

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BPC PLASMA, INC SAVINGS & RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/04/2007
2a Plan sponsor's name (employer, if for a single-employer plan): BPC PLASMA, INC
2b Employer Identification Number (EIN): 26-1251037
2c Plan Sponsor's telephone number: 561-569-3100
2d Business code (see instructions): 325410

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1324 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1126 |
|   | <b>6a(2)</b>                               | 0    |
|   | <b>6b</b>                                  | 0    |
|   | <b>6c</b>                                  | 0    |
|   | <b>6d</b>                                  | 0    |
|   | <b>6e</b>                                  | 0    |
|   | <b>6f</b>                                  | 0    |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  | 0    |
| <b>6h</b>   |  | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2J 2F 2G 2K 3D 2T

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BPC PLASMA, INC SAVINGS &amp; RETIREMENT PLAN</b>           | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BPC PLASMA, INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-1251037</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>04-1590850</b> | <b>65935</b>         | <b>MR 60303</b>                              | <b>0</b>   | <b>01/01/2020</b>              | <b>12/31/2020</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |   |
|----------------------------|--|---|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |   |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | <b>4</b>  |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> <span style="float: right;">0</span>           |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |   |
| <b>a</b>                   | State the basis of premium rates ▶   |   |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>   |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>   |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>   |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |   |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |   |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |   |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |   |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> <span style="float: right;">6590038</span>    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> <span style="float: right;">256463</span>  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>  |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> <span style="float: right;">269592</span>  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>  |
|                            | (5) Other (specify below).....<br>▶ LN, INT, LN PRIN, LOAN DEFAULT, LOAN   | <b>7c(5)</b> <span style="float: right;">644937</span>  |
|                            | (6) Total additions .....  | <b>7c(6)</b> <span style="float: right;">1170992</span> |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> <span style="float: right;">7761030</span>    |
| <b>e</b>                   | <b>Deductions:</b>   |   |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> <span style="float: right;">2960434</span> |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> <span style="float: right;">35329</span>   |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> <span style="float: right;">4652781</span> |
|                            | (4) Other (specify below).....<br>▶ LN DISTRIB, PD TRUST LAPSE   | <b>7e(4)</b> <span style="float: right;">112486</span>  |
| (5) Total deductions ..... | <b>7e(5)</b> <span style="float: right;">7761030</span>  |   |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> <span style="float: right;">0</span>          |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>BPC PLASMA, INC SAVINGS &amp; RETIREMENT PLAN</b>           | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BPC PLASMA, INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-1251037</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52 60 62<br>63 64 72   | CONTRACT ADMINISTRATOR  | 168056   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FIRST REPUBLIC SECURITIES CO LLC

80-0513856

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | INVESTMENT ADVISOR  | 47797  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AB FUNDS

