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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1984

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)
TRINITY FORGE, INC.

947 TRINITY DRIVE
MANSFIELD, TX 76063

2b Employer Identification Number (EIN) 75-0924477

2c Plan Sponsor's telephone number 817-453-6662

2d Business code (see instructions) 332110

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.	01/31/2022	PRICE OWENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	139
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)**	112
a(2) Total number of active participants at the end of the plan year	**6a(2)**	125
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	146
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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 2S 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY FORGE, INC.

D Employer Identification Number (EIN)
75-0924477

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	374220-01	22	01/01/2018	12/31/2018

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
1534	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

COMERICA SECURITIES
8850 BOEDEKER ST
DALLAS, TX 75225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1534			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	713882
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.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	837107
c	Additions: (1) Contributions deposited during the year	7c(1)	12103		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8169		
	(4) Transferred from separate account	7c(4)	92		
	(5) Other (specify below)	7c(5)	7357		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	27721
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	864828
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	148150		
	(2) Administration charge made by carrier	7e(2)	228		
	(3) Transferred to separate account	7e(3)	2568		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	150946
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	713882

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan	**B** Three-digit plan number (PN) ▶
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRINITY FORGE, INC.	75-0924477

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	10582	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

COMERICA SECURITIES

411 W LAFAYETTE MC 3139
ATTN FINANCIAL OPERATIONS
DETROIT, MI 48226

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	8373	Yes [ ] No [X]

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	689	Yes [ ] No [X]	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
COMERICA SECURITIES	55	8373

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY FORGE, INC.

D Employer Identification Number (EIN)
75-0924477

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	323468	306682
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4078267	3895821
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	837107	713882
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	5238842	4916385
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5238842	4916385

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	174841	
	(C) Others (including rollovers)	2a(1)(C)	38931	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		213772
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	15633	
	(F) Other	2b(1)(F)	8169	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23802
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	171287	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		171287
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-386594
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		22267
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	336727	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		336727
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		-3274
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11271	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11271
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		344724
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-322457
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: MONTGOMERY, COSCIA, GREILICH, LLP **(2)** EIN: 75-2919818

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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

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

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

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

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

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

TRINITY FORGE, INC. 401(K) INVESTMENT AND PROFIT-SHARING PLAN

AUDITED FINANCIAL STATEMENTS

December 31, 2020, 2019, 2018 and 2017

TABLE OF CONTENTS

Independent Auditors' Report 1-2

Basic Financial Statements:

Statements of Net Assets Available for Benefits
December 31, 2020, 2019, 2018 and 2017 3

Statement of Changes in Net Assets Available for Benefits
For the Years ended December 31, 2020, 2019, and 2018 4

Notes to Financial Statements 5-12

Supplemental Information

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Period)
December 31, 2020..... 13

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Period)
December 31, 2019..... 14

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Period)
December 31, 2018..... 15

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Period)
December 31, 2017..... 16

Note: Supplemental schedules, other than those listed above, are omitted because of the absence of conditions under which they are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

WATERS, VOLLMERING
& ASSOCIATES, L.L.P.

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020, 2019, and 2018, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 F, which was certified by Great West Life & Annuity Insurance Company and Great-West Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020, 2019, and 2018 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of Schedule of Assets as of the years ended December 31, 2020, 2019 and 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2017 Financial Statements

The financial statements of the Plan as of December 31, 2017, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Great-West Life & Annuity Insurance Company, the Custodian of the Plan. Their report, dated September 27, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Waters, Vollmering & Associates, LLP
Mansfield, TX
December 22, 2021

TRINITY FORGE, INC. 401(k) INVESTMENT AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020, 2019, 2018 and 2017

	2020	2019	2018	2017
ASSETS				
Investments:				
Investments (at fair value) (Note C)	$ 5,260,327	$ 4,832,628	$ 3,895,820	$ 4,078,267
Guaranteed investment contract, at contract value (Note D)	825,684	752,626	713,882	837,107
Total Investments	6,086,011	5,585,254	4,609,702	4,915,374
Receivables:				
Participant contributions	1,548	-	-	
Notes receivable from participants	272,494	293,732	306,682	323,468
Total receivables	274,042	293,732	306,682	323,468
Total Assets	6,360,053	5,878,986	4,916,384	5,238,842
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,360,053	$ 5,878,986	$ 4,916,384	$ 5,238,842

