

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 01/01/2024 and ending 12/31/2024

- 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 [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] 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 [X]

Part II Basic Plan Information—enter all requested information

1a Name of plan VINE COUNTRY BUILDERS, LLC 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2022
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) VINE COUNTRY BUILDERS, LLC
3700 NY-14 HIMROD, NY 14842
2b Employer Identification Number (EIN) 82-2713213
2c Sponsor's telephone number 607-678-0585
2d Business code (see instructions) 236200
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
5a Total number of participants at the beginning of the plan year 6
b Total number of participants at the end of the plan year 9
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 6
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 9
d(1) Total number of active participants at the beginning of the plan year 5
d(2) Total number of active participants at the end of the plan year 8
e 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, Enter name of individual signing as plan administrator. Includes entries for Rodney Smoker dated 09/25/2025.

- 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		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 83736	157778
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 83736	157778
8		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 19222	
	(2) Participants	8a(2) 44103	
	(3) Others (including rollovers)	8a(3) 5716	
b	Other income (loss)	8b 11487	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	80528
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 5140	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 1346	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	6486
i	Net income (loss) (subtract line 8h from line 8c)	8i	74042
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: 2A 2E 2J 2F 2G 3D 3H 2T
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		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	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	20000
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**

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)

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

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

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OMB Nos. 1210-0110
1210-0089

2024

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▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

Part I Annual Report Identification Information

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

C 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
Vine Country Builders, LLC 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan
01/01/2022

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)
Vine Country Builders, LLC

2b Employer Identification Number (EIN)
82-2713213

2c Sponsor's telephone number
607-678-0585

3700 NY-14
Himrod NY 14842

2d Business code (see instructions)
236200

3a Plan administrator's name and address Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

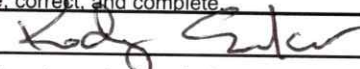
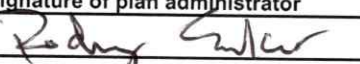
4d PN

a Sponsor's name
c Plan Name

5a Total number of participants at the beginning of the plan year	5a	6
b Total number of participants at the end of the plan year	5b	9
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	6
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	9
d(1) Total number of active participants at the beginning of the plan year	5d(1)	5
d(2) Total number of active participants at the end of the plan year	5d(2)	8
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	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.

SIGN HERE		<u>9/29/25</u>	Rodney Smoker
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/29/25</u>	Rodney Smoker
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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	83,736	157,778
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	83,736	157,778
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	19,222	
(2) Participants.....	8a(2)	44,103	
(3) Others (including rollovers).....	8a(3)	5,716	
b Other income (loss).....	8b	11,487	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		80,528
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	5,140	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	1,346	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		6,486
i Net income (loss) (subtract line 8h from line 8c).....	8i		74,042
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: 2A 2E 2J 2F 2G 3D 3H 2T	
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		20,000
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**

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)