13-3747683

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

AB FUNDS

13-4071393

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BLACKROCK

51-0318674

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

COHEN & STEERS

14-1904657

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

FIDELITY INVESTMENTS

04-3365630

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FRANKLIN TEMPLETON

13-3151768

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

HARRIS

52-2257782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

INVESCO

94-2362417

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

INVESCO

76-0343427

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

INVESCO

93-6305075

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

JP MORGAN

26-3613641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PIONEER

04-2652279

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PIONEER

04-3453709

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

T. ROWE PRICE

52-1151266

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VANGUARD

23-1999755

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

WELLS FARGO

41-0449260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

WILLIAM BLAIR

36-2214610

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52                     | INVESTMENT PROVIDER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>FIX INTREST SAGIC<br><br>04-1590850                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PIONEER BOND FUND<br><br>04-2652279                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 72 52  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PREM U.S. GOVT. MNY MKT FD BARINGS<br><br>04-3212059 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|--|--|--|
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.  | 60   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>UNDISCOVERED MGRS BEHAVIORAL VAL FD<br><br>04-3400483 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>MASSAUCHUSETTS MUTUAL LIFE INS. CO.                               | (b) Service Codes (see instructions)<br><br>60   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PIONEER STRATEGIC INCOME FUND<br><br>04-3453709       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>MASSAUCHUSETTS MUTUAL LIFE INS. CO.                               | (b) Service Codes (see instructions)<br><br>60   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AB HIGH INCOME FUND<br><br>13-3747683                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AB GLOBAL BOND FUND<br><br>13-4071393                               | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WILLIAM BLAIR SMALL-MID CAP GR FD<br><br>36-2214610                 | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 49   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MILLENNIUM TRUST COMPANY, LLC<br><br>36-4400066                     | REFERRAL FEE   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WELL FARGO SPECIAL MID CAP VAL FD<br><br>41-0449260                 | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK ISHARES S&P 500 INDEX FD<br><br>51-0318674                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.                                 | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OAKMARK INTERNATIONAL FUND<br><br>52-2257782                        | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 60 63  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>CLOSED INVESCO SMALL CAP DISCO<br><br>76-0343427 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 60 63  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>INVESCO SMALL CAP GROWTH FUND<br><br>94-2362417  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| MASSAUCHUSETTS MUTUAL LIFE INS. CO.   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AB HIGH INCOME FUND<br><br>13-3747683            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| AB FUND   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AB GLOBAL BOND FUND<br><br>13-4071393                               | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| BLACKROCK   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK ISHARES S&P 500 INDEX FD<br><br>51-0318674                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| COHEN & STEERS  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS REAL EST SCRTS FD<br><br>14-1904657                  | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIDELITY 500 INDEX FUND<br><br>04-3365630                           | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FRANKLIN TEMPLETON  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FRANKLIN SMALL CAP GROWTH FUND<br><br>13-3151768                    | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| HARRIS  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OAKMARK INTERNATIONAL FUND<br><br>52-2257782                        | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| INVESCO   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| INVESCO SMALL CAP GROWTH FUND<br><br>94-2362417                     | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| INVESCO   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CLOSED INVESCO SMALL CAP DISCO<br><br>74-0343427                    | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| INVESCO   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| INVESCO DEVELOPING MARKETS FUND<br><br>93-6305075                   | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|--|--|--|
| JP MORGAN  | 52   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>UNDISCOVERED MGRS BEHAVIORAL VAL FD<br><br>04-3400483 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>JP MORGAN   | (b) Service Codes (see instructions)<br><br>52   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>JP MORGAN EQUITY INCOME FUND<br><br>26-3613641        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>PIONEER   | (b) Service Codes (see instructions)<br><br>52   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PIONEER BOND FUND<br><br>04-2652279                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| PIONEER   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PIONEER STRATEGIC INCOME FUND<br><br>04-3453709                     | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2005 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2015 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|---|--|--|
| T. ROWE PRICE   | 52   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>T. ROWE PRICE RETIREMENT 2020 FUND<br><br>52-1151266 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>T. ROWE PRICE  | (b) Service Codes (see instructions)<br><br>52   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>T. ROWE PRICE RETIREMENT 2025 FUND<br><br>52-1151266 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>T. ROWE PRICE  | (b) Service Codes (see instructions)<br><br>52   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>T. ROWE PRICE RETIREMENT 2030 FUND<br><br>52-1151266 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2035 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2040 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2045 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2050 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2055 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT 2060 FUND<br><br>52-1151266                | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| T. ROWE PRICE   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T. ROWE PRICE RETIREMENT BAL FUND<br><br>52-1151266                 | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| VANGUARD  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| VANGUARD EXTENDED MARKET INDEX FUND<br><br>23-1999755               | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| VANGUARD  | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| VANGUARD GROWTH INDEX FUND<br><br>23-1999755                        | BASIS POINTS * PLAN ASSETS   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| WELLS FARGO   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WELL FARGO SPECIAL MID CAP VAL FD<br><br>41-0449260                 | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| WILLIAM BLAIR   | 52   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WILLIAM BLAIR SMALL-MID CAP GR FD<br><br>36-2214610                 | BASIS POINTS * PLAN ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2020</b> and ending <b>12/31/2020</b> |  |
| <b>A</b> Name of plan<br><b>BPC PLASMA, INC SAVINGS &amp; RETIREMENT PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BPC PLASMA, INC</b>                  | <b>D</b> Employer Identification Number (EIN)<br><b>26-1251037</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

