

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 [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2020
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) TUCK TECHNOLOGIES, LLC
1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN, VA 22102
2b Employer Identification Number (EIN) 46-2325809
2c Sponsor's telephone number 703-646-8825
2d Business code (see instructions) 541990
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 15
b Total number of participants at the end of the plan year 17
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 15
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 17
d(1) Total number of active participants at the beginning of the plan year 13
d(2) Total number of active participants at the end of the plan year 13
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 1

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. Row 1: Filed with authorized/valid electronic signature, 10/15/2025, STEPHEN LEE. Row 2: 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.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	252718	506326
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	252718	506326
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	126197	
<b>(2)</b> Participants .....	<b>8a(2)</b>	117081	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	10330	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		253608
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		0
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		253608
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	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 2K 2F 2G 2R 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**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 Q702947A.

**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

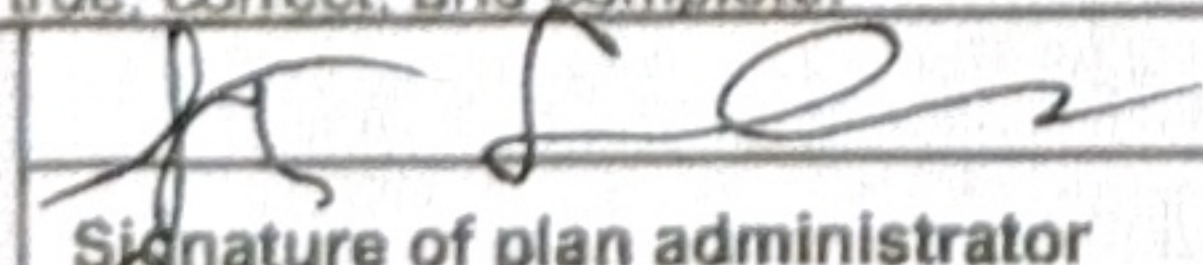
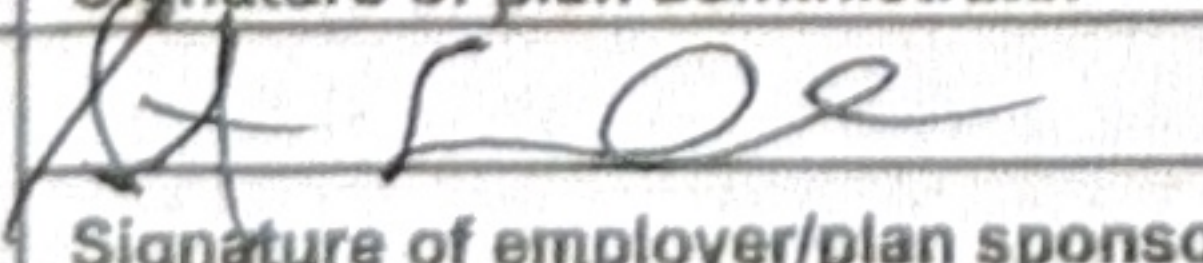
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>1c</b> Effective date of plan 01/01/2020
	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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

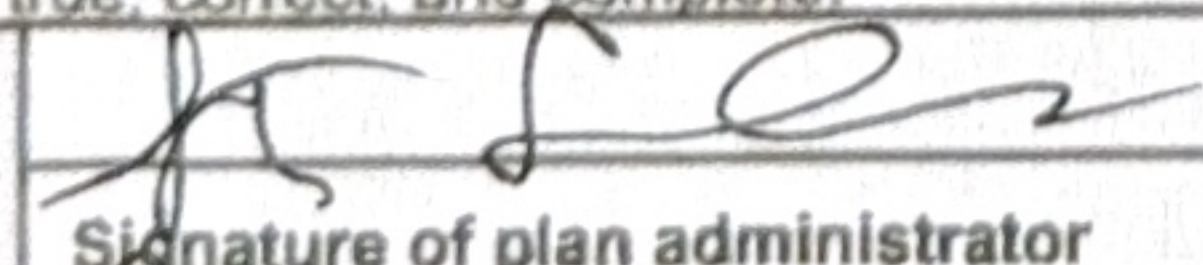
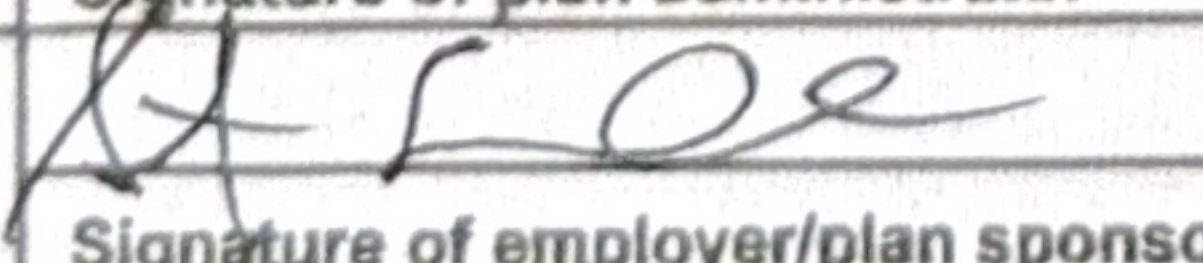
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>1c</b> Effective date of plan 01/01/2020
	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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:  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:  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