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

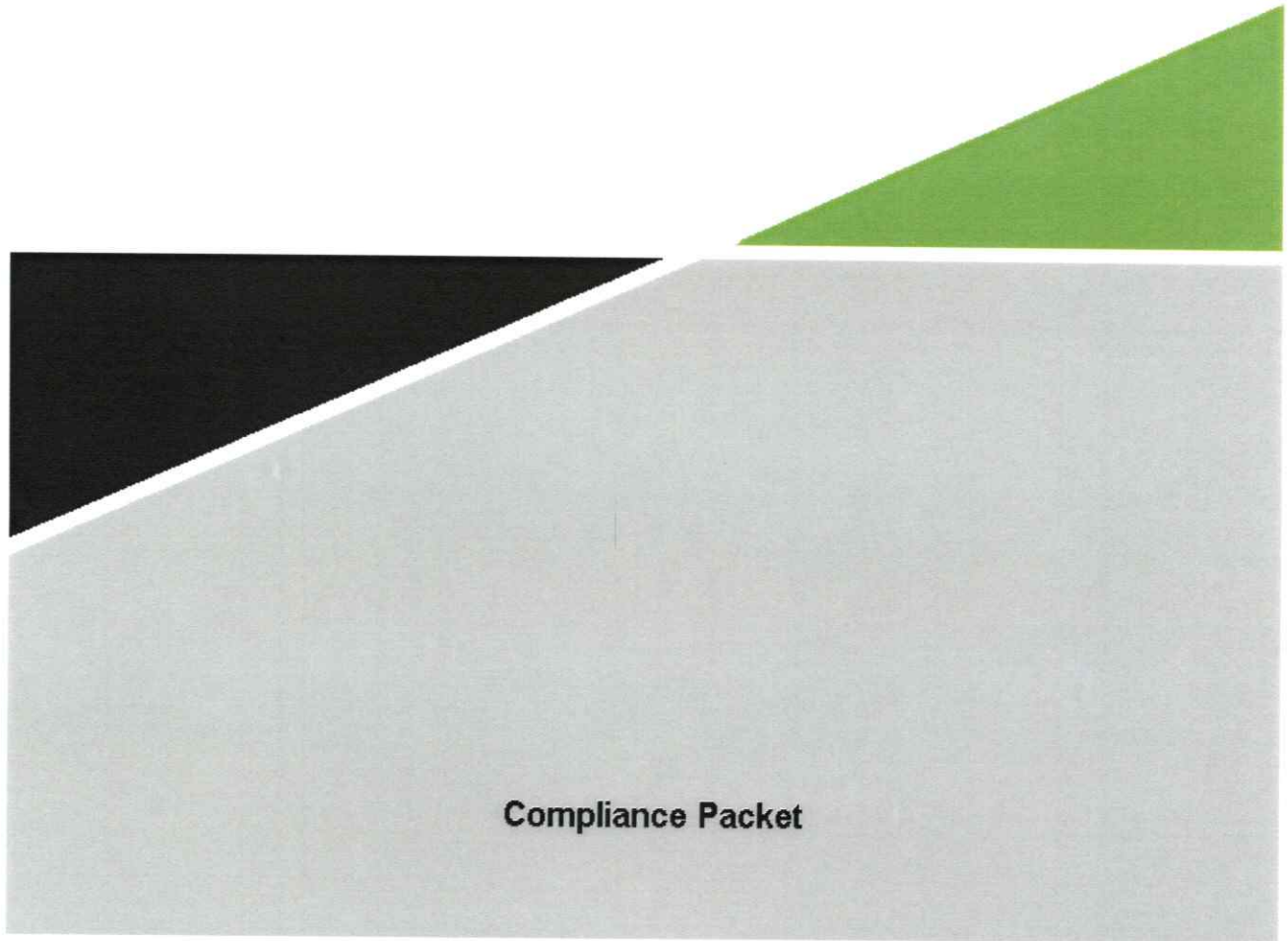
14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- 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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912a.

RETIREMENT

PLAN CONSULTANTS LLC



Compliance Packet

Annual Plan Review & Electronic Filing Authorization

Annual Plan Review

We have completed the 12/31/2024 plan year-end review and annual filing(s) for the plan. Please review the filings and this packet as instructed below and sign where indicated. Once you return the signed documents, we will file the annual filing(s) on your behalf.

- The participant service dates and vesting percentages are included in the following pages of this document. Please review the vesting and service dates.
 - If any information is incorrect, please contact us with the correct information to update our records.
- If the plan document has an Automatic Distribution provision to force terminated employees under a certain balance out of the plan, we will mail letters to qualifying participants to initiate the process unless notified otherwise.

**Per SECURE 2.0, the maximum Automatic Distribution Limit was increased to \$7,000. If the plan previously had a force out limit of \$5,000, the limit will be increased to \$7,000.*

- ERISA Fidelity Bond Coverage - The minimum bond amount required by IRS regulation is the greater of ten percent of plan assets or a \$1,000 bond. The year end plan balance was \$150,353.82.
 - If your current coverage is not sufficient per the above, please contact your insurer to increase the amount of bond at your earliest convenience.

Electronic Filing Authorization


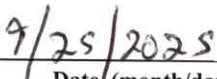
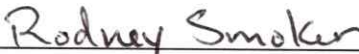
I hereby authorize Retirement Plan Consultants, LLC to electronically sign and file Form 5500 and, if applicable, Form 8955-SSA. I understand that in granting this authority that:

- I must manually sign and date page one of the Form 5500 & 8955-SSA (if applicable) and provide a scanned copy of the signed Form 5500 and 8955-SSA (if applicable) to Retirement Plan Consultants, LLC before the electronic filing can be initiated;
- A copy of my signature, as it appears on page one of the Form 5500, is included with the form posted by the Department of Labor and publicly displayed on the Internet;
- As plan sponsor, I may revoke or change this authorization any time by notification in writing to Retirement Plan Consultants, LLC;
- I will distribute a copy of the Summary Annual Report to the appropriate plan participants.