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

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 35442389              | 0               |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 35442389              | 0               |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 1256190    |           |
| (B) Participants.....  | 2a(1)(B) | 1875304    |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 13603      |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 3145097   |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) | 31555      |           |
| (F) Other.....   | 2b(1)(F) | 269592     |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 301147    |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 754671     |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 754671    |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 4764947   |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 8965862   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 7192502 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |         |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 7192502 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 24378   |         |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 191475  |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 215853  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 7408355 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1557507  |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan.....   | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  | 36999896 |

**Part III Accountant's Opinion**

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

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

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

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DASZKAL BOLTON**

(2) EIN: **65-0406502**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

| <b>5b(1)</b> Name of plan(s)           | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|--|---------------------|--------------------|
| GRIFOL EMPLOYEE REIREMENT SAVINGS PLAN | 20-2533768          | 001                |
|  |                     |                    |
|  |                     |                    |
|  |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.



**BPC Plasma, Inc.  
Savings & Retirement Plan**

**Financial Statements**

**December 31, 2020 and 2019**

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## Independent Auditors' Report

To the Plan Committee  
BPC Plasma Savings & Retirement Plan  
Boca Raton, Florida

### ***Report on the Financial Statements***

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

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note 3, which was certified by Empower Retirement ("MassMutual") and Reliance Trust Company ("Reliance"), the Custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that MassMutual and Reliance held the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

*Continued from previous page*

***Disclaimer of Opinion***

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

*Angela Calisto LLP*

Fort Lauderdale, Florida  
October 6, 2021

**BPC Plasma, Inc. Savings & Retirement Plan**  
**Statements of Net Assets Available for Plan Benefits**  
**December 31, 2020 and 2019**

|   | <u>2020</u> | <u>2019</u>          |
|---|-------------|----------------------|
| <b>Assets:</b>                                |             |                      |
| Investments, at fair value                    | \$ -        | \$ 28,092,289        |
| Investments, at contract value                | -           | 6,590,038            |
| Total investments                             | -           | <u>34,682,327</u>    |
| <b>Receivables:</b>                           |             |                      |
| Participants' contributions                   | -           | 50,805               |
| Employer contributions                        | -           | 33,496               |
| Notes receivable from participants            | -           | 760,062              |
| Total receivables                             | -           | <u>844,363</u>       |
| <b>Net assets available for plan benefits</b> | <u>\$ -</u> | <u>\$ 35,526,690</u> |

See accompanying notes to financial statements.

**BPC Plasma, Inc. Savings & Retirement Plan**  
**Statement of Changes in Net Assets Available for Plan Benefits**  
**For the Year Ended December 31, 2020**

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|   |                     |
|---|---------------------|
| Additions to net assets attributed to:                    |                     |
| Investment income:  |                     |
| Net appreciation in fair value of investments             | \$ 4,764,947        |
| Interest income earned on Guaranteed Interest Contract    | 269,592             |
| Dividend income   | 754,671             |
| Total investment income                                   | <u>5,789,210</u>    |
| Interest income on notes receivable from participants     | 31,555              |
| Contributions:  |                     |
| Participants'   | 1,824,499           |
| Employer  | 1,222,694           |
| Rollover  | 13,603              |
| Total contributions                                       | <u>3,060,796</u>    |
| Total additions   | 8,881,561           |
| Deductions from net assets attributed to:                 |                     |
| Benefits paid to participants                             | (7,192,502)         |
| Administrative expenses                                   | (215,853)           |
| Total deductions  | <u>(7,408,355)</u>  |
| Net increase  | <u>1,473,206</u>    |
| Transfer of plan assets due to plan merger, net           | <u>(36,999,896)</u> |
| Net decrease in net assets available for plan benefits    | (35,526,690)        |
| Net assets available for plan benefits, beginning of year | <u>35,526,690</u>   |
| Net assets available for plan benefits, end of year       | <u>\$ -</u>         |

See accompanying notes to financial statements.

## BPC Plasma, Inc. Savings & Retirement Plan Notes to Financial Statements

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### Note 1 – Description of Plan

Biotest Pharmaceuticals Savings and Retirement Plan (the "Plan") was established on December 4, 2007. The Plan is a defined contribution plan covering all eligible employees of Biotest Pharmaceuticals Corporation (the "Plan Sponsor" or the "Company") and is maintained for the exclusive benefit of its employees and beneficiaries. The terms of the Plan permit employees to make elective contributions to the Plan out of their compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On April 9, 2020, the Plan Sponsor changed their name from Biotest Pharmaceuticals Corporation to BPC Plasma, Inc.

