

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
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.)
	☐ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>QUESTSCO COMPANIES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
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) <u>QUESTCO HOLDINGS, INC.</u> <u>480 WILDWOOD FOREST DR. SUITE 500</u> <u>THE WOODLANDS, TX 77380</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-2333797</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>936-756-1980</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-2333797</u>	2c Plan Sponsor's telephone number <u>936-756-1980</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>81-2333797</u>					
2c Plan Sponsor's telephone number <u>936-756-1980</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	WENDY KATZ
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	4844
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)	3553
a(2) Total number of active participants at the end of the plan year		6a(2)	3619
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	752
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4371
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	4371
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2347
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H			
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan QUESTSCO COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.	D Employer Identification Number (EIN) 81-2333797

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.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL 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
04-1590850	65935	MR 60892 - 1	4371	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
0	0

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

(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	

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(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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. Specify nature of costs ▶	6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	5406807
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c	Additions: (1) Contributions deposited during the year	7c(1)	290671	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	96252	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	217363	

▶ LN INT, LN PRIN, LN TRF TO TRUSTEE, LOAN DEFAULT, MKT VALUE, MM TRF, ROLLOVER AND TRF FORFS

(6) Total additions	7c(6)	604286
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	6011093
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1465583	
	(2) Administration charge made by carrier.....	7e(2)	5008	
	(3) Transferred to separate account.....	7e(3)	4475731	
	(4) Other (specify below)	7e(4)	64771	

▶ LN DISTRIB, LN TRF TO TRUSTEE MKT VALUE, PD TRUST LAPSE

(5) Total deductions	7e(5)	6011093
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 QUESTSCO COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTSCO HOLDINGS, INC.	D Employer Identification Number (EIN) 81-2333797	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT
94-3106735

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 38 50	TPA	139562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
49 52 60 62 63 64 67 68 71 72	CONTRACT ADMIN	63603	Yes ☒ No ☐	Yes ☒ No ☐	69	Yes ☒ No ☐

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

UHY, LLP

20-0694403

(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?
10	CPA	14360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>QUESTSCO COMPANIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>QUESTSCO HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>81-2333797</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT MODERATE RETIREMENT CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTONHTTPS://WWW.SGC02.COM/5500CLIENT/SITE/IMAGES/FORMS/202 TRUST</u>		
c EIN-PN <u>81-4430771-305</u>	d Entity code <u>C</u>	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: <u>INDEXSELECT MODERATE 2025 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-4447624-306</u>	d Entity code <u>C</u>	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: <u>INDEXSELECT MODERATE 2035 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-4457845-307</u>	d Entity code <u>C</u>	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: <u>INDEXSELECT MODERATE 2045 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-4470950-308</u>	d Entity code <u>C</u>	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: <u>INDEXSELECT MODERATE 2055 CIT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-4484368-309</u>	d Entity code <u>C</u>	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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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 QUESTSCO COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.	D Employer Identification Number (EIN) 81-2333797	

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		343
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		186276
(2) Participant contributions.....	1b(2)		216531
(3) Other	1b(3)		13332
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		5126195
(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)	2008918	1587180
(9) Value of interest in common/collective trusts	1c(9)	42193515	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32356535	87826255
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5406807	
(15) Other.....	1c(15)	309581	267375

		(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	82275356 95223487
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	45757
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 45757
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	82275356 95177730

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4522280
	(B) Participants	2a(1)(B)	9526012
	(C) Others (including rollovers).....	2a(1)(C)	1572812
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	15621104
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)	91718
	(F) Other	2b(1)(F)	96283
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	188001
(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)	1308044
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1308044
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-1147982
(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)		8066388
c Other income	2c		10180
d Total income. Add all income amounts in column (b) and enter total.....	2d		24045735

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10431845	
(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)		10431845
f Corrective distributions (see instructions)	2f		45978
g Certain deemed distributions of participant loans (see instructions).....	2g		16401
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	14360	
(2) Contract administrator fees	2i(2)	175133	
(3) Investment advisory and management fees	2i(3)	28033	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		217526
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10711750

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13333985
l Transfers of assets:			
(1) To this plan.....	2l(1)		17352490
(2) From this plan	2l(2)		17784101

