

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report	
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2003</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SYNERGY PLAN, LLC</u> <u>230 WEST MONROE</u> <u>SUITE 2400</u> <u>CHICAGO, IL 60606</u>	2b	Employer Identification Number (EIN) <u>76-0721383</u>
		2c	Plan Sponsor's telephone number <u>312-589-3641</u>
		2d	Business code (see instructions) <u>561110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2017	MATTHEW JARZYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2017	MATTHEW JARZYNSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1829
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1630 6a(2) 1780 6b 0 6c 243 6d 2023 6e 2 6f 2025 6g 1126 6h 20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D 2G 2J 2K 2F 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SYNERGY PLAN, LLC		D Employer Identification Number (EIN) 76-0721383

Part I	Service Provider Information (see instructions)
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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
MERRILL LYNCH,PIERCE,FENNER & SMITH
13-5674085

(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)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 64 99	NONE	106490	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE SYNERGY PLAN, LTD

76-0721383

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	74569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan 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.		OMB No. 1210-0110 2016 This Form is Open to Public Inspection.	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A Name of plan THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE SYNERGY PLAN, LLC				D Employer Identification Number (EIN) 76-0721383	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED					
b Name of sponsor of entity listed in (a): FEDERATED CAPITAL PRESERVATION TRUST					
c EIN-PN 22-2712853-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2928607	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Schedule D (Form 5500) 2016 v.160205

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SYNERGY PLAN, LLC</u>	D Employer Identification Number (EIN) <u>76-0721383</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	286692	458434
(2) Participant contributions	1b(2)	184911	178594
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		92
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	943121	899991
(9) Value of interest in common/collective trusts	1c(9)	2504319	2928607
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	55247880	64941875
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	52404	56002

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	59219327	69463595

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	59219327	69463595
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1645693	
(B) Participants	2a(1)(B)	4651680	
(C) Others (including rollovers)	2a(1)(C)	4637135	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10934508
b Earnings on investments:			
(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)	0	
(E) Participant loans	2b(1)(E)	52487	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52487
(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)	938151	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		938151
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23310
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4019845
c Other income.....	2c		438
d Total income. Add all income amounts in column (b) and enter total.....	2d		15968739

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5436656	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5436656
f Corrective distributions (see instructions)	2f		22682
g Certain deemed distributions of participant loans (see instructions)	2g		13281
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	181059	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		181059
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5653678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10315061
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		70793

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MPS CPA

(2) EIN: 36-3047462

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CONSTELLATION SOFTWARE USA	98-0358175	501

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SYNERGY PLAN, LLC</u>	D Employer Identification Number (EIN) <u>76-0721383</u>

Part I	Distributions
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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	<u>0</u>
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): <u>45-0404698</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**THE SYNERGY MULTIPLE EMPLOYER
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2016

**THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016**

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To the Board of Directors of
The Synergy Plan, LLC
Chicago, Illinois

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Synergy Multiple Employer Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information listed in Note 4, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

MPS/CPA

Burr Ridge, Illinois
September 20, 2017

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments at fair value	\$ 67,926,484	\$ 57,809,524
Receivables:		
Employers' contributions	458,434	286,692
Participants' contributions	178,594	184,911
Notes receivable from participants	<u>899,991</u>	<u>943,121</u>
Total receivables	<u>1,537,019</u>	<u>1,414,724</u>
Cash	<u>92</u>	<u>-</u>
Total assets	69,463,595	59,224,248
Liabilities:		
Excess contributions payable	<u>58,977</u>	<u>20,717</u>
Net assets available for benefits	<u>\$ 69,404,618</u>	<u>\$ 59,203,531</u>

See notes to financial statements.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2016

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	4,015,362
Interest and dividend income from investments		<u>961,460</u>

Total investment income	\$	4,976,822
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Interest income on notes receivable from participants		52,487
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Contributions:

Participants		4,592,703
Employers		1,645,693
Rollover		<u>4,637,136</u>

Total contributions		<u>10,875,532</u>
---------------------	--	-------------------