On August 3, 2020, the Plan name was changed from Biotest Pharmaceuticals Savings & Retirement Plan to BPC Plasma, Inc. Savings & Retirement Plan.

#### Plan Merger

On August 1, 2018, the Plan Sponsor was acquired by Grifols, S.A. On December 31, 2018, Grifols S.A. sold the Plan Sponsor to an existing shareholder, Scranton Enterprises, B.V. On October 9, 2020, the Board of Directors of Grifols, S.A. approved the merger of the Plan into the Grifols Employee Retirement Savings Plan ("Grifols 401K") effective December 31, 2020. As a result, all investments were transferred from the Plan into the Grifols 401K on that date. The Sponsor employees began participating in the Grifols 401(k) effective January 4, 2021.

#### Plan Amendment

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was signed into law. Plans were permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. Plan management were allowed to elect to adopt the following provisions:

- On or after April 20, 2020 and before December 31, 2020, any qualified individual, as defined in the CARES Act, was permitted to request a distribution from his or her vested account in the Plan, up to a maximum of \$100,000. Active employees who receive a coronavirus-related distribution from the Plan (or from any other eligible retirement plan) may repay all or any portion of the distribution to the plan within the three-year period beginning on the date after the distribution.
- Qualified individuals with outstanding loans on or after April 20, 2020 were permitted to request that their loan payments be deferred through December 31, 2020. Where payments were deferred, the loan was re-amortized in January 2021 to reflect interest accrued during the delay, and payments recommenced for the remainder of the loan period, plus one year.
- The normal loan limits were increased from \$50,000 to \$100,000, and from 50% to 100% of the vested account balance, for qualified individuals taking loans on or after April 20, 2020 and before September 23, 2020.

The following is a brief description of the Plan and is provided for general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

## BPC Plasma, Inc. Savings & Retirement Plan Notes to Financial Statements

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### Note 1 – Description of Plan, continued

#### *Plan Administration*

The Plan is collectively administered by MassMutual Retirement Services ("MMRS") and the Plan Sponsor. Reliance Trust Company ("Reliance") and Massachusetts Mutual Life Insurance Company ("MassMutual") have been appointed Joint Custodians of the Plan's assets. Wells Fargo is the Plan's investment advisor. Effective March 25, 2019, the Plan switched to First Republic Investment Management as its investment advisor.

Under the terms of the agreement, the Custodians hold and invest the funds of the Plan subject to the direction of the 401(k) plan participants. Upon enrollment in the Plan, participants can allocate participant and Company contributions in any of the investment options offered by the Plan. Participants may change their investment options at any time.

#### *Eligibility*

Prior to the merger, full-time exempt and non-exempt employees were eligible to participate in the Plan after 30 days of service. Part-time employees were eligible to participate in the Plan after 1,000 hours of service.

#### *Contributions*

Prior to the merger, a participant was able to defer up to 100% of total compensation through periodic payroll deductions up to contribution limits specified by the Internal Revenue Code, ("IRC"): \$19,000 in 2020. Participants who had attained the age of 50 before the last day of the Plan year were permitted to make catch-up contributions of \$6,000 in accordance with IRC limitations.

The Plan was a "safe harbor 401(k) plan". The Company made safe harbor matching contributions equal to 100% of the participants' salary deferrals that did not exceed 4% of the participant's eligible compensation. The safe harbor matching contributions were 100% vested.

The Plan also permitted the Company to contribute discretionary contributions, qualified non-elective contributions and profit-sharing contributions. Employees must be employed on the last day of the year to receive these contributions. There were none of these types of contributions in 2020.

The Plan allowed participants to rollover amounts into the Plan from other qualified plans, subject to the provisions of the Plan.

#### *Vesting*

Each participant was 100% vested in their own contributions, Company contributions and the related investment earnings.