Under penalties of perjury, I declare that I am an Authorized Signer for the Plan and that I have examined a copy of the Plan's Summary Annual Report, Form 5500 and Form 8955-SSA (if applicable) and to the best of my knowledge and belief, it is true, correct, and complete.

**Please note that Form 8955-SSA reports terminated employee balances to the Social Security Administration and is only applicable in certain scenarios. RPC has reviewed terminated employees to determine if an 8955-SSA is necessary for this plan year and therefore an 8955-SSA will only be included in the documents sent for signature if it is required to be filed this plan year.*

If any of the information in this packet or on the annual filings is incorrect or not how you would like to process, please contact us at your earliest convenience.

 _____ Plan Administrator, Plan Trustee, or Authorized Signer (Signature)	 _____ Date (month/day/year)
 _____ Plan Administrator, Plan Trustee, or Authorized Signer Name (Print)	

Participant Summary

The balances below are as of 12/31/2024 and do not reflect contributions or activity after 12/31/2024.

Name	Hire Date	Term Date	Rehire Date	Vested %	Vested Interest	Balance
Cornell, Gene	04/12/2021	07/05/2024				
Inactive - Employment status						
Roth After-tax				100%	48.94	48.94
Safe Harbor Non Elec				100%	4,272.82	4,272.82
Employer Non Elect				100%	8,186.93	8,186.93
					\$12,508.69	\$12,508.69
Glick, Landon	04/10/2023					
Active						
Roth After-tax				100%	1,108.23	1,108.23
Safe Harbor Non Elec				100%	1,107.89	1,107.89
					\$2,216.12	\$2,216.12
Glick, Victoria	11/09/2021					
Active						
Roth After-tax				100%	65.37	65.37
Safe Harbor Non Elec				100%	1,313.94	1,313.94
					\$1,379.31	\$1,379.31
LaBarr, Benjamin	11/01/2018	04/02/2023				
Inactive - Employment status						
Safe Harbor Non Elec				100%	0.00	0.00
Employer Non Elect				100%	0.00	0.00
					\$0.00	\$0.00
Russell, Brian	10/13/2022					
Active						
Roth After-tax				100%	8,486.69	8,486.69
Safe Harbor Non Elec				100%	2,794.05	2,794.05
Rollover				100%	6,113.68	6,113.68
					\$17,394.42	\$17,394.42
Smoker, Rodney	07/01/2017					
Active						
Deferral Pre-tax				100%	47,322.11	47,322.11
Safe Harbor Non Elec				100%	2,571.29	2,571.29
Employer Non Elect				100%	33,340.09	33,340.09
					\$83,233.49	\$83,233.49
Zimmerman, Alvin R	11/01/2021					
Active						
Roth After-tax				100%	46.90	46.90
Safe Harbor Non Elec				100%	4,665.88	4,665.88
Employer Non Elect				75%	1,059.30	1,412.39
					\$5,772.08	\$6,125.17

Plan Totals

<u>Source</u>	<u>Beginning Balance</u>	<u>Gain/Loss</u>	<u>Contributions</u>	<u>Distributions</u>	<u>Transfers/ Loan Pmts</u>	<u>Forfeitures</u>	<u>Ending Balance</u>
Deferral Pre-tax	\$159.00	\$1,957.01	\$47,579.40	\$0.00	\$0.00	\$0.00	\$49,695.41
Roth After-tax	\$3,636.23	\$1,473.62	\$19,023.97	\$0.00	\$0.00	\$0.00	\$24,133.82
Safe Harbor Non Elec	\$2,549.33	\$1,449.94	\$18,959.00	\$(646.20)	\$0.00	\$0.00	\$22,312.07
Rollover	\$0.00	\$398.05	\$0.00	\$0.00	\$5,715.63	\$0.00	\$6,113.68
Employer Non Elect	\$22,742.46	\$4,861.69	\$24,988.21	\$(4,493.52)	\$0.00	\$0.00	\$48,098.84
Totals	\$29,087.02	\$10,140.31	\$110,550.58	\$(5,139.72)	\$5,715.63	\$0.00	\$150,353.82

Vested Balance: \$150,000.73

