Fischer | 10-14-2020 | BRIAN FISCHER |
| | **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 |

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

**Form 5500 (2019)**
**v. 190130**

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**c** Plan name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 393 |
| **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)** | 351 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 329 |
| **b** Retired or separated participants receiving benefits | **6b** | |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 66 |
| **d** Subtotal. Add lines **6a(2), 6b,** and **6c** | **6d** | 395 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** Total. Add lines **6d** and **6e** | **6f** | 395 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 235 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 A (Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
**Fisher Printing, Inc. 401(k) Plan**

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
**Fisher Printing, Inc.**

**D** Employer Identification Number (EIN)
**36-2443352**

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

**1** Coverage Information:

**(a)** Name of insurance carrier

| (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 | 55486 | 246 | 1/1/2019 | 12/31/2019 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 20,605 | 5,183 |

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

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

**MERRILL LYNCH LIFE AGY**
**1851 EAST FIRST STREET**
**SUITE 1500**
**US SANTA ANA CA 92705**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 20,605 | | | 1 |

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

**QBI, LLC**
**21031 VENTURA BLVD**
**12TH FLOOR**
**US WOODLAND HILLS CA 91364**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 5,183 | | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 11,267,928 |

**6** Contracts With Allocated Funds:

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

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

Specify nature of costs ►

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

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

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

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

Specify nature of costs ►

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
Fisher Printing, Inc. 401(k) Plan

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
Fisher Printing, Inc.

**D** Employer Identification Number (EIN)
36-2443352

## 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

JOHN HANCOCK 01-0233346

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

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

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

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 17 37 50 70 | **THIRD PARTY ADMINISTRATOR** | **12,445** | Yes [X] No [ ] | Yes [X] No [ ] | | Yes [ ] No [X] |

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

**JOHN HANCOCK USA** **01-0233346**

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 28 59 60 62 63 68 | **RECORDKEEPER** | **1,260** | Yes [X] No [ ] | Yes [ ] No [ ] | | Yes [X] 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) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>► **File as an attachment to Form 5500.** | **2019**<br><br>**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 | **B** Three-digit plan number (PN) ► | |
|---|---|---|
| **Fisher Printing, Inc. 401(k) Plan** | | **001** |
| **C** Plan or DFE sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| **Fisher Printing, Inc.** | **36-2443352** | |

**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: **500 INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY HERITAGE** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK GLOBAL ALLOCATION** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL APPRECIATION FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMERGING MARKETS VALUE** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INTERNATIONAL VALUE** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **DFA U.S. SMALL CAP FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **EUROPACIFIC GROWTH FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADV NEW INSIGHTS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR TOTAL BOND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FINANCIAL INDUSTRIES FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FUNDAMENTAL INVESTORS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTL EQUITY INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO INTERNATIONAL GROWTH** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESTMENT COMPANY OF AMERICA** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESTMENT QUAL BOND FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2060 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2055 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2050 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2045 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2040 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2035 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2030 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2025 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2020 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2015 LIFETIME** | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **0** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2010 LIFETIME** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2060** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **50,408** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2055** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **23,920** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2050** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **147,125** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2045** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **69,654** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2040** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **57,233** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2035** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **269,524** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2030** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **712,891** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2025** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **128,045** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2020** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **27,213** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX 2015** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **566** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LIFECYCLE INDEX RET** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **76,197** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER AGGRESSIVE LS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER GROWTH LS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER BALANCED LS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER MODERATE LS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER CONSERV LS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS AGGRESSIVE** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **958,663** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS GROWTH** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,552,644** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX LS BALANCED** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,231,659** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JH MULTI-INDEX LS MODERATE** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **392,959** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **JH MULTI-INDEX LS CONSERV** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **781,661** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **AMERICAN CENTURY HERITAGE** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **BLACKROCK EAFE EQUITY INDEX** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **36,149** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **DFA EMERGING MARKETS VALUE** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **98,064** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **DFA INTERNATIONAL VALUE** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **DFA U.S. SMALL CAP FUND** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **42,218** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **EUROPACIFIC GROWTH FUND** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **299,076** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **FIDELITY REAL ESTATE INDEX** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **21,221** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | **FINANCIAL INDUSTRIES FUND** | | |
| **b** Name of sponsor of entity listed in (a): | **JOHN HANCOCK USA** | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **182,817** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTL EQUITY INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO OPP INTL GROWTH FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **770** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **67** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **ISHARES GOLD TRUST ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **86,055** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **245,634** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **NEW OPPORTUNITIES FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **REAL EST. SECURITIES FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **ROYCE OPPORTUNITY** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **SCIENCE & TECHNOLOGY FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **142,879** |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **15,606** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP STOCK FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE HEALTH SCI** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **271,970** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE NEW ERA FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF SMALL-CAP BLEND IDX** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **194,152** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP GROWTH ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **58** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,116** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **976** |