<b>1a</b> Name of plan RGB, INC. 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) RGB, Inc.  1075 General Booth Blvd.  Virginia Beach VA 23451	<b>1c</b> Effective date of plan 09/15/2003
	<b>2b</b> Employer Identification Number (EIN) 54-1817183
	<b>2c</b> Sponsor's telephone number 757-425-0249
	<b>2d</b> Business code (see instructions) 713100
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 32
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 35
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 34
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 23
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 23
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 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>Oct 14 2025</u>	Phil Upton
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>Oct 14 2025</u>	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**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

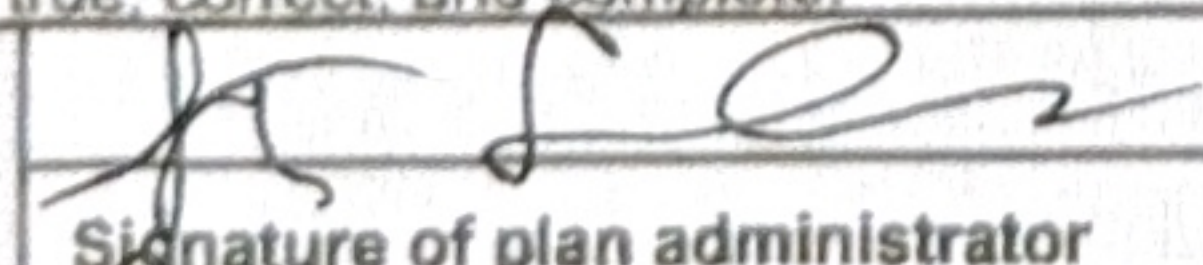
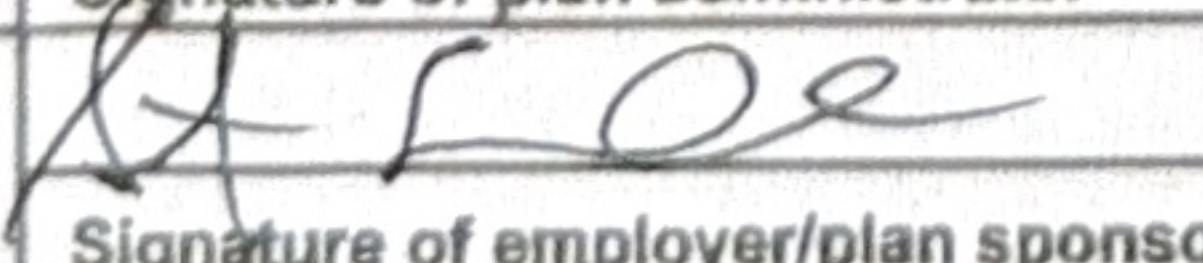
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>1c</b> Effective date of plan 01/01/2020
	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor

**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

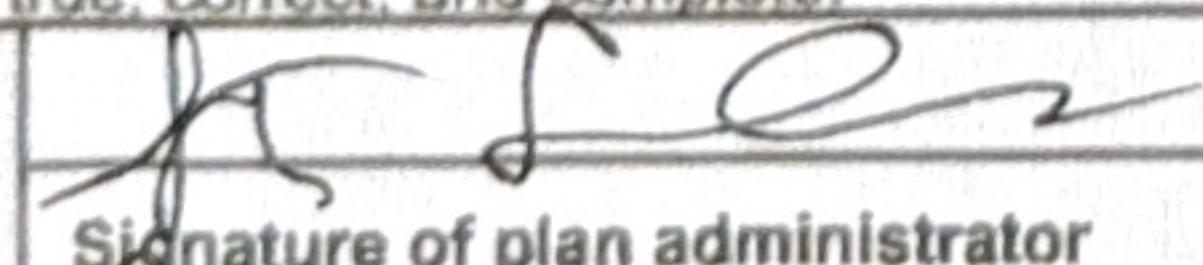
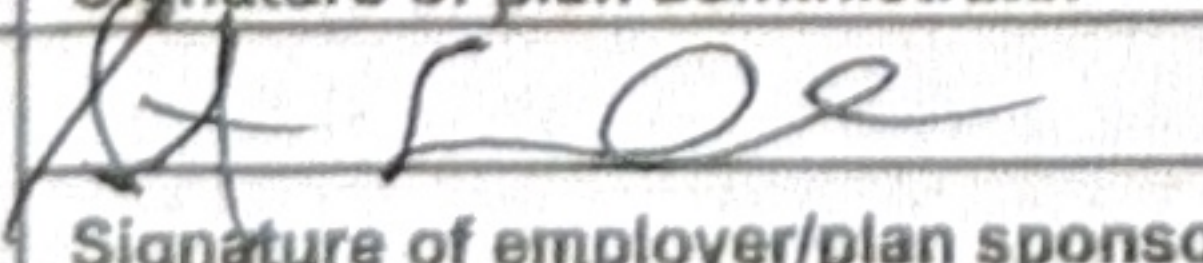
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 01/01/2020
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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