See accompanying notes, independent auditors' report

TRINITY FORGE, INC. 401(k) INVESTMENT AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Twelve Months Ending December 31, 2020, 2019, and 2018

	2020	2019	2018
ADDITIONS TO NET ASSETS			
Investment Income:			
Net appreciation/(depreciation) in fair value of investments	$ 518,615	$ 433,183	$ (391,275)
Realized gain on sale:	17,216	356,981	4,680
Dividends	204,174	158,521	171,287
Interest	8,127	8,663	8,169
Total investment income/(loss)	748,132	957,348	(207,139)
Interest on notes receivable from participants	12,989	17,607	15,633
Contributions:			
Employee	191,851	181,599	174,841
Rollover - employee			38,931
Total contributions	191,851	181,599	213,772
TOTAL ADDITIONS TO NET ASSETS	952,972	1,156,554	22,266
DEDUCTIONS FROM NET ASSETS			
Administrators fee	11,849	11,608	11,271
Benefits paid to participants	460,056	182,344	333,453
TOTAL DEDUCTIONS FROM NET ASSETS	471,905	193,952	344,724
NET INCREASE (DECREASE) IN NET ASSETS	481,067	962,602	(322,458)
NET ASSETS AVAILABLE FOR BENEFITS:			
BEGINNING OF YEAR	5,878,986	4,916,384	5,238,842
END OF YEAR	$ 6,360,053	$ 5,878,986	$ 4,916,384

See accompanying notes, independent auditors' report

NOTE A – Plan Description

General

The following description of Trinity Forge, Inc. 401(k) Investment and Profit-Sharing Plan (the "Plan"), which was established on November 1, 1984, is a defined contribution plan covering eligible employees. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent laws. The Plan is sponsored by Trinity Forge Inc., (the "Company" or "Plan Sponsor"). Great-West Life & Annuity Insurance Company (the "Custodian") and Empower Retirement Services (the "TPA") provide administrative and recordkeeping services on behalf of the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligibility

Company employees are eligible to participate in the Plan after completing 250 hours of service within a three-month time period, following the Participant's start date. In order for participants to qualify for discretionary employer matching contributions, they must complete one year and 1,000 hours of service, during the first consecutive twelve months following the hire date.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contribution into various investment options offered by the Plan.

Contributions

Participants may elect to contribute a portion of their compensation on a tax-deferred or a Roth after-tax basis from 1% to 100% of their annual compensation, subject to certain maximum limitations up allowed by the Internal Revenue Code. The maximum allowed deferral amounts are $19,500 for 2020, $19,000 for 2019 and $18,500 for 2018. Eligible participants are automatically enrolled into the Plan at a 4% pre-tax deferral percentage. Participants aged 50 and over are allowed to make catch-up contributions in the amount of $6,500 for 2020 and $6,000 for both 2019 and 2018. Participants may also contribute qualified rollover contributions representing distributions from other qualified plans.

The Plan allows for employer nonelective and additional discretionary contributions in amount to be determined by the Company. There were no employer contributions made for the years December 31, 2020, 2019 and 2018.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. The vesting period is determined by a 6-year graded vesting schedule that increases by 20% after 2 years of service.

NOTE A – Plan Description (continued)

Investments and Investment Options - Each participant has the right to direct his or her contributions and the Company's matching contributions, once remitted, among the investment funds offered by the Plan. Descriptions of the Plan's investment fund options are included in the summary plan description provided to all eligible employees.

Forfeitures

If a participant terminates employment before becoming fully vested in his/her Company matching contributions, the nonvested Company matching contributions (and earnings thereon) are forfeited. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company matching contribution.

The December 31, 2020, 2019 and 2019, balances of unallocated forfeitures totaled $7,285, $7,197 and $7,112. For the years ended December 31, 2020, 2019 and 2018, no forfeitures were used to offset Company matching contributions.

