# 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**1c** Effective date of plan 10/01/1997

**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)
PROVIDENT MANAGEMENT CORPORATION

107 HAMPTON ROAD, SUITE 100
CLEARWATER, FL 33759

**2b** Employer Identification Number (EIN) 59-1870484

**2c** Plan Sponsor's telephone number 727-726-4770

**2d** Business code (see instructions) 531390

**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. | 10/14/2021 | MARGARET SUE DOBSON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 397 |
| **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)** | 246 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 160 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 129 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 289 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 290 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 222 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 34 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

- **(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 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** Name of plan
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENT MANAGEMENT CORPORATION

**D** Employer Identification Number (EIN)
59-1870484

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

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0989781 | 86231 | 995510 | 222 | 01/01/2020 | 12/31/2020 |

**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 |
|---|---|
| 13594 | |

**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

ROYAL ALLIANCE ASSOCIATES INC

BRANDON K COWART
ONE WORLD FINANCIAL CENTER, 14
NEW YORK, NY 10281

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 4622 | | | 3 |

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

ROYAL ALLIANCE ASSOCIATES INC

ERIC L OLSON
ONE WORLD FINANCIAL CENTER, 14
NEW YORK, NY 10281

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 4486 | | | 3 |

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

ROYAL ALLIANCE ASSOCIATES INC

KIRK D OLSON
ONE WORLD FINANCIAL CENTER, 14
NEW YORK, NY 10281

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 4486 | | | 3 |

**(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 | 851999 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 5010103 |

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 ▶ STABLE VALUE OPTION

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 511698 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 18889 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 12606 | | |
| | (4) Transferred from separate account | 7c(4) | 481264 | | |
| | (5) Other (specify below) | 7c(5) | 21705 | | |
| | ▶ ADDITIONS TO FORFEITURE ACCOUNT AND LOAN REPAYMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 534464 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 1046162 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 167101 | | |
| | (2) Administration charge made by carrier | 7e(2) | 6497 | | |
| | (3) Transferred to separate account | 7e(3) | 16695 | | |
| | (4) Other (specify below) | 7e(4) | 3870 | | |
| | ▶ ALLOCATED FORFEITURE | | | | |
| | (5) Total deductions | | | 7e(5) | 194163 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 851999 |

## 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.** | **2020**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** Name of plan
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENT MANAGEMENT CORPORATION

**D** Employer Identification Number (EIN)
59-1870484

## Part I Service Provider Information (see instructions)

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

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

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 52 62 64 67 | RECORDKEEPER | 22823 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

ROYAL ALLIANCE ASSOCIATES, INC.

93-0987232

| (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? |
|---|---|---|---|---|---|---|
| 22 23 53 | BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 606 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ROYAL ALLIANCE ASSOCIATES, INC. | 22 23 53 | 606 |

| **(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. |
|---|---|
| TRANSAMERICA LIFE INSURANCE COMPANY<br><br>39-0989781 | COMMISSIONS |

| **(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)**<br>(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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** Name of plan
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROVIDENT MANAGEMENT CORPORATION

**D** Employer Identification Number (EIN)
59-1870484

**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: FEDERATED HERMES MDT SM CAP CORE RE

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-140 | P | 36573 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-429 | P | 135361 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC SHORTINTE

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-430 | P | 27847 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC INTER HORI

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-431 | P | 117103 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC INTERLONG

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-432 | P | 91837 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-433 | P | 23131 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-280 | P | 11779 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VIRTUS CEREDEX MID-CAP VAL EQTY RET | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-302 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 415 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TRANSAMERICA LIFEGOAL 2060 WITH BLK | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-612 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11671 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY ADVISOR SMALL CAP INV OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-445 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 40584 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TRANSAMERICA PARTNERS HIGH YIELD BO | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-434 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 201401 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TEMPLETON FOREIGN RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-143 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20801 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WMC DISCIPLINED US GROWTH RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-101 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 148395 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WMC CORE EQUITY RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-168 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 73858 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AEGON BALANCED RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-119 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1097719 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AEGON BOND RET OPT | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-100 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63785 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | JANUS HENDERSON SMALL CAP VALUE RET | | |
| **b** Name of sponsor of entity listed in (a): | TRANSAMERICA LIFE INSURANCE CO. | | |
| **c** EIN-PN 39-0989781-002 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13572 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISCOVERY IN