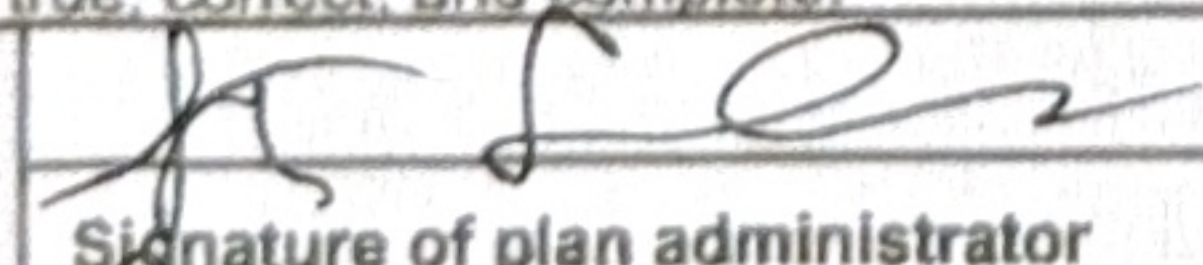
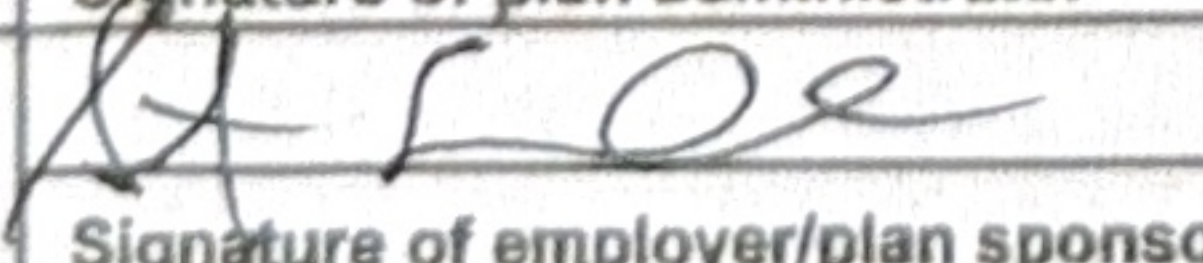
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>1c</b> Effective date of plan 01/01/2020
	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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

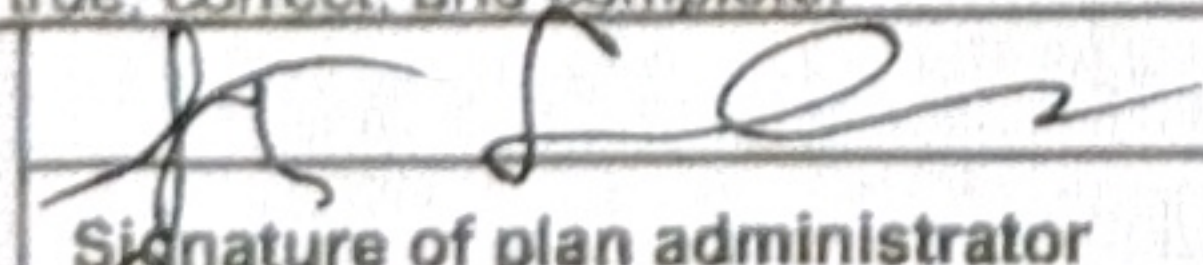
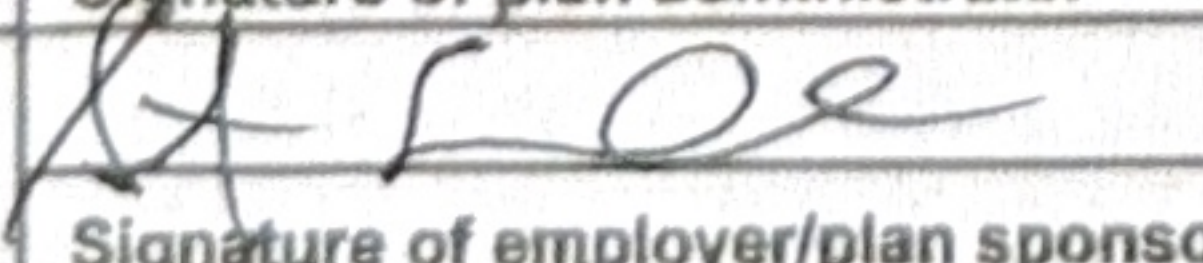
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>1c</b> Effective date of plan 01/01/2020
	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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

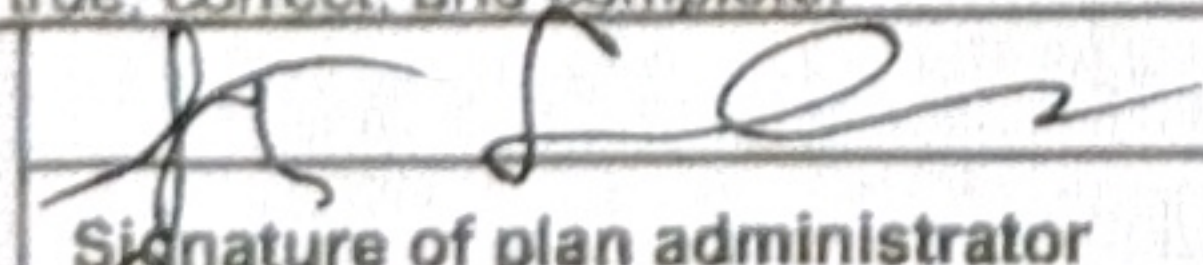
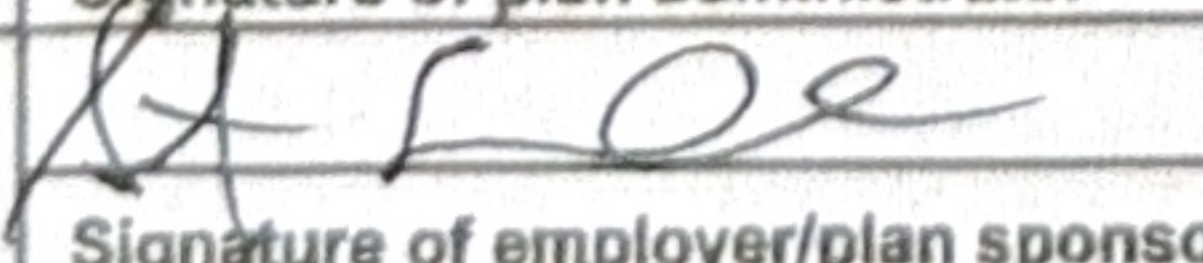
- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report 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:  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