Total additions		15,904,841
-----------------	--	------------

Deductions from net assets attributed to:

Benefits paid to participants	5,451,902	
Administrative expenses		<u>181,059</u>

Total deductions		<u>5,632,961</u>
------------------	--	------------------

Net increase		10,271,880
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Transfers out to other plans		(70,793)
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Net assets available for benefits at beginning of year		<u>59,203,531</u>
--	--	-------------------

Net assets available for benefits at end of year	\$	<u><u>69,404,618</u></u>
--	----	--------------------------

See notes to financial statements.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

NOTE 1. DESCRIPTION OF PLAN

The following description of The Synergy Multiple Employer Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement and Recipient Employers' Adoption Agreements for a more complete description of the Plan's provisions.

General

The sponsor of the Plan, The Synergy Plan, LLC ("Company"), is a Professional Employer Organization. Each of its clients is considered a Recipient Employer under the Plan and has executed a Recipient Employer Adoption Agreement, each with its own effective date. The Plan is a defined contribution plan covering the employees of Recipient Employers who have attained the age and eligibility requirements in accordance with the Recipient Employers' Adoption Agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Company's Board of Directors oversees governance of the Plan and appoints the Plan's Retirement Savings Plan Committee. The Plan's Retirement Savings Plan Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as elected in the Recipient Employers' Adoption Agreements. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Recipient Employer contributions are at the discretion of Recipient Employers' management and are set forth in the Recipient Employers' Adoption Agreements.

The Plan allows participants to contribute a percentage of their taxable annual compensation as a Roth 401(k) contribution in lieu of all or a portion of the elective deferrals the participant is otherwise eligible to make to the Plan. Each Recipient Employers' Adoption Agreement may have its own effective date, if elected.

The Plan currently offers various mutual funds, self-directed investments and common trust stable value funds as investment options for participants. The investment of participant and Recipient Employers' contributions into various options offered by the Plan is determined by each participant. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Recipient Employers' contributions, (b) Plan earnings (losses), (c) forfeitures of terminated participants' nonvested accounts, and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016**

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Recipient Employers' contribution portion of their account is in accordance with the Recipient Employers' Adoption Agreements.

Notes Receivable from Participants

Participants may borrow from their fund accounts any amount up to 50% of their vested account balance and no more than \$50,000 minus the participant's highest outstanding loan amount during the prior twelve months. Additionally, no more than one loan is to be initiated in any 24-month period. An advisory committee of the Plan determines the amount of the loan, repayment terms, the rate of interest to be charged, and all other terms of the loan. A \$100 loan origination fee is charged on new loans. The loans are collateralized by the balance in the participant's account and bear interest at fixed rates. Principal and interest are repaid through automatic payroll deduction. A participant can prepay all of the unpaid principal balance without penalty.

Excess Contributions

Amounts payable to participants totaling \$58,977 for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to participants' contributions for 2016. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017. Excess contributions payable at December 31, 2015 were \$20,717.

Payment of Benefits

On termination of service, a participant receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount in accordance with the Plan document.

The Plan provides for hardship withdrawals from a participant's contribution account. The IRS safe harbor definition of a hardship will apply.

The Plan also provides for in-service distributions from a participant's account in which the participant is 100% vested. The participant must have attained the age of 59 1/2.

Forfeited Accounts

Forfeited nonvested account balances will be used to reduce Recipient Employers' contributions to the Plan, subject to Internal Revenue Service limitations. Forfeited nonvested accounts as of December 31, 2016 and 2015 totaled \$49,615 and \$29,106, respectively. For the year ended December 31, 2016, Recipient Employers' contributions of \$4,373 were paid out of the forfeited nonvested accounts.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

The Plan has evaluated subsequent events through September 20, 2017, which is the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

New Accounting Pronouncements

In May, 2015, the Financial Accounting Standards Board ("FASB") issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*. The ASU exempts investments measured using the net asset value ("NAV") practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance is effective for fiscal years beginning after December 15, 2016 with early adoption permitted. Management has elected to early adopt the new standard. Accordingly, the standard was retrospectively applied resulting in certain investments that are measured at NAV not being categorized in the fair value hierarchy. The prior period financial statements have been adjusted to retroactively reflect this change as of December 31, 2015.