#### *Distribution of Participants Accounts*

Prior to the merger, participants could have elected to receive lump a sum distribution upon termination, retirement, disability, death or attainment of age 59 ½. The Plan also allowed for hardship distributions based on proven financial need, as defined by the Code. The Plan automatically distributed participant accounts with balances less than \$5,000 upon termination of employment. If the participant's account balance was between \$1,000 and \$5,000, the distribution may have been taken in cash or rolled into an Individual Retirement Account ("IRA") account or other qualified plan.

**Note 1 – Description of Plan, continued**

*Participant Accounts*

Prior to the merger, individual accounts were maintained for each participant's account to reflect participant's contribution, the related Company matching contributions, the Plan's earnings (losses), and was charged with an allocation of administrative expenses. Allocations were based on participant account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided by the participant's account balance.

On March 27, 2020, Congress enacted the CARES Act, which allows Plan participants who have been diagnosed with COVID-19 (including a spouse or dependent), or participants who have suffered financial hardship due to the pandemic the ability to receive COVID-19 related distributions from their 401(k) accounts. This relief requires that a participant certify they have been impacted by COVID-19 in order to qualify. Qualified participants had the option to take a coronavirus ("CV") distribution from June 2, 2020 to December 31, 2020 from their vested account balances. They were able to take as many CV distributions as they so chose; however, the aggregate amount was not to exceed the lesser of \$100,000 or the participant's vested account balances. The CV distributions were not subject to the early distribution penalty or mandatory income tax withholding. Participants still employed by the Company or a subsidiary may elect to repay all or a portion of the CV distribution(s) to the Plan within three years.

Additionally, the CARES Act waived the required minimum distributions from 401(k) accounts for 2020. As a result, the required minimum payments were not made automatically, however Plan participants had the option to elect to receive their minimum payment. Plan participants who had already received their required minimum distribution in 2020 prior to the enactment of the CARES Act had the opportunity to roll those funds back into their 401(k) account.

*Notes Receivable from Participants*

Prior to the merger, participants may borrow from their Plan accounts subject to a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms range from one (1) to five (5) years, or longer for the purchase of a primary residence. Only one (1) loan was allowable at any given time. The loan was secured by the balance in the participant's account, and charged a rate of interest based on the prime rate on the date the loan was approved. Principal and interest were repaid ratably through payroll deductions.

**Note 2 – Summary of Significant Accounting Policies**

*Basis of Accounting*

The financial statements of the Plan have been prepared using the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America ("GAAP").

*Use of Estimates*

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

## **BPC Plasma, Inc. Savings & Retirement Plan Notes to Financial Statements**

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### **Note 2 – Summary of Significant Accounting Policies, continued**

#### *Investment Valuation and Income Recognition*

Investments held by a defined contribution plan are required to be reported at fair value, except for investments in fully benefit-responsive investment contracts ("FBRICs"). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FBRICs are reported at contract value because contract value is the amount that participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a FBRIC through a Guaranteed Interest Contract ("GIC"). See Note 5 for discussion on the GIC. See Note 4 for discussions of fair value measurements.

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

#### *Notes Receivable from Participants*

Loans to participants are reported at their unpaid principal balances, plus any accrued but unpaid interest.

#### *Administrative Expenses*

Transaction fees charged for certain distributions from the Plan are charged directly to participant accounts and are presented as administrative expenses in the accompanying financial statements. All other operating expenses of the Plan are paid by the Company and are therefore excluded from these financial statements.

#### *Benefit Payments*

Benefit payments to participants are recorded when paid.

#### *Date of Management's Review*

Subsequent events were evaluated through October 6, 2021, which is the date the financial statements were available to be issued.

### **Note 3 – Investments as Certified by the Custodians**

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.105 – (C) (Certification) and 29 CFR 2520.103-8 (Limited Scope) of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Joint Custodians of the Plan have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for plan benefits at December 31, 2020 and 2019, and the related investment activity reported in the statement of changes in net assets available for plan benefits for the year ended December 31, 2020.