<b>1a</b> Name of plan TUCK TECHNOLOGIES, LLC 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 01/01/2020
<b>2a</b> 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) TUCK TECHNOLOGIES, LLC  1765 GREENSBORO STATION DRIVE SUITE 900 MCLEAN VA 22102	<b>2b</b> Employer Identification Number (EIN) 46-2325809
	<b>2c</b> Sponsor's telephone number 703-646-8825
	<b>2d</b> Business code (see instructions)  541990
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 15
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 17
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 17
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 13
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 13
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 1

**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.

<b>SIGN HERE</b>		Date <u>10/17/25</u>	STEPHEN LEE Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date <u>10/17/25</u>	Stephen Lee Enter name of individual signing as employer or plan sponsor

**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:  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:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here

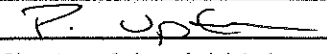
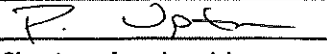
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan RGB, INC. 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) RGB, Inc.  1075 General Booth Blvd.  Virginia Beach VA 23451	<b>1c</b> Effective date of plan 09/15/2003
	<b>2b</b> Employer Identification Number (EIN) 54-1817183
	<b>2c</b> Sponsor's telephone number 757-425-0249
	<b>2d</b> Business code (see instructions) 713100
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year.....	<b>5a</b> 32
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b> 35
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>5c(1)</b> 15
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>5c(2)</b> 34
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b> 23
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b> 23
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b> 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.

<b>SIGN HERE</b>		<u>Oct 14 2025</u>	Phil Upton
	Signature of plan administrator	Date <u>Oct 14 2025</u>	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>Oct 14 2025</u>	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SMALL COMMERCIAL BRONZE PROPERTY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CONDOMINIUM ASSOCIATION COVERAGE FORM  
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM  
CAUSES OF LOSS – SPECIAL FORM

The first three above-referenced forms are Coverage Forms. One of these three Coverage Forms is attached to your policy. With respect to this endorsement, these Coverage Forms will hereafter be collectively referred to as “your applicable Coverage Form”. Terms in quotation marks have special meanings that are explained in this endorsement or within a form modified by this endorsement. If a loss is covered by more than one coverage in this policy then only one coverage is applicable, in which case the most we will pay is the Limit of Insurance for the coverage that is applied. The coverages provided by this endorsement are subject to the provisions of this policy except where amended within this endorsement. There is no coverage for Business Income and Extra Expense for the coverages provided by this endorsement unless specifically stated within section **II. COVERAGES** of this endorsement, and then only to the extent provided for within the applicable coverage provision.

### I. SCHEDULE

#### A. Scheduled Coverages

Scheduled Coverages	Limits of Insurance	Amended Limits of Insurance	Page
1. Advertising Expense to Regain Customers	\$1,000	\$	4
2. Appurtenant Structures	\$50,000	N/A	4
3. Brands and Labels	Included	N/A	5
4. Broadened Building Coverage	Included	N/A	5
5. Broadened Business Personal Property Coverage	Included	N/A	5
6. Business Income – Extended Business Income	Actual Loss Sustained 90 Days	N/A Days	5
7. Business Income and Extra Expense – Cloud Services	\$2,500	\$	8
8. Business Income and Extra Expense – Dependent Properties	\$100,000	\$	9
9. Business Income and Extra Expense – Lease Cancellation	\$5,000	\$	9
10. Business Income and Extra Expense – Transit	\$100,000	\$	10
11. Business Income and Extra Expense – Websites	\$10,000 7 Days	\$ N/A	11
12. Business Personal Property Off Premises (Including In Transit)	\$50,000	\$	11
13. Business Personal Property Temporarily in Portable Storage Units	\$25,000	\$	12
14. Civil Authority	4 Weeks 72 Hour Waiting Period	N/A	12
15. Commercial Tools and Equipment	\$5,000	\$	13