Notes Receivable form Participants

For participants to be eligible to request a loan they must have a minimum vested balance of $2,000. Participants may borrow a minimum of $1,000 from their accounts up to a maximum equal to 50% of their vested accounts balance, not to exceed $50,000. Note terms range from one to five years. The notes receivable is secured by the balance of the participant's account and bears an interest rate of 1% over Prime Rate published in the Wall Street Journal on the first business day of the month that the loan originated. Repayments are made through payroll deductions and are reinvested in the participants accounts according to their investment elections. Fee are deducted quarterly from the participant's account until the loan is paid in full.

At December 31, 2020, maturity dates on existing noted receivable from participants ranged from February 2021 through December 2025, and interest rates ranging from 4.25% to 6.25%. At December 31, 2019, maturity dates on existing noted receivable from participants ranged from April 2020 through October 2024, and interest rates ranging from 4.25% to 6.50%. At December 31, 2018, maturity dates on existing noted receivable from participants ranged from March 2019 through November 2023, and interest rates ranging from 4.25% to 6.50%.

Payment of Benefits

Participants may withdraw from their accounts for reasons of disability, retirement, death, or termination are entitled to their vested account balances. In addition, participants may make hardship distributions. If the participants vested balance to greater than $5,000, they could distribute in the form of rollover, lump sum, partial withdraw, or installment payments. If the participant's vested account balance does not exceed $5,000, when terminated, their vested account balance may only be distributed in a single lump-sum payment.

Administrative Expenses

The Plan permits the payment of Plan expenses to be made from the Plan's assets. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all Participants in the Plan. These expenses will be allocated either proportionately based on the value

NOTE A – Plan Description (continued)

of the account balances or as an equal dollar amount based on the number of Participants in the Plan. In addition, loan and distribution expenses may be charged directly to the requesting participants.

NOTE B - 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 accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are valued based on the quoted market price on the last day of the year or on contract value. The difference between current market value and cost of the investment is reflected in the statement of changes in net assets available for plan benefits by investment fund as net unrealized appreciation or depreciation in market value of investments. Where there is no readily available last traded or current bid prices, fair value estimation procedures used in determining asset values might cause differences from the values that would exist in a ready market due to the potential subjectivity in the estimates. Following is a description of the valuation methodologies used for assets measured at fair value:

> **Mutual Funds** – Mutual funds are investment vehicles stated at fair value based on quoted market prices reported by the Trustee.
>
> **Guaranteed Investment Contracts** – Guaranteed investment contract is an insurance company provision that guarantees a rate of return in exchange for keeping a deposit for a period of time. The values are reported daily based on valuation method stated in the contract that is calculated and reported by the Trustee.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest

Risks and Uncertainties - The Plan provides for various investment options in mutual funds and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of certain investment securities, it is reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however, are expected to have material adverse impacts on domestic and

NOTE B - Summary of Significant Accounting Policies (continued)

foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

Payment of Benefits - Benefits are recorded when paid.

Recently Issued Accounting Pronouncements - In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update 2018-13, "*Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement.*" The new standard modifies the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement, including adjustments to Level 3 fair value measurement disclosures as well as the removal of disclosures around Level 1 and Level 2 transfers. This update is effective for the fiscal year beginning January 1, 2020 with early adoption permitted. The amendments to the guidance will be applied on a prospective or retrospective basis, in accordance with the requirements of the new standard. Plan management plans to adopt this standard on January 1, 2020 and does not expect a material impact upon adoption.