**Note 4 – Fair Value Measurements**

The Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Market Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are defined as follows:

- Level 1: Quoted prices in active markets for identical assets or liabilities;
- Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are not active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for assets measured at fair value.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

| Fair Value Measurements at December 31, 2019 |               |         |         |               |
|--|---------------|---------|---------|---------------|
|  | Level 1       | Level 2 | Level 3 | Fair Value    |
| Mutual funds                                 | \$ 28,092,289 | \$ -    | \$ -    | \$ 28,092,289 |

## **BPC Plasma, Inc. Savings & Retirement Plan Notes to Financial Statements**

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### **Note 5 – Guaranteed Interest Contract with Insurance Company**

The Plan offers a market value separate account investment option with a GIC that provides for a stated rate of return and insulates participants' accounts from daily fluctuations in the market fund. Participants may withdraw or transfer all or portions of their balance in this investment option at contract value.

Because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits. Contract value, as reported to the Plan by the GIC, represents contributions made under the contract, plus earnings (losses), less participant withdrawals and administrative expenses.

Certain events may limit the ability of the Plan to transact at contract value. Such events include, but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, such as the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a division of the Company or as a result of group layoffs or early retirement programs.

### **Note 6 – Plan Termination**

Although it has not expressed any intent to do so, the Sponsor reserves the right to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. If the Plan were terminated, participants would remain 100% vested in their own contributions, the Company contributions, and their related earnings, and the net assets would be distributed to the participants. As noted in Note 1, the Plan has merged with another plan and all assets were transferred into the new Plan.

### **Note 7 – Income Tax Status**

The Plan was a volume submitter profit sharing plan, sponsored by MassMutual, designed in accordance with applicable sections of the IRC. MassMutual received an opinion letter from the IRS, dated March 31, 2014, which stated that the Plan satisfied the applicable provisions of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is not subject to income tax examinations for years prior to 2017.

## BPC Plasma, Inc. Savings & Retirement Plan Notes to Financial Statements

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### Note 8 – Parties-in-Interest Transactions

MassMutual, Reliance, Wells Fargo, and First Republic are considered parties-in-interest. Certain investments and investment activity as reported by the Joint Custodians and presented in the accompanying financial statements were considered transactions with a parties-in-interest, according to the Department of Labor guidelines. Fees paid by the Plan for investment management and advisory services amounted to \$215,283 for the year ended December 31, 2020. The Plan pays directly other fees related to the Plan's operations.

Certain employees of the Plan had outstanding loans (notes receivable from participants) with the Plan at December 31, 2020 and 2019. These loans were considered party-in-interest transactions according to the DOL. Total outstanding loans at December 31, 2020 and 2019, were \$0 and \$760,062, respectively.

### Note 9 – Risks and Uncertainties

#### *Investments*

In general, the investments provided by the Plan are exposed to various risks, including, but not limited to, interest rate, credit default and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

### Note 10 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Schedule H of Form 5500 at December 31:

|   | <u>2019</u>          |
|---|----------------------|
| Net assets available for plan benefits per the financial statements | \$ 35,526,690        |
| Contributions receivable from participants                          | (50,805)             |
| Contributions receivable from employer                              | (33,496)             |
| Net assets available for plan benefits per schedule H of Form 5500  | <u>\$ 35,442,389</u> |

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2020:

|   |                     |
|---|---------------------|
| Contributions received from participants per the financial statements | \$ 1,824,499        |
| Contributions receivable from participants in prior year              | 50,805              |
| Contributions received from participants per Schedule H of Form 5500  | <u>\$ 1,875,304</u> |

The following is a reconciliation of employer contributions per financial statements to Schedule H of Form 5500 for the year ended December 31, 2020:

|   |                     |
|---|---------------------|
| Contributions received from employer per the financial statements | \$ 1,222,694        |
| Contributions receivable from employer in prior year              | 33,496              |
| Contributions received from employer per Schedule H of Form 5500  | <u>\$ 1,256,190</u> |

|  |   |
|--|---|
| <b>A Name of Plan</b><br><b>BPC Plasma, Inc. Savings &amp; Retirement Plan</b>           | <b>B Three-digit plan Number</b><br><b>001</b>              |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>BPC Plasma, Inc.</b> | <b>D Employer Identification Number</b><br><b>261251037</b> |