Scheduled Coverages	Limits of Insurance	Amended Limits of Insurance	Page
16. Computer and Funds Transfer Fraud	\$10,000	\$	14
17. Consequential Loss to Stock	Included	N/A	15
18. Contract Penalties	\$25,000	\$	15
19. Deferred Payments	\$10,000	\$	15
20. Denial of Access to Premises	30 Days 72 Hour Waiting Period	N/A	16
21. E-Commerce	\$20,000	\$	16
22. Employee Theft including ERISA Compliance	\$10,000	\$ 50,000	17
23. Equipment Breakdown – Data Restoration – Expediting Expenses – Fungus, Wet Rot, Dry Rot and Bacteria – Hazardous Substances – Personal Property Off Premises – Public Relations – Spoilage	Included \$50,000 \$50,000 \$15,000 \$50,000 \$50,000 \$5,000 \$50,000	N/A	19
24. Expediting Expenses	\$25,000	\$	24
25. Extended Coverage on Property – within 2,000 feet	Included	N/A	24
26. Extra Expense	12 Months	N/A	24
27. Fine Arts	\$50,000	\$	25
28. Fire Protection Equipment Recharge	\$25,000	\$	26
29. Forgery or Alteration	\$50,000	\$	26
30. Foundations and Underground Pipes	Included	N/A	27
31. Glass Expenses	Included	N/A	27
32. Hired Auto – Physical Damage	\$50,000	\$	27
33. Installation	\$5,000	\$	29
34. International Air Shipments	\$5,000	\$	30
35. Inventory and Loss Appraisal	\$25,000	\$	30
36. Lease Assessment	\$1,000	\$	31
37. Leasehold Interest	\$10,000	\$	31
38. Lessor's Tenant Move Expenses	\$10,000 60 Days	\$ N/A	31
39. Marring and Scratching	Included	N/A	32
40. Money and Securities	\$10,000	\$	32
41. Money Orders and Counterfeit Money	\$10,000	\$	33
42. Newly Acquired or Constructed Property – Buildings – Business Personal Property – Business Income and Extra Expense	\$1,000,000 \$500,000 \$500,000	\$ \$ \$	34
43. Non-Owned Detached Trailers	Included	N/A	35
44. Ordinance or Law – Coverage A – Coverages B and C	Included \$25,000	\$ N/A	35
45. Ordinance or Law – Increased Period of Restoration	\$10,000	\$	38
46. Ordinance or Law – Tenants Improvement Extension	\$25,000	\$	39

at the described premises. The loss or damage must be caused by or result from "electronic vandalism". The destruction or corruption of your "electronic data" can originate from a person located anywhere in the world.

- (b) However, there is no coverage for an interruption related to manipulation of a computer system (including "electronic data") by any "employee", including a temporary or leased "employee", or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (c) If this policy is endorsed to add a Covered Cause of Loss, the additional Covered Cause of Loss does not apply.
- (5) The most we will pay under this Additional Coverage is \$20,000 unless a higher Amended Limit of Insurance is shown in the above **SCHEDULE**.
- (6) **E-Commerce Special Exclusions**
- (a) With respect to this Additional Coverage, **II. COVERAGES, A. Scheduled Coverages, 6. Business Income**, paragraph (4)(a) applies, and **II. COVERAGES, A. Scheduled Coverages, 26. Extra Expense**, paragraph (6)(a) applies.
- (b) We do not cover:
- (i) Loss of proprietary use of any "electronic data" or "proprietary programs" that have been copied, scanned, or altered;
- (ii) Loss of or reduction in economic or market value of any "electronic data" or "proprietary programs" that have been copied, scanned, or altered; and
- (iii) "Theft" from your "electronic data" or "proprietary programs" of confidential information through the observation of the "electronic data" or "proprietary programs" by accessing covered

"computer equipment" without any alteration or other physical loss of or damage to the records or programs. Confidential information includes, but is not limited to, "employee" information, customer information, processing methods, or trade secrets.

## 22. Employee Theft including ERISA Compliance

With respect to your applicable Coverage Form, the following is added to **A. Coverage, 4. Additional Coverages:**

### Employee Theft including ERISA Compliance

- (1) We will pay for loss or damage to "money", "securities" and "other property" resulting directly from "theft" committed by an "employee" or volunteer whom you have the right to direct and control while performing services for you, whether identified or not, acting alone or in collusion with other persons.

With respect to this Additional Coverage, "theft" shall also include "forgery".

- (2) This Additional Coverage terminates as to any "employee" as soon as:

(a) You; or

(b) Any of your partners, "members", "managers", officers, directors or trustees not in collusion with the "employee";

learn of "theft" or any other dishonest act committed by the "employee" whether before or after becoming employed by you.

- (3) With respect to this Additional Coverage, all loss:

(a) Caused by one or more persons; and

(b) Involving a single act or series of related acts;

is considered one occurrence.

- (4) We will pay only for loss you sustain through acts committed or events occurring anytime which is "discovered" by you:

(a) During the Policy Period; or

**(b)** No later than one year from the date of termination or cancellation of this insurance. However, this extended period to “discover” loss terminates immediately upon the effective date of any other insurance obtained by you, whether from us or another insurer, replacing in whole or in part the coverage afforded under this Additional Coverage, whether or not such other insurance provides coverage for loss sustained prior to its effective date.

**(5)** Coverage is extended to apply to loss caused by any “employee” while temporarily outside the Coverage Territory for a period of not more than 90 consecutive days.

**(6)** The most we will pay under this Additional Coverage is \$10,000 unless a higher Amended Limit of Insurance is shown in the above **SCHEDULE**. Regardless of the number of years this policy remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year.

**(7) Employee Theft Special Exclusions**

We will not pay for the following:

**(a)** Loss resulting from “theft” or any other dishonest act committed:

**(i)** By you; or

**(ii)** By any of your partners or “members”;

whether acting alone or in collusion with other persons.