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

| **c** EIN-PN 39-0989781-440 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149282 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

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

| **c** EIN-PN 39-0989781-587 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 429707 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN FRANCHISE INV OPT

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

| **c** EIN-PN 39-0989781-443 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59270 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-014 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79766 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI

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

| **c** EIN-PN 39-0989781-015 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61546 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-009 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135221 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-008 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68444 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL RET WITH BLAC

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

| **c** EIN-PN 39-0989781-047 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236947 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2025 WITH BLA

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

| **c** EIN-PN 39-0989781-049 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237258 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 WITH BLK

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

| **c** EIN-PN 39-0989781-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215353 |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FORTY RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-199 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 190465 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL RET OPT | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-216 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 384775 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2030 WITH BLA | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-111 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 133671 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 WITH BLK | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 140011 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 110051 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 WITH BLK | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-505 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30818 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2035 WITH BLA | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-050 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 168272 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER SELECT MID CAP GROWTH RET O | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-741 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63414 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET | | | |
| **b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO. | | | |
| **c** EIN-PN 39-0989781-036 | **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: | | | |
| **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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** Name of plan
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENT MANAGEMENT CORPORATION

**D** Employer Identification Number (EIN)
59-1870484

## 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) | 206 | 171 |
| **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) | 123261 | 93381 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 5288521 | 5010103 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 511698 | 851999 |
| **(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 | 5923686 | 5955654 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 5923686 | 5955654 |

## 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) | 19944 | |
| | **(B)** Participants | 2a(1)(B) | 221754 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 241698 |
| **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) | 6100 | |
| | **(F)** Other | 2b(1)(F) | 12606 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 18706 |
| | **(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) | | 552674 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 813078 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 740138 | |
| **(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) | | 740138 |
| **f** Corrective distributions (see instructions) | 2f | | 4389 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 12675 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | 1085 | |
| **(4)** Other | 2i(4) | 22823 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 23908 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 781110 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 31968 |
| **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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: HOWARD AND COMPANY CPAS P.A. **(2)** EIN: 47-0916323

**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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **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 | |
| **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** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

# 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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** Name of plan
PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENT MANAGEMENT CORPORATION

**D** Employer Identification Number (EIN)
59-1870484

## 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): 13-3689044

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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_____

# PROVIDENT MANAGEMENT CORPORATION
# 401(k) PLAN

## FINANCIAL STATEMENTS

## FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

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Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

**John W. Howard**
CPA/ABV/CFF, CVA

*CPA Designation regulated By State of Florida*

# INDEPENDENT AUDITOR'S REPORT

TO THE PLAN TRUSTEES
PROVIDENT MANAGEMENT CORPORATION 401(k) PLAN

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Provident Management Corporation 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Notes 5, 6, and 8 which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

*American Institute of Certified Public Accountants*

*Florida Institute of Certified Public Accountants*

CPACONNECT

**4745 Sutton Park Court**
**Suite 102**
**Jacksonville, FL 32224**

**Phone 904.421.0690**
**Fax 904.421.0691**

**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**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to, and we do not, express an opinion on 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.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
September 28, 2021

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| ASSETS | | |
| Investments | | |
| Separate Accounts, at fair market value | $ 5,010,103 | $ 5,288,521 |
| General Accounts, at contract value | 851,999 | 511,698 |
| | 5,862,102 | 5,800,219 |
| Other receivable | 171 | 206 |
| Notes receivable from participants | 93,381 | 123,261 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 5,955,654 | $ 5,923,686 |

See independent auditor's report and notes to financial statements.


Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

| | Notes Receivable from Participants | Participant-Directed Investment Funds | 2020 Total | 2019 Total |
|---|---|---|---|---|
| ADDITIONS | | | | |
| Contributions | | | | |
| Participants | $ 171 | $ 221,583 | $ 221,754 | $ 391,001 |
| Employer, net of forfeitures | - | 19,944 | 19,944 | 47,114 |
| Rollovers | - | - | - | 54,044 |
| Loan repayments | - | 50,463 | 50,463 | 67,094 |
| Participant loans | 32,664 | - | 32,664 | 89,029 |
| Dividends and interest | - | 18,706 | 18,706 | 12,882 |
| Net realized and unrealized gain from sales and increase in fair value of investments | - | 552,674 | 552,674 | 998,086 |
| Total Additions | 32,835 | 863,370 | 896,205 | 1,659,250 |
| DEDUCTIONS | | | | |
| Benefits paid to participants | 12,287 | 740,526 | 752,813 | 239,876 |
| Expenses and fees | - | 23,908 | 23,908 | 24,922 |
| Corrective distributions | - | 4,389 | 4,389 | - |
| Participant loans | - | 32,664 | 32,664 | 89,029 |
| Loan repayments | 50,463 | - | 50,463 | 67,094 |
| Net realized and unrealized loss from sales and decrease in fair value of investments | - | - | - | - |
| Total Deductions | 62,750 | 801,487 | 864,237 | 420,921 |
| NET INCREASE PRIOR TO INTERFUND TRANSFERS | (29,915) | 61,883 | 31,968 | 1,238,329 |
| Transfers in | - | 664,702 | 664,702 | 320,063 |
| Transfers out | - | (664,702) | (664,702) | (320,063) |
| NET INCREASE | (29,915) | 61,883 | 31,968 | 1,238,329 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | | | | |
| Beginning of year | 123,467 | 5,800,219 | 5,923,686 | 4,685,357 |
| End of year | $ 93,552 | $5,862,102 | $5,955,654 | $5,923,686 |

See independent auditor's report and notes to financial statements.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

NOTES TO FINANCIAL STATEMENTS

## 1. DESCRIPTION OF PLAN

The following description of the Provident Management Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan, established on October 1, 1997, is a 401(k) defined contribution plan covering all eligible employees, as defined below, of Provident Management Corporation and affiliated companies (the "Sponsor"). The Plan provides for participant contributions through salary reduction in accordance with Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### Eligibility

Employees of the Sponsor are eligible to participate in the Plan upon completing ninety (90) days of full-time employment.

### Contributions

Employees may elect to contribute up to the maximum amount subject to the limits imposed by the Internal Revenue Code. Employees may also transfer amounts from the qualified plans of former employers.

Additionally, the Sponsor may make a matching contribution which is set prior to the end of the previous plan year. The Sponsor may match 20% of each elective deferral up to 6% of compensation. Combined contributions from an employee and the Sponsor cannot exceed the lesser of the amount allowed under the Internal Revenue Code or 60% of the employee's pay. The Sponsor made $19,944 and $47,114 of matching contributions during the years ended December 31, 2020 and 2019, respectively.

On August 29, 2020, the Plan was amended for the matching contribution by the Sponsor to be a discretionary percentage of participants compensation or a discretionary dollar amount to be determined by the Sponsor. Effective August 29, 2020, the Sponsor suspended the matching contributions.

Finally, the Sponsor may make a non-integrated, non-matching discretionary contribution. The non-matching contribution is allocated to each eligible participant in accordance with Section 6.2(a) of the Plan. For each year ended December 31, 2020 and 2019, the discretionary contribution made by the Sponsor was $0.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

1. **DESCRIPTION OF PLAN** – (Continued)

**Participant Accounts**

Each participant's account is credited with the participant's contribution, Sponsor contribution, and allocation of the Plan earnings. Allocations are based on participants' earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is limited to the vested balance of the participant's account.

The Plan is designed to allow participants to exercise control over the investment of assets held in their account. Accordingly, contributions are invested as directed by the participant in one or more of a variety of investment funds. The selection of funds offered by the Plan is intended to comply with the requirements of ERISA §404(c).