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b 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) ☒ 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: UHY, LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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?	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?		X	
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.)	X		
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)	
SENEGAL SPECIALTY CONTRACTING LLC RSP	74-3057983	001	
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 QUESTSCO COMPANIES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QUESTCO HOLDINGS, INC.		D Employer Identification Number (EIN) 81-2333797
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495 04-1590850		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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 _____

QUESTCO COMPANIES RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2020 and 2019
and for the year ended December 31, 2020

QUESTCO COMPANIES RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Questco Companies Retirement Plan

We were engaged to audit the accompanying financial statements of the Questco Companies Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Personal Trust Company, FSB and Reliance Trust Company, the custodian and trustee of the Plan, respectively, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Personal Trust Company, FSB held the Plan's investment assets and executed investment transactions as of December 31, 2020, and for the period January 1, 2020 to December 31, 2020, and that Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2019 and for the period of January 1, 2020 to July 24, 2020. The plan administrator has obtained certifications from the custodian and trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

To the Participants and Plan Administrator of the
Questco Companies Retirement Plan
Page Two

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the custodian and trustee, 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.

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Sterling Heights, Michigan
October 5, 2021

QUESTCO COMPANIES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
ASSETS		
Cash	\$ 343	\$ -
Investments at fair value	93,219,825	74,859,631
Investments at contract value	-	5,406,807
Receivables		
Employer contributions	186,276	127,055
Participant contributions	216,531	152,482
Other receivables	13,332	-
Notes receivable from participants	1,587,180	2,008,918
Total receivables	2,003,319	2,288,455
Total assets	95,223,487	82,554,893
LIABILITIES - Excess contributions payable	45,757	73,391
Net assets available for benefits	<u>\$ 95,177,730</u>	<u>\$ 82,481,502</u>

QUESTCO COMPANIES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2020

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 6,918,406
Interest	106,463
Dividends	<u>1,308,044</u>
Total investment income	8,332,913
Interest income on notes receivable from participants	91,718
Contributions:	
Employers	4,395,224
Participants	9,373,530
Rollovers	<u>1,572,812</u>
Total contributions	<u>15,341,566</u>
Total additions	23,766,197

DEDUCTIONS:

Benefits paid to participants	10,404,431
Deemed distributions	16,401
Administrative expenses	<u>217,526</u>
Total deductions	<u>10,638,358</u>

NET INCREASE IN NET ASSETS	13,127,839
TRANSFERS TO/FROM OTHER PLANS	(431,611)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>82,481,502</u>
End of year	<u>\$ 95,177,730</u>

QUESTCO COMPANIES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Questco Companies Retirement 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 is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Fagan Management Services, LLC dba Questco Companies (the “Company”) and its adopting employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Fidelity Personal Trust Company, FSB is the Plan’s custodian. Slavic Integrated Administration, Inc. provides recordkeeping services to the Plan. The plan administrator and has overall responsibility for the operation and administration of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Reliance Trust Company was the Plan’s trustee for all existing employers from January 1, 2020 to July 24, 2020. Effective July 25, 2020, Fidelity Personal Trust Company, FSB is the Plan’s custodian for all the existing employers. The conversion initiated a blackout period beginning July 13, 2020, and continuing through July 31, 2020. During this period, funds could not be applied to the employee-selected funds with the custodian or withdrawn from the Plan until the trustee could accurately complete the conversion. During this period, employee contributions continued to be made through payroll deductions, and the funds that were withdrawn were separately identified and tracked within PrismHR until the completion of the blackout period. At the end of the blackout period, such funds were transferred to the investment options requested by each participant. Effective January 1, 2020, Fidelity Personal Trust Company, FSB is the Plan’s custodian for all new employers who entered the Plan during the year ended December 31, 2020.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

General (Continued)

The Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) was signed into law December 29, 2019, and the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. These laws, among other things, include several relief provisions available to tax-qualified retirement plans and their participants. The implementation of the provisions is at the discretion of plan management. Some of the more notable provisions under the CARES Act allow qualified individuals to take coronavirus-related distributions and loans, as defined in the CARES Act, of up to \$100,000 during 2020; provide relief of loan repayment by allowing a one-year deferral of loan repayments due between March 27, 2020 and December 31, 2020; provide a temporary suspension for 2020 required minimum distributions and delay the commencement date for required minimum distributions.

