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
- [X] 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
SLAVIC MUTUAL FUNDS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1996

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

1075 BROKEN SOUND PKWY. NW, STE 100
BOCA RATON, FL 33487-3540

2b Employer Identification Number (EIN)
59-2749576

2c Plan Sponsor's telephone number
800-356-3009

2d Business code (see instructions)
523900

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.	12/17/2020	LAWRENCE EGORT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/17/2020	LAWRENCE EGORT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	136
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)**	123
a(2) Total number of active participants at the end of the plan year	**6a(2)**	165
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	28
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	158
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 2R 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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
SLAVIC MUTUAL FUNDS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SLAVIC MUTUAL FUND MANAGEMENT CORP.

D Employer Identification Number (EIN)
59-2749576

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)		88
(2) Participant contributions	1b(2)		150
(3) Other	1b(3)		700
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	248538	248932
(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)	6813035	9011309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	65833	94294

			(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	7127406	9355473
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7127406	9355473

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)	296173	
	(B) Participants	2a(1)(B)	760735	
	(C) Others (including rollovers)	2a(1)(C)	149482	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1206390
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)	13364	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13364
	(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)	200489	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		200489
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1075773
c Other income	2c		22073
d Total income. Add all **income** amounts in column (b) and enter total	2d		2518089
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	281731	
(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)		281731
f Corrective distributions (see instructions)	2f		8261
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)	30	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		290022
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2228067
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) [X] 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 [X] No

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

(1) Name: WEINSTEIN ZUGMAN, LLC **(2)** EIN: 20-0453834

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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
SLAVIC MUTUAL FUNDS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SLAVIC MUTUAL FUND MANAGEMENT CORP.

D Employer Identification Number (EIN)
59-2749576

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**

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): 65-0708495

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_____

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2019 AND 2018
AND FOR THE YEAR ENDED DECEMBER 31, 2019

AND INDEPENDENT AUDITORS' REPORT

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN
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AS OF DECEMBER 31, 2019 AND 2018
AND FOR THE YEAR ENDED DECEMBER 31, 2019

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WEINSTEIN ZUGMAN, LLC
Certified Public Accountants & Consultants

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Slavic Mutual Funds Management Company 401(k) Plan
Boca Raton, Florida

We have audited the accompanying financial statements of Slavic Mutual Funds Management Company 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Trustees of the
Slavic Mutual Funds Management Company 401(k) Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Slavic Mutual Funds Management Company 401(k) Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the year ended December 31, 2019, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Weinstein Zugman, LLC

WEINSTEIN ZUGMAN, LLC
Fort Lauderdale, Florida
December 15, 2020

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2019	2018
ASSETS		
Investments At Fair Value:		
Shares of registered investment companies	$ 9,011,309	$ 6,813,035
Self-directed brokerage accounts	94,294	65,833
Total Investments At Fair Value	9,105,603	6,878,868
Receivables:		
Employer's contributions	88	0
Participants' contributions	150	0
Notes receivable from participants	248,932	248,538
Other	700	0
Total Receivables	249,870	248,538
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,355,473	$ 7,127,406

See accompanying notes to the financial statements.

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation in fair value of investments	$ 1,095,034
Dividends	200,489
Mutual fund revenue reimbursements	2,812
Total Investment Income	1,298,335
Interest income on notes receivable from participants	13,364
Contributions:	
Employer	296,173
Participants	760,735
Rollovers	149,482
Total Contributions	1,206,390
TOTAL ADDITIONS	2,518,089
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	289,992
Administrative expenses	30
TOTAL DEDUCTIONS	290,022
NET INCREASE	2,228,067
Net Assets Available For Benefits – Beginning of Year	7,127,406
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR	$ 9,355,473

See accompanying notes to the financial statements.

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Slavic Mutual Funds Management Company 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement and amendments for a more complete description of the Plan's provisions.

General – The Plan was formed on September 1, 1996 by Slavic Mutual Funds Management Corporation (the "Employer" and "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan.

Eligibility – The Plan covers all employees, as defined in the Plan, who have completed 3 months of service and attained the age of 21.