In July, 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962)*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively.

Management has adopted Part I - *Fully Benefit-Responsive Investment Contracts* and Part II - *Plan Investment Disclosures*. Accordingly, the standards were retrospectively applied resulting in the elimination of the adjustment from fair value to contract value for fully benefit-responsive contracts, the disaggregation of investments only by general type, as well as the removal of certain investment disclosures that are no longer required under Part II. The prior period financial statements have been adjusted to retroactively reflect these changes as of December 31, 2015. Part III is not applicable to this Plan.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016**

Investment Valuation and Income Recognition

Investments are reported at fair value. 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. The Plan's Retirement Savings Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

NOTE 3. FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

Assets measured at fair value for the Plan are as follows:

Mutual Funds

The fair value of mutual funds is based on quoted net asset values ("NAV") of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Self-directed investments

The fair value of the self-directed investments is based on the closing price reported on the active market where the individual securities are traded and the quoted net asset values of the shares held by the Plan at year-end.

Common Trust Stable Value Funds

The fair value of the common trust stable value funds is valued using the NAV, as provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund (including guaranteed investment contracts issued by insurance companies, synthetic wrap contracts, and cash and cash equivalents), less its liabilities. The common trust stable value funds had no unfunded commitments as of December 31, 2016, and can be redeemed daily with no redemption price notice period or other redemption restrictions.

The following table presents the Plan's investments at fair value at December 31, 2016 and 2015.

		Fair Value Measurements at the End of the Reporting Period Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2016:				
Mutual funds	\$ 64,941,875	\$ 64,941,875	\$ -	\$ -
Self-directed investments	<u>56,002</u>	<u>56,002</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	64,997,877	<u>\$ 64,997,877</u>	<u>\$ -</u>	<u>\$ -</u>
Common trust stable value funds (a)	<u>2,928,607</u>			
Investments at fair value	<u>\$ 67,926,484</u>			

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

		Fair Value Measurements at the End of the Reporting Period Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2015:				
Mutual funds	\$ 55,247,880	\$ 55,247,880	\$ -	\$ -
Self-directed investments	<u>52,404</u>	<u>52,404</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	55,300,284	<u>\$ 55,300,284</u>	<u>\$ -</u>	<u>\$ -</u>
Common trust stable value funds (a)	<u>2,509,240</u>			
Investments at fair value	<u>\$ 57,809,524</u>			

- (a) The Federated Capital Preservation Fund and the Federated GM Capital Preservation Fund, (collectively referred to as the "Federated Capital Preservation Funds"), common trust stable value funds, are measured at fair value using NAV and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile the fair value hierarchy table to the amounts presented in the statements of net assets available for benefits.

The Plan applied the practical expedient as of December 31, 2016 and 2015 to its investment in the Federated Capital Preservation Funds which have an objective of providing a high level of return that is consistent with also providing stability of investment return and preservation of capital.

Gains and losses (realized and unrealized) included in the statement of changes in net assets available for benefits for the year ended December 31, 2016, are reported in net appreciation in fair value of investments.

NOTE 4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

Investments
Notes receivable from participants
Investment income
Interest income on notes receivable from participants
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016**

NOTE 5. COMMON TRUST STABLE VALUE FUNDS

The Plan's investment options include the Federated Capital Preservation Funds, common trust stable value funds managed by Federated Investors, Inc. ("Federated").

The Federated Capital Preservation Funds are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The stable value fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan and is not permitted to terminate the agreement prior to the scheduled maturity date.

The Federated Capital Preservation Funds' NAV represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at NAV.

Certain events would limit the Plan's ability to transact at contract value with Federated. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the common trust stable value fund issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

NOTE 6. PARTY-IN-INTEREST TRANSACTIONS

Transactions in the Plan's notes receivable from participants qualify as party-in-interest transactions which are exempt from prohibited transaction rules.