**(b)** Loss caused by an “employee” if the “employee” had also committed “theft” or any other dishonest act prior to the effective date of this policy and you or any of your partners, “members”, “managers”, officers, directors or trustees, not in collusion with the “employee”, learned of such “theft” or dishonest act prior to the Policy Period shown in the Declarations.

**(c)** Loss resulting from the following:

**(i)** The disclosure or use of another person's or

organization's confidential or personal information; or

**(ii)** The disclosure of your confidential or personal information. However, this paragraph, **(7)(c)(ii)**, does not apply to loss otherwise covered under this insurance that results directly from the use of your confidential or personal information.

**(d)** Fees, costs, fines, penalties and other expenses incurred by you which are related to the access to or disclosure of another person's or organization's confidential or personal information including, but not limited to, patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information.

**(e)** Loss that is an indirect result of an occurrence covered by this Additional Coverage, including, but not limited to, loss resulting from the following:

**(i)** Your inability to realize income that you would have realized had there been no loss of or damage to “money”, “securities” or “other property”;

**(ii)** Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this Additional Coverage; or

**(iii)** Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this Additional Coverage.

**(f)** Fees, costs and expenses incurred by you, which are related to any legal action.

**(g)** Loss involving virtual currency of any kind, by whatever name known, whether actual or fictitious including, but not limited to, digital

currency, crypto currency or any other type of electronic currency.

(h) Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon the following:

(i) An inventory computation; or

(ii) A profit and loss computation.

However, where you establish wholly apart from such computations that you have sustained a loss, then you may offer your inventory records and actual physical count of inventory in support of the amount of loss claimed.

(i) Loss resulting from trading, whether in your name or in a genuine or fictitious account.

(j) Loss resulting from fraudulent or dishonest signing, issuing, cancelling or failing to cancel, a warehouse receipt or any papers connected with it.

#### (8) Welfare and Pension Plan ERISA Compliance

(a) "Employee benefit plans" (hereafter referred to as Plans) are included as Insureds under this Additional Coverage subject to the following:

(i) If any Plan is insured jointly with any other entity under this Additional Coverage, you or the Plan Administrator are responsible for selecting a Limit of Insurance for this Additional Coverage that is sufficient to provide a Limit of Insurance for each Plan that is at least equal to that required under ERISA as if each Plan were separately insured.

(ii) With respect to loss sustained or "discovered" by any such Plan, this Additional Coverage is replaced by the following:

We will pay for loss of or damage to "money", "securities" and "other property" resulting directly from fraudulent or dishonest acts committed by an "employee", whether identified

or not, acting alone or in collusion with other persons.

(iii) If the first Named Insured is an entity other than a Plan, any payment we make for loss sustained by any Plan will be made to the Plan sustaining the loss.

(iv) If two or more Plans are insured under this Additional Coverage, any payment we make for loss:

1) Sustained by two or more Plans; or

2) Of commingled "money", "securities" or "other property" of two or more Plans;

resulting from an occurrence, will be made to each Plan sustaining loss in the proportion that the Limit of Insurance required under ERISA for each Plan bears to the total of those Limits.

#### 23. Equipment Breakdown

With respect to your applicable Coverage Form, the following is added to **A. Coverage, 4. Additional Coverages:**

##### Equipment Breakdown

(1) We will pay for direct physical damage to Covered Property that is the direct result of an "accident" or "electronic circuitry impairment". We will consider "electronic circuitry impairment" to be physical damage to "covered equipment."

(2) The following coverages also apply to the direct result of an "accident" or "electronic circuitry impairment". However, with respect to **(2)(h) Utility Services – Equipment Breakdown (Accident)** of this Additional Coverage and **II. COVERAGES, A. Scheduled Coverages, 8. Business Income and Extra Expense – Dependent Properties** of this endorsement, coverage will apply only to the direct result of an "accident" and will not apply to the direct result of an "electronic circuitry impairment". These coverages do not provide additional amounts of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SMALL COMMERCIAL BRONZE PROPERTY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CONDOMINIUM ASSOCIATION COVERAGE FORM  
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM  
CAUSES OF LOSS – SPECIAL FORM

The first three above-referenced forms are Coverage Forms. One of these three Coverage Forms is attached to your policy. With respect to this endorsement, these Coverage Forms will hereafter be collectively referred to as “your applicable Coverage Form”. Terms in quotation marks have special meanings that are explained in this endorsement or within a form modified by this endorsement. If a loss is covered by more than one coverage in this policy then only one coverage is applicable, in which case the most we will pay is the Limit of Insurance for the coverage that is applied. The coverages provided by this endorsement are subject to the provisions of this policy except where amended within this endorsement. There is no coverage for Business Income and Extra Expense for the coverages provided by this endorsement unless specifically stated within section II. **COVERAGES** of this endorsement, and then only to the extent provided for within the applicable coverage provision.