NOTE C – Fair Value Measurements

FASB Accounting Standard Codification Topic 820-10, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1 – quoted market prices in active markets for identical assets or liabilities
- Level 2 – Observable inputs other than Level 1 prices, such as quoted market prices for similar assets or liabilities or other inputs that are observable or can be corroborated by market data. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

The asset or liability's level within the fair value hierarchy is based on the lowest level of any significant input used to measure its fair value. 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. The Plan employs the following approaches in valuing its investments:

NOTE C – Fair Value Measurements (continued)

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

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

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 5,260,327	$ -0-	$ -0-	$ 5,260,327
Investments at fair value	$ 5,260,327	$ -0-	$ -0-	$ 5,260,327

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

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,832,628	$ 0-	$ -0-	$ 4,832,628
Investments at fair value	$ 4,832,628	$ -0-	$ -0-	$ 4,832,628

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

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,895,820	$ 0-	$ -0-	$ 3,895,820
Investments at fair value	$ 3,895,820	$ -0-	$ -0-	$ 3,895,820

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,078,267	$ 0-	$ -0-	$ 4,078,267
Investments at fair value	$ 4,078,267	$ -0-	$ -0-	$ 4,078,267

NOTE D – Guaranteed Investment Contract

The Key Guarantee Portfolio Fund is a fully benefit-responsive group annuity contract issued by Great-West Life & Annuity Insurance Company ("Guaranteed Investment Contract" or "GIC"). There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0%. Such interest rates are continuously reviewed and reset as needed on a monthly basis. A surrender charge may be assessed based on cumulative transfer percentages and advance notice of intent to terminate if a plan terminates its interest in the contract unless a 12-month irrevocable advance notice is given. Certain unobservable inputs are assessed through the review of contract terms while others are substantiated utilizing available market data.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code. Employer-initiated events such as early retirement incentives, Plan termination, spin-offs, or mergers. Premature termination of the contract. Changes to the Plan's prohibition or competing investment options. Bankruptcy of the plan sponsor or other plan sponsor event that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers or that also limited the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuers to terminate the contact with the Plan and settle at an amount different from the contract value. Those events may be different under each contract. Examples of such events include the following: a plan change that materially alters the amount of contributions or withdrawals to be directed in or out of the contract; a change in the Plan's investment options; or a change in the investment philosophy for the Plan's stable value option (or comparable investment option).

NOTE E – Tax Status

The Plan obtained its latest opinion letter dated December 31, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expect to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2016

NOTE F – Investments Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee on the cash basis of accounting.

	2020	2019	2018	2017
Investments, at fair value				
Mutual funds	$ 5,260,327	$ 4,832,628	$ 3,895,820	$ 4,078,267
Guaranteed investment contract	825,684	752,626	713,882	837,107
Total Investment	6,086,011	5,585,254	4,609,702	4,915,374
Notes receivable from participants	272,494	293,732	306,682	323,468
Contributions				
Employee	* 190,303	181,599	174,841	184,228
Employee- Rollover	-0-	-0-	38,931	69,596
Expenses	11,849	11,608	11,271	9,271
Participant distributions	$ 460,056	$ 182,344	$ 333,453	$ 674,783

*- The employee contributions amount certified by Trustee does not include the participant receivable of $1,548.

NOTE G - Administration of Plan Assets

The Plan's assets, which consist principally of investments in mutual funds that are held by the Trustee of the Plan.

Company contributions are held and managed by the Trustee, which invests cash that is received, makes distributions to participants, and executes participant-directed investments.

Officers or employees of the Company perform certain administrative functions. No such officer or employee receives compensation from the Plan. Most administrative expenses for the investment, custodial, administrative fees and appraisals were paid directly by the Plan.

NOTE H – Plan Termination

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

NOTE I – Related-Party Transaction and Party in Interest Transactions

Certain Plan investments include a guaranteed investment contract, managed by Great-West Life & Annuity Insurance Company. These transactions related to the Trustee, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

For the years ended December 31, 2020, 2019, and 2018, administrative expenses paid totaled $11,849, $11,608, and $11,271, respectively.

NOTE J – Reconciliation of Financial Statements to Form 5500

Form 5500 agrees to the financial statements.

NOTE K – Subsequent Events

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of the investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time. The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act).

In preparing these financial statements, The Plan has evaluated events and transactions for potential recognition or disclosure through December 22, 2021, the date the financial statements were available to be issued. As a result of that evaluation, there were no subsequent events that required recognition or disclosure.

Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan
EIN: 75-092477, Plan: #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Year Ended December 31, 2020

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Mutual funds of registered investment companies:		
	American Funds 2025 Target Date Retirement R6 Fund	Mutual Fund, 43,981.849 shares @ $15.46	$ 679,959
	American Funds 2030 Target Date Retirement R6 Fund	Mutual Fund, 8,241.727 shares @ $16.86	138,956
	American Funds 2035 Target Date Retirement R6 Fund	Mutual Fund, 3.754 shares @ $17.92	67
	American Funds 2040 Target Date Retirement R6 Fund	Mutual Fund, 30.897 shares @ $18.66	577
	American Funds 2045 Target Date Retirement R6 Fund	Mutual Fund, 837.131 shares @ $19.10	15,989
	American Funds 2050 Target Date Retirement R6 Fund	Mutual Fund, 9,549.056 shares @ $18.81	179,618
	American Funds 2055 Target Date Retirement R6 Fund	Mutual Fund, 98.909 shares @ $23.67	2,341
	American Funds 2060 Target Date Retirement R6 Fund	Mutual Fund, 1,844.330 shares @ $15.83	29,196
	American Funds American Balanced R6 Fund	Mutual Fund, 20,218.054 shares @ $30.21	610,787
	American Funds American Mutual R6	Mutual Fund, 4,079.594 shares @ $44.62	182,031
	American Funds New Economy R6 Fund	Mutual Fund, 4,182.759 shares @ $59.62	249,376
	Carillon Eagle Small Cap Growth R6	Mutual Fund, 3,555.306 shares @ $63.99	220,401
	DFA Emerging Markets Fund	Mutual Fund, 1,506.647 shares @ $32.66	49,207
	Fidelity 500 Index	Mutual Fund, 6,529.435 shares @ $130.17	719,767
	Fidelity International Index	Mutual Fund, 1,880.371 shares @ $45.61	85,764
	Fidelity Mid Cap Index	Mutual Fund, 2,809.526 shares @ $27.01	75,885
	Fidelity US Bond Index	Mutual Fund, 2,982.577 shares @ $12.45	37,133
	JPMorgan Mid-Cap Growth R6 Fund	Mutual Fund, 1,800.855 shares @ $52.79	95,067
	MFS International Growth R6 Fund	Mutual Fund, 951.319 shares @ $42.62	40,545
	Vanguard Interim-Term Bond Index Adm	Mutual Fund, 617.652 shares @ $12.59	7,776
	Vanguard Lifestrategy Growth Inv	Mutual Fund, 42,063.589 shares @ $40.24	1,692,639
	Vanguard Wellesley Income Fund	Mutual Fund, 2,145.505 shares @ $68.63	147,246
	Total mutual funds of registered investment companies		**5,260,327**
	Guarantee income fund		
*	Great-West Life & Annuity Insurance Company	Key Guarantee Portfolio Fund	825,684
			825,684
	Notes receivable from participants:		
*	Participant Loans	Interest rates ranging from 4.25% to 6.25%	**272,494**
	Total		**$ 6,358,505**

* Indicates a party-in-interest

Column (d) cost information omitted for participant-directed investments.

Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan
EIN: 75-092477, Plan: #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Year Ended December 31, 2019