The Plan has elected to adopt the temporary provisions of the CARES Act. The Plan will be amended for any provisions elected in accordance with applicable law and IRS guidance.

Amendments

Effective July 6, 2020, the Plan was amended to increase the number of loans outstanding at any one time in the Plan to two.

Contributions

Participants may contribute 100% of annual eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby adopting employers may elect to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a pre-determined contribution rate and their contribution invested in a designated fund until changed by the participant. In addition, the Plan has adopting employers that have a contribution accelerator feature which automatically increases participant deferrals rates to a pre-determined rate annually, with a pre-determined ceiling, unless a participant opts out. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Each adopting employers matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer. For the year ended December 31, 2020, adopting employers contributed a discretionary match at various rates.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2020, adopting employers contributed from 100% of employee deferrals up to the first 1% and 50% of the next 5% to 100% of employee deferrals up to 5% of compensation.

Each adopting employers discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer. There were no profit-sharing contributions for the year ended December 31, 2020.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

Participant Accounts

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

Vesting

Participants are vested immediately in their contributions, employer safe harbor matching contributions, plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loans bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Vested Benefits

On termination of service due to death, disability or retirement, participants may elect to receive an amount equal to the value of the vested interest in their accounts in a lump-sum amount. Participants with a vested account balance of less than or equal to \$1,000 must take a lump-sum distribution. Participants that have a vested account balance greater than \$1,000 and less than or equal to \$5,000 will have their vested balance rolled into an IRA. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce employer contributions. For the year ended December 31, 2020, forfeitures in the amount of \$14,466 were used to pay plan expenses and \$196,613 were used to reduce the employer match. Unallocated forfeitures were \$185,192 and \$340,863 at December 31, 2020 and 2019, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements Adopted in the Current Year

The Financial Accounting Standard Board (“FASB”) issued Accounting Standard Update (“ASU”) No. 2018-13 *Fair Value Measurements Topic (820), Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurements*, in August 2018. ASU No. 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements, and for nonpublic entities, the change in the Level 3 investment unrealized gains and losses included in earnings. ASU No. 2018-13 also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll forward. ASU No. 2018-13 is effective for periods beginning after December 15, 2019. The plan adopted the ASU effective January 1, 2020. There was no material impact on the Plan’s financial statements as a result of the adoption.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants prior to March 15, 2021.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 5, 2021, the date the financial statements were available to be issued and has determined that there are no material events that have occurred during this period.

**NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN
(UNAUDITED)**

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020 and 2019, net appreciation of investments, interest, and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Personal Trust Company, FSB, the custodian of the Plan, as of December 31, 2020 and for the period January 1, 2020 through December 31, 2020 and from Reliance Trust Company, the trustee of the Plan as of December 31, 2019 and for the period January 1, 2020 through July 24, 2020.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the SEC. These funds must publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Stable value collective trust fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the Massachusetts Mutual Life Insurance Company (Mass Mutual) collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 1 day notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 5,126,195	\$ -	\$ -	\$ 5,126,195
Mutual funds	87,826,255	-	-	87,826,255
Self-directed brokerage accounts	267,375	-	-	267,375
Total assets at fair value	<u>\$ 93,219,825</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 93,219,825</u>
	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 32,356,535	\$ -	\$ -	\$ 32,356,535
Common collective trust	-	42,193,515	-	42,193,515
Self-directed brokerage accounts	-	309,581	-	309,581
Total assets at fair value	<u>\$ 32,356,535</u>	<u>\$42,503,096</u>	<u>\$ -</u>	<u>\$ 74,859,631</u>

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan held a traditional fully benefit-responsive investment contract with Massachusetts Mutual Life Insurance Company (Mass Mutual) totaling \$5,406,807 for 2019. Mass Mutual maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a semi-annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Massachusetts Mutual Life Insurance Company, represents contributions made under the contract, plus credited interest, less participant withdrawals, and administrative expenses. Participants may have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due was dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could be affected by future economic and regulatory developments.