**Vesting**

A participant is vested at all times in their Plan contributions and related earnings. Vesting in the employer matching contribution and related earnings is based on length of employment, 20% for each year of employment starting with the second full year. All eligible participants are fully vested after 6 years of qualified service.

**Payment of Benefits**

On termination of service, a participant can elect to receive a cash lump sum amount equal to the value of the vested portion of the account or keep the account with the Plan.

**Hardship Distributions**

A participant who has incurred certain hardship conditions as specified by provisions of the Internal Revenue Code may elect to receive a distribution from his/her elective contribution amount.

**Loan Distributions**

A participant may elect to borrow from his/her account. This loan amount may not exceed the lesser of $50,000 or 50% of the vested account balance, is collateralized by the remaining portion of the account balance and must be repaid with reasonable interest over a period not to exceed five years.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

NOTES TO FINANCIAL STATEMENTS

1. **DESCRIPTION OF PLAN** – (Continued)

**Forfeitures**

Participants who withdraw from the Plan forfeit the non-vested portion of their accounts. For 2020, forfeitures were used to reduce the amount of sponsor contributions by $3,870 and pay plan expenses of $3,542. For 2019, forfeitures were used to reduce the amount of sponsor contributions by $8,309 and pay plan expenses of $1,810. For the years ended December 31, 2020 and 2019, total forfeitures were $7,801 and $11,200, respectively.

**Expenses and Fees**

Expenses and fees associated with the Plan are paid with Plan assets. Such expenses and fees include the compensation of investment managers, brokers' fees, and costs related to Plan administration. During the years ended December 31, 2020 and 2019, expenses and fees were $23,908 and $24,922, respectively. Fees associated with the audit for the Plan were paid by the Plan Sponsor and are not included in expense in these financial statements.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The Plan uses the accrual method of accounting. Under this method of accounting, contributions to the Plan are recognized when approved by the Employer. Revenues are recognized when earned, and expenses are recognized when incurred.

**Use of Estimates**

The process of preparing financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions regarding certain types of assets and liabilities and additions to and deductions from net assets. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value held by the Plan at year-end. 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.



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## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

### Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate fluctuations, market changes and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

## 3. PLAN TERMINATION

Although the Sponsor has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants become fully vested in sponsor matching contributions and related earnings.

## 4. TAX STATUS

The Sponsor received a determination letter from the Internal Revenue Service accepting the Plan under Internal Revenue Code Section 401. The Plan is subject to examination by the Internal Revenue Service. As of December 31, 2020, the Plan's tax years for 2017, 2018, 2019, and 2020 are subject to examination.

## 5. FAIR VALUE MEASUREMENTS

Fair value as defined under generally accepted accounting principles ("GAAP") is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritize the inputs used in measuring fair value.

**5. FAIR VALUE MEASUREMENTS** – (Continued)

These tiers include:

Level 1: Observable inputs such as quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Level 2: Inputs other than quoted prices within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets. Level 2 may also include insignificant adjustments to market observable inputs.

Level 3: Unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

Following is a description of the valuation methodologies used for assets measured at fair values.

Pooled separate accounts: Invests in mutual funds. The fair values of the underlying mutual funds are publicly quoted prices used in determining net asset value.

There have been no changes in the methodologies used at December 31, 2020 and 2019.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

| | | Fair Value Measurement at the End of the Reporting Period Using: | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual Funds | $ - | $ - | $ - | $ - |
| Pooled Separate Accounts | 5,862,102 | 719,866 | 5,142,236 | - |
| Collective Investment Trusts | - | - | - | - |
| Total investments in fair value hierarchy | $ 5,862,102 | $ 719,866 | $ 5,142,236 | $ - |
| Investments measured at net asset value | - | | | |
| | $ 5,862,102 | | | |



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## 5. FAIR VALUE MEASUREMENT – (Continued)

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

| | | Fair Value Measurement at the End of the Reporting Period Using: | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual Funds | $ - | $ - | $ - | $ - |
| Pooled Separate Accounts | 5,288,521 | 1,334,450 | 3,954,071 | - |
| Common Investment Trusts | - | - | - | - |
| Total investments in fair value hierarchy | $ 5,288,521 | $ 1,334,450 | $ 3,954,071 | $ - |
| Value at net asset value | - | | | |
| | $ 5,288,521 | | | |

ASC 820 requires certain investments that were measured at net value per share (or its equivalent) to not be classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statement of net assets available for benefits.