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Mutual funds of registered investment companies:		
	American Funds 2025 Target Date Retirement R6 Fund	Mutual Fund, 289.366 shares @ $14.13	$ 4,089
	American Funds 2030 Target Date Retirement R6 Fund	Mutual Fund, 7,609.857 shares @ $15.21	115,746
	American Funds 2035 Target Date Retirement R6 Fund	Mutual Fund, 3.622 shares @ $15.83	57
	American Funds 2040 Target Date Retirement R6 Fund	Mutual Fund, 355.377 shares @ $16.27	5,782
	American Funds 2045 Target Date Retirement R6 Fund	Mutual Fund, 702.579 shares @ $16.58	11,649
	American Funds 2050 Target Date Retirement R6 Fund	Mutual Fund, 7,494.905 shares @ $16.29	122,092
	American Funds 2055 Target Date Retirement R6 Fund	Mutual Fund, 161.454 shares @ $20.47	3,305
	American Funds 2060 Target Date Retirement R6 Fund	Mutual Fund, 1,788.669 shares @ $13.63	24,380
	American Funds American Balanced R6 Fund	Mutual Fund, 28,635.261 shares @ $28.51	816,391
	American Funds American Mutual R6	Mutual Fund, 5,167.21 shares @ $43.53	224,929
	American Funds New Economy R6 Fund	Mutual Fund, 4,016.782 shares @ $45.77	183,848
	Carillon Eagle Small Cap Growth R6	Mutual Fund, 3,511.022 shares @ $54.15	190,122
	DFA Emerging Markets Fund	Mutual Fund, 1,104.488 shares @ $29.19	32,240
	Fidelity 500 Index	Mutual Fund, 10,517.293 shares @ $112.02	1,178,147
	Fidelity International Index	Mutual Fund, 1,315.258 shares @ $42.96	56,503
	Fidelity Mid Cap Index	Mutual Fund, 2,329.679 shares @ $23.63	55,050
	Fidelity US Bond Index	Mutual Fund, 1,247.995 shares @ $11.91	14,864
	JPMorgan Mid-Cap Growth R6 Fund	Mutual Fund, 721.500 shares @ $39.39	28,420
	MFS International Growth R6 Fund	Mutual Fund, 776.156 shares @ $37.10	28,795
	Vanguard Interim-Term Bond Index Adm	Mutual Fund, 511.569 shares @ $11.81	6,042
	Vanguard Lifestrategy Growth Inv	Mutual Fund, 44,389.951shares @ $36.14	1,604,254
	Vanguard Wellesley Income Fund	Mutual Fund, 1,902.739 shares @ $66.18	125,923
	Total mutual funds of registered investment companies		**4,832,628**
	Guarantee income fund		
*	Great-West Life & Annuity Insurance Company	Key Guarantee Portfolio Fund	752,626
			752,626
	Notes receivable from participants:		
*	Participant Loans	Interest rates ranging from 4.25% to 6.25%	**293,732**
	Total		**$ 5,878,986**

* Indicates a party-in-interest

Column (d) cost information omitted for participant-directed investments.

Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan
EIN: 75-092477, Plan: #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Year Ended December 31, 2018

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Mutual funds of registered investment companies:		
	American Funds 2020 Target Date Retirement R6 Fund	Mutual Fund, 2,312.521 shares @ $11.73	$ 27,126
	American Funds 2025 Target Date Retirement R6 Fund	Mutual Fund, 271.083 shares @ $12.47	3,380
	American Funds 2030 Target Date Retirement R6 Fund	Mutual Fund, 6,725.013 shares @ $13.21	88,837
	American Funds 2035 Target Date Retirement R6 Fund	Mutual Fund, 50.506 shares @ $13.42	678
	American Funds 2040 Target Date Retirement R6 Fund	Mutual Fund, 340.433 shares @ $13.68	4,657
	American Funds 2045 Target Date Retirement R6 Fund	Mutual Fund, 559.403 shares @ $13.90	7,776
	American Funds 2050 Target Date Retirement R6 Fund	Mutual Fund, 5,970.348 shares @ $13.61	81,256
	American Funds 2055 Target Date Retirement R6 Fund	Mutual Fund, 122.188 shares @ $17.05	2,083
	American Funds 2060 Target Date Retirement R6 Fund	Mutual Fund, 1,658.510 shares @ $11.29	18,668
	American Funds American Balanced R6 Fund	Mutual Fund, 25,328.413 shares @ $24.91	630,931
	American Funds New Economy R6 Fund	Mutual Fund, 3,499.989 shares @ $38.86	136,010
	American Funds New Prespective R6	Mutual Fund, 245.179 shares @ $37.66	9,233
	American Funds Washington Mutual R6	Mutual Fund, 4,680.948 shares @ $41.09	192,340
	Carillon Eagle Small Cap Growth R6	Mutual Fund, 5.169 shares @ $45.62	236
	DFA Emerging Markets Fund	Mutual Fund, 994.303 shares @ $25.79	25,643
	JPMorgan Mid-Cap Growth R6 Fund	Mutual Fund, 624.507 shares @ $30.19	18,854
	MFS International Growth R6 Fund	Mutual Fund, 609.767 shares @ $29.59	18,043
	Oppenheimer International Growth R6 Fund	Mutual Fund, 41.047 shares @ $34.68	1,424
	PIMCO Real Retuen Instl	Mutual Fund, 1,061.021 shares @ $10.56	11,204
	Vanguard 500 Index Admiral	Mutual Fund, 3,764.710 shares @ $231.44	871,305
	Vanguard Development Markets Index Admiral	Mutual Fund, 3,650.753 shares @ $11.96	43,663
	Vanguard Interim-Term Bond Index Adm	Mutual Fund, 1,958.582 shares @ $11.02	21,583
	Vanguard Lifestrategy Growth Inv	Mutual Fund, 47,092.258 shares @ $30.06	1,415,593
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund, 187.785 shares @ $171.04	32,119
	Vanguard Small Cap Index Adm	Mutual Fund, 2,308.552 shares @ $62.23	145,970
	Vanguard Wellesley Income Fund	Mutual Fund, 3,569.721 shares @ $24.43	87,208
	Total mutual funds of registered investment companies		**3,895,820**
	Guarantee income fund		
*	Great-West Life & Annuity Insurance Company	Key Guarantee Portfolio Fund	713,882
			713,882
	Notes receivable from participants:		
*	Participant Loans	Interest rates ranging from 4.25% to 6.25%	**306,682**
	Total		**$ 4,916,384**