Certain events limited the ability of the Plan to transact at contract value with the contract issuer. Such events included (1) removal of a group of participants from Plan coverage as a result of temporary absence (2) changes to the position or other occurrence qualifying as a temporary break in service under the Plan, (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer, or (4) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the plan sponsor's business. No events are probable of occurring that might have limited the ability of the Plan to transact at contract value with the contract issuers and that also would have limited the ability of the Plan to transact at contract value with the participants.

In addition, certain events allowed the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2020, there were direct fees of \$217,526, paid to Massachusetts Mutual Life Insurance Company, UHY LLP, and Slavic Integrated Administration, Inc., parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2020 and 2019, there were transactions involving the investment of plan assets in investment funds maintained by Fidelity Personal Trust Company and Massachusetts Mutual Life Insurance Company. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

NOTE 7 – PLAN TERMINATION

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

NOTE 8 – TAX STATUS

The Plan is a volume submitter document plan for which the Internal Revenue Service has issued an advisory letter dated March 31, 2014, stating that while they do not issue a determination as to whether a specific employer's plan is qualified, any employer who adopts this plan document will be considered to have a plan qualified under code section 401(a) provided all the terms are not more favorable for officers, owners, or highly compensated employees than for other employees. Although the Plan has been amended, management believes that the Plan is operating in accordance with the terms provided in the volume submitter document.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

NOTE 9 – RISKS AND UNCERTAINTIES

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

QUESTCO COMPANIES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 9 – RISKS AND UNCERTAINTIES (Continued)

As a result of the COVID-19 pandemic, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, causing substantial fluctuations in the value of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31,	
	2020	2019
Net assets available for benefits per the financial statements	\$ 95,177,730	\$ 82,481,502
Less: receivables		
Employer contributions	-	(127,055)
Participant contributions	-	(152,482)
Plus: excess contributions payable	-	73,391
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 95,177,730</u>	<u>\$ 82,275,356</u>
Net increase in net assets per the financial statements	\$ 13,127,839	
Contributions:		
Participant prior year receivable	152,482	
Employer prior year receivable	127,055	
Prior year excess contribution payable	<u>(73,391)</u>	
Net increase in net assets per Schedule H of Form 5500	<u>\$ 13,333,985</u>	

SUPPLEMENTARY INFORMATION

QUESTCO COMPANIES RETIREMENT PLAN

EIN #81-2333797, Plan # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
	BlackRock	Mid Cap Growth Eq Port CL K	\$ 1,773,077
	Bespoke	Bespoke	149,733
	BlackRock	MSCI EAFE International Index K	6,168,631
	Dimensional Fund Advisors	Real Estate Securities	558,784
	Dimensional Fund Advisors	Inflation Protected SEC Port	75,178
*	Fidelity	Self-Directed Brokerage Account	267,375
*	Fidelity	Emerging Markets Index	250,991
	Franklin/Templeton	Utilities Fund Class R6	53,410
	Fidelity	500 Index	7,626,157
*	Fidelity	US Bond Index	18,816,148
	John Hancock	Bond Fund Class R6	269,395
	Oppenheimer	Gold & Special Miner	2,507,037
	Prudential	High Yield Class Q	483,596
	American Funds	EuroPacific Growth Fund Class R6	1,762,029
	American Funds	New Perspective Fund Class R6	382,051
	BlackRock	Health Sciences K	894,826
	Vanguard	Intermediate-Term Bond Index Ad	160,300
	Vanguard	Short-Term Bond Index Admiral	2,308,015
	Vanguard	Explorer Adm	1,271,652
	Vanguard	Target Retirement 2055	65,178
	Vanguard	Target Retirement 2050	92,503
	Vanguard	Target Retirement 2040	6,238
	Vanguard	Mid Cap Index Admiral	286,038
	Vanguard	Information Technology Index Ad	2,782,267
	Vanguard	Target Retirement 2065 Inv	1,954
	Vanguard	Federal Money Market	5,126,195
	Vanguard	Materials Index Adm	458,558
	Vanguard	Mid Cap Value Index Admiral	1,180,285
	Vanguard	Short-Term Federal Admiral	60,486
	Vanguard	Small Cap Value Index Adm	690,502
	Vanguard	Small Cap Index Admiral	386,298
	Vanguard	Short-Term Inf Prot Index Admir	2,520,657
	Vanguard	Total Stock Market Index Admira	94,366
	Vanguard	Target Retirement Income	1,020
	Vanguard	Target Retirement 2045	24,477,471
	Vanguard	Target Retirement 2035	119,035
	Vanguard	Target Retirement 2030	38,046
	Vanguard	Target Retirement 2025	4,074
	Vanguard	Target Retirement 2020	3,890,018
	Vanguard	Value Index Admiral	5,160,250
	Vanguard	US Growth Admiral	
			<u>\$ 93,219,825</u>
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.25% to 7.5%) due at various dates through May 2034)	<u>1,587,180</u>
			<u><u>\$ 94,807,005</u></u>