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3 and no changes in Fair Value of Level 3 Assets and Related Gains and Losses.

## 6. BENEFIT RESPONSIVE INVESTMENT CONTRACT

The Transamerica Stable Value Option is a benefit responsive investment contract and is reported at contract value, which the custodian believes approximates fair value. This investment is best suited for investors seeking a stable return and safety of principal. The investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and there is no set maturity. Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual interest applicable for the six-month period. There is no stated minimum or maximum interest rate for the Transamerica Stable Value Option investment choices. The Transamerica Stable Value Option investment choices are backed by



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## 6. BENEFIT RESPONSIVE INVESTMENT CONTRACT – (Continued)

the general account of Transamerica Life Insurance Company (TLIC) or Transamerica Financial Life Insurance Company (TFLIC). While TLIC or TFLIC declare rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. The average yield earned by the Plan for 2020 and 2019 was 1.55% and 1.60%, respectively.

The effective credited interest rate is set monthly and effective on the first day of the month and contract charges may reduce the return. The average return for 2020 and 2019 was 1.55% and 1.60%, respectively.

## 7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are units of pooled separate accounts managed by Transamerica. Transamerica transactions qualify as party-in-interest transactions and have been identified as such within the supplemental information.

During the year ended December 31, 2020 and 2019, TLIC, TFLIC, Royal Alliance Associates, Inc., Brandon Cowart, Eric Olson, Kirk Olson, and Signator Insurance Agency, Inc. received advisory fees and/or administrative fees. Fees paid for these services are included in plan expense. These transactions also qualify as party-in-interest transactions for which there is a statutory exemption.

## 8. CERTIFIED INVESTMENTS

The plan administrator has elected the methods of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2020 and 2019 including investment information related to the 401(k) account, that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the custodian of the Plan.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

## 8. CERTIFIED INVESTMENTS – (Continued)

The following is a summary of information certified:

| | December 31, 2020 | December 31, 2019 |
|---|---|---|
| Investments, at market value | | |
| Pooled separate accounts | 5,010,103 | 5,288,521 |
| Investments, at contract value | | |
| General accounts | 851,999 | 511,698 |
| Total Investments | $ 5,862,102 | $ 5,800,219 |
| Notes receivable from participants | $ 93,381 | $ 123,261 |
| Investment income | $ 571,380 | $ 1,010,968 |

## 9. SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2020, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is September 28, 2021, which is the date on which the financial statements were available to be issued.



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# SUPPLEMENTAL INFORMATION

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

TO THE PLAN TRUSTEES
PROVIDENT MANAGEMENT CORPORATION 401(k) PLAN

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of assets held for investment purposes at the end of the year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
September 28, 2021

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

EIN: 59-1870484 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
AT DECEMBER 31, 2020