* Indicates a party-in-interest

Column (d) cost information omitted for participant-directed investments.

Trinity Forge, Inc. 401(k) Investment and Profit Sharing Plan
EIN: 75-092477, Plan: #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Year Ended December 31, 2017

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Mutual funds of registered investment companies:		
	American Funds 2020 Target Date Retirement R6 Fund	Mutual Fund, 2,672.224 shares @ $12.60	$ 33,670
	American Funds 2025 Target Date Retirement R6 Fund	Mutual Fund, 348.026 shares @ $13.49	4,695
	American Funds 2030 Target Date Retirement R6 Fund	Mutual Fund, 8,252.063 shares @ $14.45	119,242
	American Funds 2035 Target Date Retirement R6 Fund	Mutual Fund, 81.381 shares @ $14.88	1,211
	American Funds 2040 Target Date Retirement R6 Fund	Mutual Fund, 336.035 shares @ $15.25	5,125
	American Funds 2045 Target Date Retirement R6 Fund	Mutual Fund, 482.780 shares @ $15.49	7,478
	American Funds 2050 Target Date Retirement R6 Fund	Mutual Fund, 5,558.700 shares @ $15.16	84,270
	American Funds 2055 Target Date Retirement R6 Fund	Mutual Fund, 106.879 shares @ $18.94	2,024
	American Funds 2060 Target Date Retirement R6 Fund	Mutual Fund, 1,499.518 shares @ $12.42	18,624
	American Funds American Balanced R6 Fund	Mutual Fund, 24,255.202 shares @ $27.16	658,771
	American Funds New Economy R6 Fund	Mutual Fund, 3,056.820 shares @ $44.68	136,579
	American Funds New Perspective R6 Fund	Mutual Fund, 230.846 shares @ $43.17	9,966
	American FundsWashington Mutual R6 Fund	Mutual Fund, 3,891.691 shares @ $45.67	177,734
	DFA Emerging Markets Fund	Mutual Fund, 345.150 shares @ $30.47	10,517
	First Eagle Global I Fund	Mutual Fund, 6.303 shares @ $59.31	374
	JPMorgan Mid-Cap Growth R6 Fund	Mutual Fund, 574.874 shares @ $33.92	19,500
	MFS International Growth R6 Fund	Mutual Fund, 246.512 shares @ $33.77	8,325
	Oppenheimer International Growth R6 Fund	Mutual Fund, 16.533 shares @ $43.63	721
	PIMCO Real Retuen Instl	Mutual Fund, 718.182 shares @ $11.06	7,943
	Vanguard 500 Index Admiral	Mutual Fund, 3,917.166 shares @ $246.82	966,835
	Vanguard Development Markets Index Admiral	Mutual Fund, 3,960.551 shares @ $14.41	57,072
	Vanguard Interim-Term Bond Index Adm	Mutual Fund, 1,400.832 shares @ $11.36	15,913
	Vanguard Lifestrategy Growth Inv	Mutual Fund, 43,160.061 shares @ $33.67	1,453,198
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund, 157.176 shares @ $191.55	30,107
	Vanguard Small Cap Index Adm	Mutual Fund, 2,262.836 shares @ $70.78	160,163
	Vanguard Wellesley Income Fund	Mutual Fund, 3,273.116 shares @ $26.95	88,210
	Total mutual funds of registered investment companies		**4,078,267**
	Guarantee income fund		
*	Great-West Life & Annuity Insurance Company	Key Guarantee Portfolio Fund	837,107
			837,107
	Notes receivable from participants:		
*	Participant Loans	Interest rates ranging from 4.25% to 5.25%	**323,468**
	Total		**$ 5,238,842**