### I. SCHEDULE

#### A. Scheduled Coverages

Scheduled Coverages	Limits of Insurance	Amended Limits of Insurance	Page
1. Advertising Expense to Regain Customers	\$1,000	\$	4
2. Appurtenant Structures	\$50,000	N/A	4
3. Brands and Labels	Included	N/A	5
4. Broadened Building Coverage	Included	N/A	5
5. Broadened Business Personal Property Coverage	Included	N/A	5
6. Business Income – Extended Business Income	Actual Loss Sustained 90 Days	N/A Days	5
7. Business Income and Extra Expense – Cloud Services	\$2,500	\$	8
8. Business Income and Extra Expense – Dependent Properties	\$100,000	\$	9
9. Business Income and Extra Expense – Lease Cancellation	\$5,000	\$	9
10. Business Income and Extra Expense – Transit	\$100,000	\$	10
11. Business Income and Extra Expense – Websites	\$10,000 7 Days	\$ N/A	11
12. Business Personal Property Off Premises (Including In Transit)	\$50,000	\$	11
13. Business Personal Property Temporarily in Portable Storage Units	\$25,000	\$	12
14. Civil Authority	4 Weeks 72 Hour Waiting Period	N/A	12
15. Commercial Tools and Equipment	\$5,000	\$	13

Scheduled Coverages	Limits of Insurance	Amended Limits of Insurance	Page
16. Computer and Funds Transfer Fraud	\$10,000	\$	14
17. Consequential Loss to Stock	Included	N/A	15
18. Contract Penalties	\$25,000	\$	15
19. Deferred Payments	\$10,000	\$	15
20. Denial of Access to Premises	30 Days 72 Hour Waiting Period	N/A	16
21. E-Commerce	\$20,000	\$	16
22. Employee Theft including ERISA Compliance	\$10,000	\$ 50,000	17
23. Equipment Breakdown – Data Restoration – Expediting Expenses – Fungus, Wet Rot, Dry Rot and Bacteria – Hazardous Substances – Personal Property Off Premises – Public Relations – Spoilage	Included \$50,000 \$50,000 \$15,000 \$50,000 \$50,000 \$5,000 \$50,000	N/A	19
24. Expediting Expenses	\$25,000	\$	24
25. Extended Coverage on Property – within 2,000 feet	Included	N/A	24
26. Extra Expense	12 Months	N/A	24
27. Fine Arts	\$50,000	\$	25
28. Fire Protection Equipment Recharge	\$25,000	\$	26
29. Forgery or Alteration	\$50,000	\$	26
30. Foundations and Underground Pipes	Included	N/A	27
31. Glass Expenses	Included	N/A	27
32. Hired Auto – Physical Damage	\$50,000	\$	27
33. Installation	\$5,000	\$	29
34. International Air Shipments	\$5,000	\$	30
35. Inventory and Loss Appraisal	\$25,000	\$	30
36. Lease Assessment	\$1,000	\$	31
37. Leasehold Interest	\$10,000	\$	31
38. Lessor's Tenant Move Expenses	\$10,000 60 Days	\$ N/A	31
39. Marring and Scratching	Included	N/A	32
40. Money and Securities	\$10,000	\$	32
41. Money Orders and Counterfeit Money	\$10,000	\$	33
42. Newly Acquired or Constructed Property – Buildings – Business Personal Property – Business Income and Extra Expense	\$1,000,000 \$500,000 \$500,000	\$ \$ \$	34
43. Non-Owned Detached Trailers	Included	N/A	35
44. Ordinance or Law – Coverage A – Coverages B and C	Included \$25,000	\$ N/A	35
45. Ordinance or Law – Increased Period of Restoration	\$10,000	\$	38
46. Ordinance or Law – Tenants Improvement Extension	\$25,000	\$	39

at the described premises. The loss or damage must be caused by or result from "electronic vandalism". The destruction or corruption of your "electronic data" can originate from a person located anywhere in the world.

- (b) However, there is no coverage for an interruption related to manipulation of a computer system (including "electronic data") by any "employee", including a temporary or leased "employee", or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (c) If this policy is endorsed to add a Covered Cause of Loss, the additional Covered Cause of Loss does not apply.
- (5) The most we will pay under this Additional Coverage is \$20,000 unless a higher Amended Limit of Insurance is shown in the above **SCHEDULE**.
- (6) **E-Commerce Special Exclusions**
- (a) With respect to this Additional Coverage, **II. COVERAGES, A. Scheduled Coverages, 6. Business Income**, paragraph (4)(a) applies, and **II. COVERAGES, A. Scheduled Coverages, 26. Extra Expense**, paragraph (6)(a) applies.
- (b) We do not cover:
- (i) Loss of proprietary use of any "electronic data" or "proprietary programs" that have been copied, scanned, or altered;
- (ii) Loss of or reduction in economic or market value of any "electronic data" or "proprietary programs" that have been copied, scanned, or altered; and
- (iii) "Theft" from your "electronic data" or "proprietary programs" of confidential information through the observation of the "electronic data" or "proprietary programs" by accessing covered

"computer equipment" without any alteration or other physical loss of or damage to the records or programs. Confidential information includes, but is not limited to, "employee" information, customer information, processing methods, or trade secrets.

## 22. Employee Theft including ERISA Compliance

With respect to your applicable Coverage Form, the following is added to **A. Coverage, 4. Additional Coverages:**

### Employee Theft including ERISA Compliance

- (1) We will pay for loss or damage to "money", "securities" and "other property" resulting directly from "theft" committed by an "employee" or volunteer whom you have the right to direct and control while performing services for you, whether identified or not, acting alone or in collusion with other persons.

With respect to this Additional Coverage, "theft" shall also include "forgery".