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Transamerica Life Insurance Company | Transamerica Stable Value Option | - | $ 851,999 |
| * | Transamerica Life Insurance Company | Federated MDT Small Cap Core Ret Opt | - | 36,573 |
| * | Transamerica Life Insurance Company | Transamerica ShrtHorznRetOpt | - | 27,847 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Short/Inter Horiz Ret Op | - | 135,361 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Inter Horizon Ret Opt | - | 117,103 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Inter/Long Horiz Ret Op | - | 91,837 |
| * | Transamerica Life Insurance Company | Transamerica LongHorznRetOpt | - | 23,131 |
| * | Transamerica Life Insurance Company | American Century Mid Cap Value Ret Opt | - | 11,779 |
| * | Transamerica Life Insurance Company | Virtus Ceredex Mid-Cap Val Eqty Ret Opt | - | 415 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2025 with Blackrock | - | 237,258 |
| * | Transamerica Life Insurance Company | Fidelity Advisor Small Cap Inv Opt | - | 40,584 |
| * | Transamerica Life Insurance Company | Transamerica Partners High Yield Bond Ret Opt | - | 201,401 |
| * | Transamerica Life Insurance Company | Templeton Foreign Ret Opt | - | 20,801 |
| * | Transamerica Life Insurance Company | WMC Disciplined US Growth Ret Opt | - | 148,395 |
| * | Transamerica Life Insurance Company | WMC Core Equity Ret Opt | - | 73,858 |
| * | Transamerica Life Insurance Company | AEGON Balanced Ret Opt | - | 1,097,719 |
| * | Transamerica Life Insurance Company | AEGON Bond Ret Opt | - | 63,785 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal Return with Blackrock | - | 236,947 |
| * | Transamerica Life Insurance Company | Franklin Biotechnology Discovery Inv Opt | - | 149,282 |
| * | Transamerica Life Insurance Company | Transamerica Partners Stock Index Ret Opt | - | 429,707 |
| * | Transamerica Life Insurance Company | Invesco American Franchise Inv Opt | - | 59,270 |
| * | Transamerica Life Insurance Company | American Funds AMCAP Inv Opt | - | 79,766 |
| * | Transamerica Life Insurance Company | American Funds Growth Fund of America Inv Opt | - | 61,546 |
| * | Transamerica Life Insurance Company | Amer Funds Fundamental Investors Inv Opt | - | 135,221 |
| * | Transamerica Life Insurance Company | American Funds Washington Mutual Investors In | - | 68,444 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2030 with Blackrock | - | 133,671 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2035 with Blackrock | - | 168,272 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2040 with Blackrock | - | 140,011 |
| * | Transamerica Life Insurance Company | Janus Henderson Small Cap Value | - | 13,572 |
| * | Transamerica Life Insurance Company | Janus Forty Ret Opt | - | 190,465 |
| * | Transamerica Life Insurance Company | Invesco Global Ret Opt | - | 384,775 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2045 with Blackrock | - | 215,353 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2050 with Blackrock | - | 110,051 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2055 with Blackrock | - | 30,818 |
| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2060 with Blackrock | - | 11,671 |
| * | Transamerica Life Insurance Company | Pioneer Select Mid Cap Growth Ret Opt | - | 63,414 |
| * | Participant loans | 4.25% to 6.25% | - | 93,381 |
| | | | $ - | $ 5,955,483 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person by asterisk who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant loans.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

EIN: 59-1870484 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
AT DECEMBER 31, 2019