Employee Contributions – Participants may elect to contribute from 1% to 80% of their pre-tax eligible compensation, after-tax eligible compensation (Roth contribution), or any combination thereof for the years ended December 31, 2019 and 2018, as defined in the Plan, up to a maximum of $19,000 and $18,500, respectively. Participants who have attained age 50 during the Plan year may make an elective deferral contribution of $6,000 during 2019 and 2018. The percentage may be changed as of any subsequent Plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the Plan Sponsor. Fund allocations may be changed by the participants at any time.

Employer Contributions – For the years ended December 31, 2019, the Qualified Automatic Contribution Agreement ("QACA") safe harbor matching contribution is 100% of the participants' elective deferral up to 1% of gross wages plus 50% of the participants' elective deferral up to the next 5% of gross wages. For the year ended December 31, 2018, the discretionary Employer match is 50% of the participants' elective deferral up to 6% of gross wages.

The total of Employer and employee contributions is limited to the lesser of $56,000 and $55,000 or 100% of the participant's eligible pre-tax compensation for the years ended December 31, 2019 and 2018, respectively.

Participant Accounts – Each participant's account is credited with the participant's contribution and Employer-provided matching contributions, Plan earnings (losses), and charged with management or service fees and allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participant contributions are automatically 100% vested. Employer-provided discretionary matching contributions are 20% vested after two years of service and 20% for each additional year of service. QACA safe harbor matching contributions are 100% vested after 2 years of service. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the Plan calendar year.

Investment Options – Participants may direct contributions to any of the investment options offered by the Plan. The investment options include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments.

Notes Receivable from Participants – Participants can borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000, reduced by the excess (if any) of (1) the highest outstanding balance of any other notes from the Plan during the one-year period prior to the date of the new note, over (2) the aggregate outstanding balance of any other notes from the Plan on the date of the new note, or 50% of their vested account balance. Note terms range from one to five years or up to 15 years for the purchase of a principal residence. Participants can only have two notes outstanding at any time. The notes are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time the note is approved by the Plan Sponsor. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – Upon retirement or separation from service with the Employer, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a lump-sum cash payment for any portion of their vested accounts on a yearly basis. Until a participant actually retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a participant.

Hardship Withdrawal – Hardship withdrawals can only be made to the extent that there is a financial hardship, as defined in the plan document and in accordance with IRS rules.

Forfeited Accounts – As of December 31, 2019, forfeited non-vested accounts were $1,382. These accounts can be used to reduce future Employer's contributions or pay for Plan expenses. During the year ended December 31, 2019, $5,733 was paid from forfeited non-vested accounts for Employer contributions.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting, except that benefits are recorded when paid.

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS (CONTINUED)

Withdrawals and Exchanges – Withdrawals and exchanges between investment fund options by participants are recorded based upon the specific proceeds and cost of the investment at the date of withdrawal or exchange.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes 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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Sponsor considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Administrative Expenses – Certain administrative expenses are paid by the Plan Sponsor. Management fees, asset fees, and account administrative fees are paid by the participants. Expenses that are paid by the Plan Sponsor are excluded from these financial statements.

Date of Management's Review of Subsequent Events – The Plan has evaluated subsequent events through December 15, 2020, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under 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.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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; and • 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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Level 1 Fair Value Measurements:

Mutual Funds: Shares of registered investment companies are valued at the daily quoted net asset value closing price of the shares as reported by the fund at year end. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

		Fair Value Measurements at Reporting Date Using:		
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2019				
Shares of registered investment companies	$ 9,011,309	$ 9,011,309		
Self-directed brokerage accounts	94,294	94,294		
Totals	$ 9,105,603	$ 9,105,603	$ 0	$ 0

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value Measurements at Reporting Date Using:			
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2018				
Shares of registered investment companies	$ 6,813,035	$ 6,813,035		
Self-directed brokerage accounts	65,833	65,833		
Totals	$ 6,878,868	$ 6,878,868	$ 0	$ 0

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE 4 - TAX STATUS

The master prototype plan from which the Plan was drafted has received a favorable determination from the Internal Revenue Service on March 31, 2014. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes the Plan is designed and currently being operated in compliance with all applicable provisions of the Internal Revenue Service Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 5 - PLAN TERMINATION

Although they have not expressed any intent to do so, the Employer has the right under the Plan to discontinue their contributions at any time. In addition, although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Slavic Integrated Administration, Inc. ("SIA") is the Plan's third party administrator, and there are no recordkeeping fees charged to the Plan.