| | | | |
|---|---|---|---|
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,644** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **WISDOMTREE MIDCAP DIVIDEND ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **WISDOMTREE MC EARNINGS ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **WISDOMTREE SC DIVIDEND ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL COMPANY VALUE FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **934,948** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL APPRECIATION FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **37,553** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **DFA US LARGE COMPANY FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **105,990** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **EQUITY INCOME FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADV NEW INSIGHTS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FUNDAMENTAL INVESTORS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DIVERSIFIED DIVIDEND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **51,596** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO OPPENHEIMER GLOBAL** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK DISCIPLINED VALUE** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **2,356** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN U.S. EQUITY FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFS MASSACHUSETTS INVESTORS** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **33,328** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **457,689** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESTMENT COMPANY OF AMERICA** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF EQUITY INDEX FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **404,521** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TIAA-CREF LARGE-CAP GROWTH IDX** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **25,014** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **250,450** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD HIGH DIVIDEND YLD IDX** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **139** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TOT WLD STK INDEX ETF** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **603** |
| **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 USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK GLOBAL ALLOCATION** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL INCOME BUILDER** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **69,071** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **IVY ASSET STRATEGY FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFS UTILITIES FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **1,514** |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO ALL ASSET** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR TOTAL BOND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK BOND FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **60** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO INCOME FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **180** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO INVT GRADE CREDIT BOND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **605** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME OPP FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **0** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL BOND MARKET FUND** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **4,645** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VAL** | | | |
| **b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA** | | | |
| **c** EIN-PN **01-0233346-000** | **d** Entity code **P** | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | **766,830** |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| **b** Name of sponsor of entity listed in (a): | | | |
| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| **b** Name of sponsor of entity listed in (a): | | | |
| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| **Fisher Printing, Inc. 401(k) Plan** | | **001** |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| **Fisher Printing, Inc.** | **36-2443352** | |

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1,814 | 1,741 |
| **(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) | 252,134 | 357,529 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(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) | 8,398,539 | 11,267,928 |
| **(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 | 8,652,487 | 11,627,198 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 643 | 570 |
| **k** Total liabilities (add all amounts in lines 1g through 1j) | 1k | 643 | 570 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 8,651,844 | 11,626,628 |

## 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) | 87,416 | |
| **(B)** Participants | 2a(1)(B) | 638,682 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 852,563 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1,578,661 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 16,640 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16,640 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A), (B),** and **(C)** | 2b(2)(D) | | |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (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) | | 1,839,434 |
| c Other income | 2c | | 3,408 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3,438,143 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 450,873 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 450,873 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 12,486 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12,486 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 463,359 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2,974,784 |
| 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: **Digiovine Hnilo Jordan Johnson** (2) EIN: **36-3029663**

**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 | | 5,578 |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

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

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

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

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

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

# SCHEDULE 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
**Fisher Printing, Inc. 401(k) Plan**

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
**Fisher Printing, Inc.**

**D** Employer Identification Number (EIN)
**36-2443352**

## 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): **01-0233346**

**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-yeild debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

**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** _____