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Transamerica Life Insurance Company | Transamerica Stable Value Option | - | $ 511,698 |
| * | Transamerica Life Insurance Company | Federated MDT Small Cap Core Ret Opt | - | 48,300 |
| * | Transamerica Life Insurance Company | Transamerica ShrtHorznRetOpt | - | 119,111 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Short/Inter Horiz Ret Opt | - | 23,539 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Inter Horizon Ret Opt | - | 101,031 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Inter/Long Horiz Ret Opt | - | 77,679 |
| * | Transamerica Life Insurance Company | Transamerica LongHorznRetOpt | - | 20,902 |
| * | Transamerica Life Insurance Company | American Century Mid Cap Value Ret Opt | - | 55,922 |
| * | Transamerica Life Insurance Company | Virtus Ceredex Mid-Cap Val Eqty Ret Opt | - | 21,853 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2060 Ret Opt | - | 12,511 |
| * | Transamerica Life Insurance Company | Fidelity Advisor Small Cap Inv Opt | - | 59,242 |
| * | Transamerica Life Insurance Company | Transamerica Partners High Yield Bond Ret Opt | - | 274,098 |
| * | Transamerica Life Insurance Company | Templeton Foreign Ret Opt | - | 32,512 |
| * | Transamerica Life Insurance Company | WMC Disciplined US Growth Ret Opt | - | 137,773 |
| * | Transamerica Life Insurance Company | WMC Core Equity Ret Opt | - | 67,266 |
| * | Transamerica Life Insurance Company | AEGON Balanced Ret Opt | - | 994,224 |
| * | Transamerica Life Insurance Company | AEGON Bond Ret Opt | - | 103,003 |
| * | Transamerica Life Insurance Company | Perkins Small Cap Value Ret Opt | - | 14,423 |
| * | Transamerica Life Insurance Company | Franklin Biotechnology Discovery Inv Opt | - | 502,343 |
| * | Transamerica Life Insurance Company | Transamerica Partners Stock Index Ret Opt | - | 337,193 |
| * | Transamerica Life Insurance Company | Invesco American Franchise Inv Opt | - | 48,875 |
| * | Transamerica Life Insurance Company | American Funds AMCAP Inv Opt | - | 133,905 |
| * | Transamerica Life Insurance Company | American Funds Growth Fund of America Inv Opt | - | 58,891 |
| * | Transamerica Life Insurance Company | Amer Funds Fundamental Investors Inv Opt | - | 137,537 |
| * | Transamerica Life Insurance Company | American Funds Washington Mutual Investors Inv | - | 147,787 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index Retirement Ret Opt | - | 310,008 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2025 Ret Opt | - | 227,616 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2045 Ret Opt | - | 182,807 |
| * | Transamerica Life Insurance Company | State Street S&P Mid Cap Index Ret Opt | - | 284 |
| * | Transamerica Life Insurance Company | Janus Forty Ret Opt | - | 118,175 |
| * | Transamerica Life Insurance Company | Invesco Global Ret Opt | - | 326,401 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2030 Ret Opt | - | 120,425 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2040 Ret Opt | - | 124,951 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2050 Ret Opt | - | 96,596 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2055 Ret Opt | - | 38,047 |
| * | Transamerica Life Insurance Company | TA BlackRock Lifepath Index 2035 Ret Opt | - | 175,186 |
| * | Transamerica Life Insurance Company | Pioneer Select Mid Cap Growth Ret Opt | | 38,107 |
| * | Participant loans | 4.25% to 6.25% | - | 123,261 |
| | | | $ - | $ 5,923,480 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person by asterisk who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant loans.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

PROVIDENT MANAGEMENT CORPORATION
401(k) PLAN

EIN: 59-1870484 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
AT DECEMBER 31, 2020

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Transamerica Life Insurance Company | Transamerica Stable Value Option | - | $ 851,999 |
| * | Transamerica Life Insurance Company | Federated MDT Small Cap Core Ret Opt | - | 36,573 |
| * | Transamerica Life Insurance Company | Transamerica ShrtHorznRetOpt | - | 27,847 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Short/Inter Horiz Ret Op | - | 135,361 |
| * | Transamerica Life Insurance Company | Transamerica Asset Alloc Inter Horizon Ret Opt | - | 117,103 |
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| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2025 with Blackrock | - | 237,258 |
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| * | Transamerica Life Insurance Company | Transamerica Partners High Yield Bond Ret Opt | - | 201,401 |
| * | Transamerica Life Insurance Company | Templeton Foreign Ret Opt | - | 20,801 |
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| * | Transamerica Life Insurance Company | WMC Core Equity Ret Opt | - | 73,858 |
| * | Transamerica Life Insurance Company | AEGON Balanced Ret Opt | - | 1,097,719 |
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| * | Transamerica Life Insurance Company | American Funds AMCAP Inv Opt | - | 79,766 |
| * | Transamerica Life Insurance Company | American Funds Growth Fund of America Inv Opt | - | 61,546 |
| * | Transamerica Life Insurance Company | Amer Funds Fundamental Investors Inv Opt | - | 135,221 |
| * | Transamerica Life Insurance Company | American Funds Washington Mutual Investors In | - | 68,444 |
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| * | Transamerica Life Insurance Company | Transamerica LifeGoal 2055 with Blackrock | - | 30,818 |
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| * | Transamerica Life Insurance Company | Pioneer Select Mid Cap Growth Ret Opt | - | 63,414 |
| * | Participant loans | 4.25% to 6.25% | - | 93,381 |
| | | | $ - | $ 5,955,483 |

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