

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [X] the final return/report [X] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 IAC GROUP 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 12/27/1961
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) IAC GROUP, INC.
2b Employer Identification Number (EIN) 43-1728966
2c Sponsor's telephone number 405-767-7061
2d Business code (see instructions) 524290
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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 56
5b Total number of participants at the end of the plan year 0
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 0
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 0
5d(1) Total number of active participants at the beginning of the plan year 42
5d(2) Total number of active participants at the end of the plan year 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Name. Includes entries for DAVID BROOKS signed 04/30/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1825232	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1825232	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	113302	
(2) Participants	8a(2)	202520	
(3) Others (including rollovers)	8a(3)	2984	
b Other income (loss)	8b	499343	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		818149
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21614	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	1463	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		23077
i Net income (loss) (subtract line 8h from line 8c)	8i		795072
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2H 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
MIDLAND RETIREMENT PLAN	73-0383055	001

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

IAC GROUP 401(k) PROFIT SHARING PLAN

IAC GROUP, INC.

43-1728966

Statement to Form 5500-SF, Amended 2019 plan year

IAC Group, Inc received the attached Compliance Check Information Request, Request type 6535. The Notice indicated that there were no Form 5500-SF returns filed for years ended 12/31/2020; 12/31/2021; 12/31/2022 and 12/31/2023.

IAC Group, Inc. no longer exists as the company was acquired during the 2019 calendar year. As such, all plan assets were transferred from the IAC Group, Inc. and subsequently reported under the Midland Retirement Plan under the plan sponsor: MidFirst Bank (EIN 73-0383055), PN 001.

Thus, an amended 2019 Form 5500-SF is being filed, checking the box to notate that the Form 5500-SF filed for tax year ended 12/31/2019 was a final return.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
TE Compliance Unit - Attention: Mrs. Scrivner
550 Main St Mail Stop 6-403 Group 4
Cincinnati, OH 45202

IAC GROUP INC
5500 N WESTERN AVE STE 200
OKLAHOMA CITY, OK 73118-4012

Date:
January 23, 2025
Taxpayer ID number:
43-1728966
Form:
5500-SF
Tax periods ended:
December 31, 2020
December 31, 2021
December 31, 2022
December 31, 2023
Person to contact:
Name: Mrs. Scrivner
ID number: 1000194757
Telephone: (513) 975-6828
Fax: (844) 205-8913
Manager's contact information:
Name: Charlene Cooper
ID number: 1001921371
Telephone: (513) 975-6762
Response due date:
February 24, 2025

RE: IAC GROUP 401 K PROFIT SHARING PLAN: 001

Dear IAC GROUP INC:

Why you're receiving this letter

This review is a compliance check, not a request to inspect your books and records, within the meaning of Internal Revenue Code Section 7605(b), nor an audit for purposes of Section 530 of the Revenue Act of 1978.

What you need to do

Review the enclosed Compliance Check Information Request. Attach a copy of this letter to the front of your reply and send the information to us by the response due date shown above, using one of the following methods:

- **Mail:** Send copies of your documents to the address at the top of this letter.
- **Fax:** You may fax your documents to the number shown above, using either a fax machine or an online fax service. Protect yourself when sending digital data by understanding the fax service's privacy and security policies.

We encourage you to send the information by fax. Using the fax number is the most efficient way to send your response.

How you can pay if you owe

If you have a balance due on any filed return, you can pay:

- Online, by phone, or with a mobile device.
- Visit [IRS.gov/Payment](https://www.irs.gov/Payment) or the IRS2Go mobile app for all IRS payment options.
- If you plan to mail a payment, consider the electronic options at [IRS.gov/Payment](https://www.irs.gov/Payment) first. It's free to pay from a bank account (Direct Pay) or the Electronic Federal Tax Payment System (EFTPS).
- You can also schedule payments and receive email notifications.
- If you pay by check, money order, or cashier's check, make sure it's payable to the U.S. Treasury.

Where you can find more information

Publication 3114, Compliance Checks, explains the difference between a compliance check and an examination.

Enclosed are Publication 1, Your Rights as a Taxpayer, and Notice 609, Privacy Act Notice.

Find tax forms, instructions or publications by visiting **IRS.gov/forms** or calling 800-TAX-FORM (800-829- 3676).

Download Form 5500, Annual Return/Report of Employee Benefit Plan, Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, or Form 5500-EZ, Annual Return of A One-Participant (Owners/Partners and Their Spouses) Retirement Plan or A Foreign Plan, at the Department of Labor's website at **DOL.gov/general/forms** or **IRS.gov/Form5500**.

When you reply, include a copy of this letter and write the contact's name, title, telephone number and the hours we can reach them.

If you have questions, you can call the contact person shown on the first page of this letter.

Sincerely,

Dorothea M Kimbrough

Dorothea M. Kimbrough
Senior Manager, TE/GE Compliance Units

Enclosures:
Publication 1
Notice 609
Form 13837, Compliance Check Information Request - 6535