Multiple-Employer Plan Participating Employer Information

Questco Companies Retirement Plan

Plan # 001

EIN: 81-2333797

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
3BMH Investments	26-3557329	0.02%
4-Menu, Inc.	76-0188129	0.16%
Abasco LLC	20-2621261	0.37%
ACACIA ORIGINALS	76-0562237	0.29%
Accord LLC	81-1383125	1.11%
ACE NDT LLC	46-3834187	0.14%
Action Air Freight Services, Inc.	74-2632465	0.02%
Active Development Therapies	20-1069250	0.06%
Aetos Construction LLC	30-0771183	0.26%
All Pro Capital Group, LLC	46-3552328	0.21%
Alternatives In Motion Inc.	76-0146504	0.00%
AM PM Diesel Services, Inc.	47-3311419	0.16%
American Drywall Services, Inc.	74-2184281	0.32%
American Marksman Arkansas	81-4951225	0.00%
American Marksman LLC	81-1042440	0.37%
Anduin Inc	85-1029050	0.18%
Arc Inspection Services LLC	82-1551243	0.61%
Aspire Hospital	26-2835957	0.05%
Austin Air Rescue, LLC	26-1528763	0.26%
Bayou City Wall Systems	76-0522146	0.03%
BB International, Inc.	20-3082032	0.44%
Better Care Chiropractic	20-5443176	0.09%
BETTY BLOCKS USA INC	61-1851131	0.11%
Birdwell Serv-Con Inc	76-0624712	0.04%
Bluffton Self Help	57-0862658	0.10%
Buddy Doyle's Car Clinic LLC	81-2357438	0.05%
Capitol Scientific, Inc.	74-1490119	0.57%
CATCH Global Foundation	46-5369024	0.02%
Center for Balance & Neurological Physical Therapy dba Balan	83-0386782	0.00%
ChemFlow Products	26-4637748	0.78%
CHEMPAK International	36-3687855	0.07%
Clear Healthcare Solutions	47-0698512	0.18%
Clear Recovery, Inc.	47-0559066	0.65%
Concrete Leveling Solutions	81-3790811	0.61%
Consumer Title & Escrow	83-0778962	0.13%
CRC Retreat Partners, Inc.	68-0658686	0.18%
Crymar Finishes	82-1796686	0.01%
Curry Boudreaux Architects	76-0391114	0.80%
Curtis Wagner Plastics Corp	76-0381350	0.53%
DAT Energy Services, LLC	82-1096029	0.00%
David Stock Farms LLC	32-0226455	0.08%
Dean Powell, PLLC	47-1549124	0.12%
Desert Valley Pediatric Therapy	20-8475411	0.09%
Dynamis Energy LLC, dba United Energy Services	45-4071996	0.88%
E & G Amish Furniture	28-7602914	0.41%
Emergence Health Services, PLLC	84-2412845	1.19%
eStrategy Solutions	74-2957873	0.44%
F1Payments LP / DBA F1 Payments	36-4903404	3.37%
F5 Security & Automation, LLC	83-2675546	0.03%
FAST BREAK LC DBA BALCO SYSTEMS	20-2528089	0.94%