* Indicates a party-in-interest

Column (d) cost information omitted for participant-directed investments.

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY FORGE, INC.

D Employer Identification Number (EIN)
75-0924477

Part I Distributions

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

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

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TRINITY FORGE, INC. INVESTMENT AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY FORGE, INC.

D Employer Identification Number (EIN)
75-0924477

Part I Distributions

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

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

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Trinity Forge, Inc. Investment and Profit Sharing Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RRCTX			28,013.35	27,125.85
1RFDTX			3,350.08	3,380.41
1RFETX			91,074.85	88,837.42
1RFFTX			734.62	677.79
1RFGTX			4,428.72	4,657.13
1RFHTX			7,002.40	7,775.70
1RFITX			85,065.43	81,256.45
1RFKTX			2,321.84	2,083.31
1RFUTX			19,010.32	18,668.12
1RNPGX			10,601.83	9,233.42
1DFEMX			27,911.73	25,643.06
1MGRDX			19,135.38	18,042.98
1OIGIX			1,715.03	1,423.51
1VTMGX			45,486.75	43,663.01
1HSRUX			312.57	235.81
1VSMAX			130,815.30	145,969.73
1JMGMX			19,963.52	18,853.87
1VIMAX			30,199.97	32,118.71
1RNGGX			136,894.46	136,009.58
1RWMGX			196,404.18	192,340.17
1VFIAX			749,427.98	871,304.52
1VASGX			1,386,351.23	1,415,593.27
1RLBGX			639,665.82	630,930.77
1VWINX			91,613.30	87,208.27
1PRRIX			11,327.44	11,204.38
1VBILX			22,192.62	21,583.55
1KGPF		1.100	683,019.69	706,769.55
			4,444,040.41	**4,602,590.34**
PARTICIPANT LOANS	VARIOUS	4.250-6.250	306,783.12	306,682.57
FORFEITURES			6,867.51	7,112.07

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 75-0924477

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Trinity Forge, Inc. Investment and Profit Sharing Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFETX	American Funds 2030 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6
1DFEMX	DFA Emerging Markets I
1OIGIX	Oppenheimer International Growth I
1HSRUX	Carillon Eagle Small Cap Growth R6
1JMGMX	JPMorgan Mid Cap Growth R6
1RNGGX	American Funds New Economy R6
1VFIAX	Vanguard 500 Index Admiral
1RLBGX	American Funds American Balanced R6
1PRRIX	PIMCO Real Return Instl
1KGPF	Key Guaranteed Portfolio Fund
1RFDTX	American Funds 2025 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6
1RNPGX	American Funds New Perspective R6
1MGRDX	MFS International Growth R6
1VTMGX	Vanguard Developed Markets Index Admiral
1VSMAX	Vanguard Small Cap Index Adm
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1RWMGX	American Funds Washington Mutual R6
1VASGX	Vanguard LifeStrategy Growth Inv
1VWINX	Vanguard Wellesley Income Fund
1VBILX	Vanguard Interm-Term Bond Index Adm

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year