- (2) This Additional Coverage terminates as to any "employee" as soon as:

(a) You; or

(b) Any of your partners, "members", "managers", officers, directors or trustees not in collusion with the "employee";

learn of "theft" or any other dishonest act committed by the "employee" whether before or after becoming employed by you.

- (3) With respect to this Additional Coverage, all loss:

(a) Caused by one or more persons; and

(b) Involving a single act or series of related acts;

is considered one occurrence.

- (4) We will pay only for loss you sustain through acts committed or events occurring anytime which is "discovered" by you:

(a) During the Policy Period; or

**(b)** No later than one year from the date of termination or cancellation of this insurance. However, this extended period to “discover” loss terminates immediately upon the effective date of any other insurance obtained by you, whether from us or another insurer, replacing in whole or in part the coverage afforded under this Additional Coverage, whether or not such other insurance provides coverage for loss sustained prior to its effective date.

**(5)** Coverage is extended to apply to loss caused by any “employee” while temporarily outside the Coverage Territory for a period of not more than 90 consecutive days.

**(6)** The most we will pay under this Additional Coverage is \$10,000 unless a higher Amended Limit of Insurance is shown in the above **SCHEDULE**. Regardless of the number of years this policy remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year.

**(7) Employee Theft Special Exclusions**

We will not pay for the following:

**(a)** Loss resulting from “theft” or any other dishonest act committed:

**(i)** By you; or

**(ii)** By any of your partners or “members”;

whether acting alone or in collusion with other persons.

**(b)** Loss caused by an “employee” if the “employee” had also committed “theft” or any other dishonest act prior to the effective date of this policy and you or any of your partners, “members”, “managers”, officers, directors or trustees, not in collusion with the “employee”, learned of such “theft” or dishonest act prior to the Policy Period shown in the Declarations.

**(c)** Loss resulting from the following:

**(i)** The disclosure or use of another person's or

organization's confidential or personal information; or

**(ii)** The disclosure of your confidential or personal information. However, this paragraph, **(7)(c)(ii)**, does not apply to loss otherwise covered under this insurance that results directly from the use of your confidential or personal information.

**(d)** Fees, costs, fines, penalties and other expenses incurred by you which are related to the access to or disclosure of another person's or organization's confidential or personal information including, but not limited to, patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information.

**(e)** Loss that is an indirect result of an occurrence covered by this Additional Coverage, including, but not limited to, loss resulting from the following:

**(i)** Your inability to realize income that you would have realized had there been no loss of or damage to “money”, “securities” or “other property”;

**(ii)** Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this Additional Coverage; or

**(iii)** Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this Additional Coverage.

**(f)** Fees, costs and expenses incurred by you, which are related to any legal action.

**(g)** Loss involving virtual currency of any kind, by whatever name known, whether actual or fictitious including, but not limited to, digital

currency, crypto currency or any other type of electronic currency.

(h) Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon the following:

(i) An inventory computation; or

(ii) A profit and loss computation.

However, where you establish wholly apart from such computations that you have sustained a loss, then you may offer your inventory records and actual physical count of inventory in support of the amount of loss claimed.

(i) Loss resulting from trading, whether in your name or in a genuine or fictitious account.

(j) Loss resulting from fraudulent or dishonest signing, issuing, cancelling or failing to cancel, a warehouse receipt or any papers connected with it.

#### (8) Welfare and Pension Plan ERISA Compliance

(a) "Employee benefit plans" (hereafter referred to as Plans) are included as Insureds under this Additional Coverage subject to the following:

(i) If any Plan is insured jointly with any other entity under this Additional Coverage, you or the Plan Administrator are responsible for selecting a Limit of Insurance for this Additional Coverage that is sufficient to provide a Limit of Insurance for each Plan that is at least equal to that required under ERISA as if each Plan were separately insured.

(ii) With respect to loss sustained or "discovered" by any such Plan, this Additional Coverage is replaced by the following:

We will pay for loss of or damage to "money", "securities" and "other property" resulting directly from fraudulent or dishonest acts committed by an "employee", whether identified

or not, acting alone or in collusion with other persons.

(iii) If the first Named Insured is an entity other than a Plan, any payment we make for loss sustained by any Plan will be made to the Plan sustaining the loss.

(iv) If two or more Plans are insured under this Additional Coverage, any payment we make for loss:

1) Sustained by two or more Plans; or

2) Of commingled "money", "securities" or "other property" of two or more Plans;

resulting from an occurrence, will be made to each Plan sustaining loss in the proportion that the Limit of Insurance required under ERISA for each Plan bears to the total of those Limits.

#### 23. Equipment Breakdown

With respect to your applicable Coverage Form, the following is added to **A. Coverage, 4. Additional Coverages:**

##### Equipment Breakdown

(1) We will pay for direct physical damage to Covered Property that is the direct result of an "accident" or "electronic circuitry impairment". We will consider "electronic circuitry impairment" to be physical damage to "covered equipment."

(2) The following coverages also apply to the direct result of an "accident" or "electronic circuitry impairment". However, with respect to **(2)(h) Utility Services – Equipment Breakdown (Accident)** of this Additional Coverage and **II. COVERAGES, A. Scheduled Coverages, 8. Business Income and Extra Expense – Dependent Properties** of this endorsement, coverage will apply only to the direct result of an "accident" and will not apply to the direct result of an "electronic circuitry impairment". These coverages do not provide additional amounts of insurance.