First Care Management Group, LLC	47-0841318	0.00%
FirstSync, LLC dba Physicians Choice Private Duty	20-8563397	0.14%
Foremark Performance Chemicals, Inc.	82-1408188	1.89%
GAP Engineering	20-0797158	0.11%
Genetivision Corporation 2810	20-4550357	0.25%
GenSolutions LLC	46-1905590	0.01%
GH America Investments Group, Inc.	47-3628372	0.78%
GH PacVest, LLC	81-4268323	0.06%
GHA CapStone, LLC	35-2557849	0.55%
GMA Fund, LLC	47-3125934	0.32%
Grace School Theology	76-0690847	1.18%
Grit Media, LLC	82-3602879	0.39%
GROF USA DISTRIBUTORS INC	65-1949063	0.25%
GVCC, Inc.	27-2981067	0.17%
Ham-Let USA	77-0357445	1.24%
Hastings Foods LLC	20-3316344	0.01%
HazAir, Inc	85-0484439	0.28%
HEVC Advance LLC	47-3139358	3.79%
HMJ Services, LLC	83-3315851	0.08%
Houston Thermal Processing dba Houston Heat Treat	20-8236281	0.42%
Houston-Pasadena Apache Oil Company	74-1715124	0.62%
HVM Technology, Inc.	20-1680270	0.52%
Infobelt, Inc	45-5371925	0.44%
Innovative Research of West Florida, Inc	14-1847464	0.28%
Intuitive Machines, LLC	46-4004460	5.93%
Investigations Law Group. LLC	26-0875739	0.15%
J & G Sales, Inc.	74-2735169	0.24%
J&S Water Co, LLC	04-3833352	0.00%
Jensen Equipment	39-1035397	0.11%
Kesco Supply, Inc.	74-1858702	0.16%
KL Chempak	23-2812397	0.08%
Koleys Religious Supply LLC dba The Cosgrave Company	20-2417240	0.11%
Koleys, Inc.	47-0213250	0.38%
LandPark Advisors LLC	46-4834138	0.19%
Law Office of Patricia Garcia Billings PLLC	27-3215214	0.10%
LDSI, Inc.	56-2166364	0.54%
Linus Products, Inc.	20-1709674	0.00%
Lub-Line LLC	95-4811846	0.33%
Maas Nursery Inc.	74-2007671	0.14%
MAC CONSULTING LP DBA ALLIANCE CONSULTING	20-2001313	1.29%
Master Machine, Inc.	76-0106323	0.01%
MedPerm Urgent Care	47-3138368	0.12%
Metro Accounting and Professional	81-1857022	0.34%
Mid America Pump & Supply, Inc.	47-0670509	2.52%
Millard Sprinkler, Inc.	47-0786521	0.78%
Miracle Dental Lab, LP	76-0700236	0.79%
Multifamily Management Ministries	74-1306767	0.56%
Northwest Airport Management, L.P	76-0591851	0.00%
Oak Technical Services, LLC	82-3864036	0.05%
Opkalla, Inc.	83-4496190	0.10%
ORCA, P.C. dba MEDIX Occupational Health Services	47-0822624	0.97%
P & L Capital Corp, Inc.	47-0795997	0.27%
Pacific Deals Inc	27-3375615	0.78%
Paladin Data Corporation	93-0927111	1.98%
Perimeter Solutions LP	76-0802660	11.12%