### Schedule H, line 4i - Schedule of Assets (Held At End of Year)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|---|---|----------|-------------------|
| *   | AB Funds  | AB Global Bond Fund   | 0        | 0                 |
| *   | AB Funds  | AB High Income Fund   | 0        | 0                 |
| *   | Cohen & Steers  | Cohen & Steers Real Est Scrts Fd  | 0        | 0                 |
| *   | Fidelity Investments                                      | Fidelity 500 Index Fund   | 0        | 0                 |
| *   | Franklin/Templeton  | Franklin Small Cap Growth Fund  | 0        | 0                 |
| *   | Invesco   | Invesco Developing Markets Fund   | 0        | 0                 |
| *   | JP Morgan   | JP Morgan Equity Income Fund  | 0        | 0                 |
| *   | Harris  | Oakmark International Fund  | 0        | 0                 |
| *   | Pioneer   | Pioneer Bond Fund   | 0        | 0                 |
| *   | Pioneer   | Pioneer Strategic Income Fund   | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2005 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2010 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2015 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2020 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2025 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2030 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2035 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2040 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2045 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2050 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2055 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement 2060 Fund  | 0        | 0                 |
| *   | T. Rowe Price   | T. Rowe Price Retirement Bal Fund   | 0        | 0                 |
| *   | JP Morgan   | Undiscovered Mgrs Behavioral Val Fd   | 0        | 0                 |
| *   | Vanguard  | Vanguard Extended Market Index Fund   | 0        | 0                 |
| *   | Vanguard  | Vanguard Growth Index Fund  | 0        | 0                 |
| *   | Wells Fargo   | Wells Fargo Special Mid Cap Val Fd  | 0        | 0                 |
| *   | William Blair   | William Blair Small-Mid Cap Gr Fd   | 0        | 0                 |
|     | Participant Loans   | -   | 0        | (28,323)          |

|  |   |
|--|---|
| <b>A Name of Plan</b><br><b>BPC Plasma, Inc. Savings &amp; Retirement Plan</b>           | <b>B Three-digit Plan Number</b><br><b>001</b>              |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>BPC Plasma, Inc.</b> | <b>D Employee Identification Number</b><br><b>261251037</b> |

### Schedule H, line 4j - Schedule of Reportable Transactions

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease Rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---|--------------------|-------------------|------------------|---------------------------------------|-------------------|--|------------------------|
| MassMutual Premier             | MassMutual US Government Mny Mkt Fd   | 820,064            | 36,923,752        |                  | 0                                     | 36,923,752        | 36,923,752                                     | 0                      |

|  |   |
|--|---|
| <b>A Name of Plan</b><br><b>BPC Plasma, Inc. Savings &amp; Retirement Plan</b>           | <b>B Three-digit plan Number</b><br><b>001</b>              |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>BPC Plasma, Inc.</b> | <b>D Employer Identification Number</b><br><b>261251037</b> |

### Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name                       | Service Provider EIN | Service Provider Address | Formula / EIC Statement   |
|---|----------------------|--------------------------|---|
| AB Funds                                    | 134071393            |                          | AB Funds received estimated Investment Management Fees of 0.45% with respect to plan assets held in the AB Global Bond Fund (MR-FS).                        |
| AB Funds                                    | 133747683            |                          | AB Funds received estimated Investment Management Fees of 0.47% with respect to plan assets held in the AB High Income Fund (MR-JCA).                       |
| BlackRock                                   | 510318674            |                          | BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).      |
| Cohen & Steers                              | 141904657            |                          | Cohen & Steers received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Cohen & Steers Real Est Scrts Fd (MR-3758).   |
| Fidelity Investments                        | 043365630            |                          | Fidelity Investments received estimated Investment Management Fees of 0.02% with respect to plan assets held in the Fidelity 500 Index Fund (MR-4401).      |
| FranklinTempleton                           | 133151768            |                          | Franklin Templeton received estimated Investment Management Fees of 0.63% with respect to plan assets held in the Franklin Small Cap Growth Fund (MR-2252). |
| Harris                                      | 522257782            |                          | Harris received estimated Investment Management Fees of 0.74% with respect to plan assets held in the Oakmark International Fund (MR-137).                  |
| Invesco                                     | 760343427            |                          | Invesco received estimated Investment Management Fees of 0.79% with respect to plan assets held in the Closed Invesco Small Cap Disco (MR-RD).              |
| Invesco                                     | 942362417            |                          | Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-875).              |
| Invesco                                     | 936305075            |                          | Invesco received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Invesco Developing Markets Fund (MR-CHW).            |
| JP Morgan                                   | 263613641            |                          | JP Morgan received estimated Investment Management Fees of 0.41% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805).            |
| JP Morgan                                   | 043400483            |                          | JP Morgan received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-1994).     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.   |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.23% with respect to plan assets held in the Pioneer Bond Fund (MR-1425).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the AB Global Bond Fund (MR-FS).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the AB High Income Fund (MR-JCA).                                    |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Oakmark International Fund (MR-137).                             |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Closed Invesco Small Cap Disco (MR-RD).                           |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-875).                           |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Closed Invesco Small Cap Disco (MR-RD).                          |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-875).                          |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Pioneer Strategic Income Fund (MR-1319).                         |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