The stockholders of SIA are also the stockholders of the Plan Sponsor.

The party-in-interest transactions above are exempt from prohibited transaction rules of ERISA.

NOTE 7 - RISKS AND UNCERTAINTIES

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

As a result of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact investment income and other plan transactions. Other financial impacts could occur though such potential impacts are unknown at this time.

SUPPLEMENTAL SCHEDULE

SLAVIC MUTUAL FUNDS MANAGEMENT COMPANY 401(K) PLAN
EIN: 59-2749576 - PLAN NO. 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019

(a) (b) Identity	(c) Description of Registered Investment Companies	(d) Cost	(e) Current Value
American Funds:	Bond Fund of America R4		$ 21
	Bond Fund of America R6		61,652
	Capital World Growth & Income R6		105,475
	EuroPacific R6		305,603
	Fundamental Investors R6		32,461
	Growth Fund of America R6		120,200
	New Perspective R6		54,604
	Washington Mutal R6		24,793
BlackRock Funds:	iShares MSCI EAFE Int'l Index		67,276
DFA Funds:	Emerging Markets Core Equity		129,034
DWS Funds:	Health & Wellness		7,712
	Science & Technology		59,545
Fidelity Funds:	500 Index		93,527
	Advisor Diversified Int'l		4,648
	Advisor Energy		1,222
	Advisor Growth Opps		16,133
	Advisor High Income Advantage		23,891
	Advisor Stock Selector Mid Cap		5,085
	Government Money Market		11,815
	US Bond Index		76,866
Invesco Funds:	Technology		139,218
Janus Funds:	Enterprise		46,924
	Growth & Income		30,152
Oppenheimer Funds:	Main Street		3,441
SSgA Funds:	GAMCO Gold		211,485
	GAMCO Growth		2,346
T. Rowe Price Funds:	New Era		40,868
Vanguard Funds:	Emerging Markets Stock Index		19,803
	Energy		18,160
	European Stock Index		10,242
	Federal Money Market		2,089,261
	High Yield Corporate		2,569
	Industrial Index		202,628
	Inflation Protected Securities		18,350
	Information Technology Index		338,556
	Intermediate-Term Bond Index		940
	Mid Cap Index		62,190
	Mid Cap Value Index		9,553
	Pacific Stock Index		9,780
	Real Estate Index		174,897
	Small Cap Growth Index		44,866
	Small Cap Value Index		4,563
	Short-Term Bond Index		5,517
	Short-Term Federal		1,427,316
	Short-Term Inflation Protected Index		914
	Target Retirement 2035		15,595
	Target Retirement 2040		1,532
	Target Retirement 2045		95,075
	Target Retirement 2055		6,153
	Target Retirement 2060		60,261
	Target Retirement 2065		47,675
	Total Bond Market Index		59,360
	Total Int'l Stock Index		61,977
	Total Stock Market Index		2,542,061
Wells Fargo Funds:	Total Return Bond		2,019
	Ultra Short-Term Income		3,499
			9,011,309
Self-Directed Brokerage Accounts			94,294
INVESTMENTS AT FAIR VALUE			9,105,603
* Notes Receivable From Participants (4.25% to 6.25%)			248,932
TOTAL INVESTMENTS			$ 9,354,535

Column (d) is blank as all investments are participant directed.

* Represents a party-in-interest.

See accompanying independent auditors' report.