Perkins Drilling Tools, Inc.	76-0378443	0.36%
Physicians Choice Nebraska LLC	11-3720366	1.29%
Pinnacle Storage Managers, LLC	81-1747196	0.16%
Platinum Copier Solutions LLC	61-1535988	0.23%
Power Engineering Services, Inc.	74-2809881	0.90%
Prime Energy Services, LLC	45-3833725	0.53%
Pro-Hygiene DBA Enviro Master Services	45-3579648	0.03%
Protech Nutrition, Inc.	80-0226775	0.03%
Pulse Power, LLC	36-4905086	1.41%
Pura Vida Investments, LLC	90-0874746	1.24%
QD Restoration, LLC	81-3798375	0.10%
Questco Holdings, Inc.	26-4169366	3.86%
Questco Holdings, Inc. Plan Expense Reimbursement Account	39-4256981	0.00%
Questco Holdings, Inc. Suspense Account	81-2333700	0.00%
R.D. Howard Construction	30-0176993	0.00%
RDW, Inc. dba ASAP Express	47-0825298	0.30%
Reliable Business Resources, LLC DBA RBR Machine	47-2602360	0.15%
Rio Grande E&P, LLC	82-0819804	5.39%
River Oaks Rug Cleaners	76-0206382	0.26%
River Ridge Rentals	20-1504543	0.06%
RLB Construction dba Rooftec	76-0472889	0.14%
Robert M. Goodman & Associates, Inc.	74-2187045	0.27%
San Antonio Belting & Pulley Co Inc.	04-3636306	1.44%
Seanair, LLC	85-1650576	0.07%
Senegal Specialty Contracting, LLC	74-3057983	0.14%
Service Steel Warehouse	76-0563341	6.45%
Skyhawk3 Inc	83-3751786	0.12%
Slott's Machine	20-3316662	0.00%
Software Built by Design	75-1169009	0.42%
Sonoran Technology	20-8467218	0.70%
Specialty Veterinary Pharmacy Inc.	26-0374934	0.65%
Stock Seed Farms, Inc.	47-0608792	0.31%
Sunshine Pools	74-2023442	0.94%
Superior Control & Security, Inc.	20-4815699	0.50%
Sutherland Products, Inc.	56-1153212	0.28%
Synchro LLC	74-1363446	0.90%
Taylor Family Practice	71-0959498	0.00%
Texas Asphalt Pavement Association	74-1445769	0.50%
Texas Pool Guy, LLC	81-5419686	0.06%
The Ascend Group, Inc.	75-2685950	1.99%
The Bridge, Inc.	47-0591629	0.34%
The Jenkins Organization, Inc.	76-0552009	0.05%
TIP and ASSOCIATES	71-0915745	0.57%
Triple J Coil Tubing Products, LLC	45-4853998	0.91%
Unique Logistics International (BOS), INC.	04-3403898	0.41%
Unique Logistics International (NYC), LLC.	20-4661272	0.88%
Wavelength Enterprises LTD	06-1594919	0.34%
WDN, Inc.	76-0521433	0.47%
Westech Electric, Inc.	20-2346955	0.28%
Westech Supply Company	20-0637311	0.17%
Windcom Services	86-1156893	1.05%
Winright Personnel, LP	82-3405099	0.26%
Workfit	87-0704264	0.09%
Xtreme Lashes	20-2971594	0.43%

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

QUESTCO COMPANIES RETIREMENT PLAN

PLAN # 001

EIN # 81-2333797

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		1,762,028.52
	American Funds	RNPGX - American Funds New Perspective R6		382,051.38
	Bespoke	BSPKX - Bespoke		149,732.94
	BlackRock	BMGKX - BlackRock Mid Cap Growth Eq Port Cl K		1,773,077.12
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		6,168,631.18
	BlackRock	SHSKX - BlackRock Health Sciences K		894,826.24
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		558,783.52
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		75,177.81
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		267,375.08
	Fidelity	FPADX - Fidelity Emerging Markets Index		250,991.17
	Fidelity	FXAIX - Fidelity 500 Index Fund		7,626,157.06
	Fidelity	FXNAX - Fidelity US Bond Index Fund		18,816,148.45
	Franklin/Templeton	FUFrx - Franklin Utilities Fund Class R6		53,410.26
	John Hancock	JHBSX - John Hancock Bond R6		269,395.46
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		2,507,036.89
	Prudential	PHYQX - Prudential High Yield Cl Q		483,596.09
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		160,299.95
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		2,308,015.24
	Vanguard	VEXRX - Vanguard Explorer Adm		1,271,652.07
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		65,177.75
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		92,503.29
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		6,238.22
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		286,038.30
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		2,782,267.30
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		1,954.01
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		5,126,195.16
	Vanguard	VMIAX - Vanguard Materials Index Adm		458,557.64
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		1,180,285.01
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		60,485.53
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		690,501.88
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		386,298.18
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		2,520,656.64
	Vanguard	VTHRX - Vanguard Target Retirement 2030		38,046.36
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,019.52
	Vanguard	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		24,477,470.92
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		94,365.93
	Vanguard	VTTVX - Vanguard Target Retirement 2025		119,034.84
	Vanguard	VTWNX - Vanguard Target Retirement 2020		4,073.99
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		3,890,018.07
	Vanguard	VWUAX - Vanguard Us Growth Admiral		5,160,250.11
	Participant Loans	4.25% - 7.50%		1,587,180.21