|   |           |  |
|---|-----------|--|
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.42% with respect to plan assets held in the Fixed Interest (SAGIC) 60303.  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the Wells Fargo Special Mid Cap Val Fd (MR-228).  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the William Blair Small-Mid Cap Gr Fd (MR-2486).  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).   |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-1994).  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).   |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).  |
| Massachusetts Mutual Life Insurance Company | 041590850 | Millennium Trust Company, LLC paid MassMutual a one-time referral fee of \$50 for IRA rollovers with a balance of \$10,000 or more, \$40 with a balance of \$500 or more but less than \$10,000, \$20 with a balance of \$100 or more but less than \$500, \$0 less than \$10,000. |
| Pioneer                                     | 042652279 | Pioneer received estimated Investment Management Fees of 0.28% with respect to plan assets held in the Pioneer Bond Fund (MR-1425).  |
| Pioneer                                     | 043453709 | Pioneer received estimated Investment Management Fees of 0.56% with respect to plan assets held in the Pioneer Strategic Income Fund (MR-1319).  |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.35% with respect to plan assets held in the T. Rowe Price Retirement Bal Fund (MR-3145).  |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.37% with respect to plan assets held in the T. Rowe Price Retirement 2005 Fund (MR-3150).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.37% with respect to plan assets held in the T. Rowe Price Retirement 2010 Fund (MR-3146).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.40% with respect to plan assets held in the T. Rowe Price Retirement 2015 Fund (MR-3151).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.42% with respect to plan assets held in the T. Rowe Price Retirement 2020 Fund (MR-3147).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.46% with respect to plan assets held in the T. Rowe Price Retirement 2025 Fund (MR-3152).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.49% with respect to plan assets held in the T. Rowe Price Retirement 2030 Fund (MR-3148).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.50% with respect to plan assets held in the T. Rowe Price Retirement 2035 Fund (MR-3153).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.51% with respect to plan assets held in the T. Rowe Price Retirement 2040 Fund (MR-3149).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.51% with respect to plan assets held in the T. Rowe Price Retirement 2045 Fund (MR-3154).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.52% with respect to plan assets held in the T. Rowe Price Retirement 2050 Fund (MR-3155).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.52% with respect to plan assets held in the T. Rowe Price Retirement 2055 Fund (MR-3156).   |
| T. Rowe Price                               | 521151266 | T. Rowe Price received estimated Investment Management Fees of 0.52% with respect to plan assets held in the T. Rowe Price Retirement 2060 Fund (MR-3164).   |
| Vanguard                                    | 231999755 | Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Growth Index Fund (MR-2071).  |
| Vanguard                                    | 231999755 | Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Vanguard Extended Market Index Fund (MR-2064).   |
| Wells Fargo                                 | 410449260 | Wells Fargo received estimated Investment Management Fees of 0.67% with respect to plan assets held in the Wells Fargo Special Mid Cap Val Fd (MR-228).  |
| William Blair                               | 362214610 | William Blair received estimated Investment Management Fees of 1.00% with respect to plan assets held in the William Blair Small-Mid Cap Gr Fd (MR-2486).  |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

## Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>BPC PLASMA, INC SAVINGS & RETIREMENT PLAN                   | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>BPC PLASMA, INC | <b>D</b> Employer Identification Number (EIN)<br><br>26-1251037 |     |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-1590850

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

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

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....   | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|  |            |  |
|--|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

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

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

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

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_