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

SLAVIC MUTUAL FUNDS 401(K) PLAN **Plan # 001** **EIN #: 59-2749576**

(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
	American Funds	RBFEX - American Funds Bond Fund of America R4		21
	American Funds	RBFGX - American Funds Bond Fund of America R6		61,652
	American Funds	RERGX - American Funds EuroPacifc R6		305,603
	American Funds	RFNGX - American Funds Fundamental Investors R6		32,461
	American Funds	RGAGX - American Funds Growth Fund of America R6		120,200
	American Funds	RNPGX - American Funds New Perspective R6		54,604
	American Funds	RWIGX - American Funds Capital World G & I R6		105,475
	American Funds	RWMGX - American Funds Washington Mutual R6		24,793
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		67,276
	DFA	DFCEX - DFA Emerging Markets Core Equity		129,033
	Fidelity	FAGOX - Fidelity Advisor Growth Opps M		16,133
	Fidelity	FAHYX - Fidelity Advisor High Income Advtg M		23,891
	Fidelity	FAIDX - Fidelity Advisor Int'l Discovery A		-
	Fidelity	FANAX - Fidelity Advisor Energy A		1,222
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		4,648
	Fidelity	FMCDX - Fidelity Advisor Stock Selector Mid Cap		5,085
	Fidelity	FSOAX - Fidelity Adv_ Value Strategies A		-
	Fidelity	FZBXX - Fidelity Govt_ Money Market		11,815
	Fidelity	FXAIX - Fidelity 500 Index		93,527
	Fidelity	FXNAX - Fidelity US Bond Index		76,866
	Fidelity Self-Directed Brokera	FISDB - Fidelity SDB		94,294
	Franklin/Templeton	FRBSX - Franklin Balance Sheet Investment		-
	Gabelli Funds/SSga	GABAX - Gabelli Asset Fund		-
	Gabelli Funds/SSga	GABGX - GAMCO Growth Fund		2,346
	Gabelli Funds/SSga	GOLDX - GAMCO Gold		211,485
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		-
	Invesco	FTCHX - Invesco Technology Inv		139,218
	Invesco	VGRAX - Invesco Mid Cap Growth Fund Cl A		-
	Janus	JAENX - Janus Enterprise		46,924
	Janus	JAGIX - Janus Growth & Income		30,152
	Janus	JAWWX - Janus Henderson Global Research T		-
	Kemper Multi-Fund	KTCAX - DEUTSCHE SCIENCE ANDTECHNOLOGY FUND-A		59,545
	Kemper Multi-Fund	SUHAX - DEUTSCHE HEALTH AND WELLNESS FUND-A		7,712
	Oppenheimer Funds	MSIGX - Invesco Oppenheimer Main Street A		3,441
	T Rowe Price	PRASX - T_ Rowe Price New Asia		-
	T Rowe Price	PRNEX - T_ Rowe Price New Era		40,867
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		18,350
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		940
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		5,517
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		59,360
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Ad		19,803
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		10,242
	Vanguard	VFFVX - Vanguard Target Retirement 2055		6,153

	Vanguard	VFORX - Vanguard Target Retirement 2040		1,532
	Vanguard	VGELX - Vanguard Energy Admiral		18,160
	Vanguard	VGSIX - Vanguard REIT Index		-
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		174,897
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		62,190
	Vanguard	VINAX - Vanguard Industrial Index Admiral		202,628
	Vanguard	VITAX - Vanguard Information Technology Index Ad		338,556
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		47,675
	Vanguard	VMFXX - Vanguard Federal Money Market		2,089,261
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		-
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		9,553
	Vanguard	VPADX - Vanguard Pacific Stock Index Admiral		9,780
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		44,866
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,427,316
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		4,563
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		914
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		61,977
	Vanguard	VTIVX - Vanguard Target Retirement 2045		95,075
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		2,542,061
	Vanguard	VTSMX - Vanguard Total Stock Market Index		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035		15,595
	Vanguard	VTTSX - Vanguard Target Retirement 2060		60,261
	Vanguard	VTTVX - Vanguard Target Retirement 2025		-
	Vanguard	VWEAX - Vanguard High Yield Corporate Admiral		2,569
	Wells Fargo	MBFIX - Wells Fargo Total Return Bond		2,019
	Wells Fargo	SADAX - Wells Fargo Ultra- Short-Term Income		3,499
	Wells Fargo	SOPVX - Wells Fargo Opportunity		-
	Wells Fargo	WFAAX - Wells Fargo Asia Pacific		-
	Participant Loans	4.25% to 6.25%		248,932