NOTE 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

Any participating Recipient Employer shall be permitted to discontinue or revoke its participation in the Plan. In such an event, the assets allocable to the participants of the Recipient Employer shall be transferred to the participants of the Recipient Employer or to the new trustee designated by such Recipient Employer if it has established a separate plan for its employees. If no separate plan has been established, the Plan shall proceed as though the Plan had been terminated with respect to the participants of such Recipient Employer.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

NOTE 8. TAX STATUS

The Plan obtained its latest determination letter on November 29, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to Form 5500.

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 69,404,618	\$ 59,203,531
Plus amount accrued for excess contributions payable	58,977	20,717
Adjustment from contract value to fair value for fully benefit-responsive investment contracts (b)	<u>-</u>	<u>(4,921)</u>
Net assets available for benefits per Form 5500	<u>\$ 69,463,595</u>	<u>\$ 59,219,327</u>

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2016

The following is a reconciliation of the net increase in net assets available for benefits for the year ended December 31, 2016 per the financial statements to net income per Form 5500.

Net increase in net assets available for benefits per the financial statements	\$ 10,271,880
Adjustment from contract value to fair value for fully benefit-responsive investment contracts from prior year (b)	4,921
Less excess contributions payable at December 31, 2015	(20,717)
Plus excess contributions payable at December 31, 2016	<u>58,977</u>
Net income per Form 5500	<u>\$ 10,315,061</u>

- (b) Adjustment from contract value to fair value for December 31, 2016 is not required. See *New Accounting Pronouncements* within Note 2 for additional information.

SUPPLEMENTAL SCHEDULE

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN: 76-0721383
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

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
Investments at fair value:				
Mutual funds:				
	American Funds	American Funds AMCAP Fund - Class R3	X	\$ 519,845
	American Funds	American Funds Capital Income Builder Fund - Class R3	X	637,290
	American Funds	GM American Funds Capital Income Builder Fund - Class R3	X	2,550,065
	American Funds	American Funds Europacific Growth Fund - Class R3	X	646,945
	American Funds	GM American Funds Europacific Growth Fund - Class R3	X	5,293,916
	American Funds	American Funds Fundamental Investors Fund - Class R3	X	1,407,800
	BlackRock	BlackRock Health Sciences Opportunities Portfolio - Investor A Shares	X	1,478,761
	BlackRock	BlackRock Inflation Protected Bond Portfolio - Investor A Shares	X	274,121
	BlackRock	GM BlackRock Inflation Protected Bond Portfolio - Investor A Shares	X	1,365,689
	BlackRock	BlackRock International Index Fund - Investor A Shares	X	108,225
	BlackRock	BlackRock S&P 500 Index Fund - Institutional Shares	X	3,672,618
	Columbia	Columbia Mid Cap Index Fund - Class A	X	138,219
	Columbia	Columbia Small Cap Index Fund - Class A	X	510,264
	Franklin Templeton	Franklin Gold and Precious Metals Fund - Class A	X	340,259
	Franklin Templeton	GM Franklin Gold and Precious Metals Fund - Class A	X	1,737,145
	Franklin Templeton	Templeton Global Bond Fund - Class A	X	849,787
	Goldman Sachs	Goldman Sachs International Small Cap Insights Fund - Class A	X	287,413
	Invesco	Diversified Dividend Fund - Class A	X	690,090
	Invesco	Invesco Energy Fund - Class A	X	650,279
	Invesco	Invesco Growth and Income Fund - Class A	X	2,493,681
	Invesco	GM Invesco Growth and Income Fund - Class A	X	4,267,084
	Invesco	Invesco Small Cap Value Fund - Class A	X	768,779
	Invesco	GM Invesco Small Cap Value Fund - Class A	X	1,764,750
	Ivy Funds	Ivy Science and Technology Fund - Class Y	X	329,552

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN: 76-0721383
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

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
	John Hancock	John Hancock Disciplined Value Mid Cap Fund - Class A	X	1,942,760
	John Hancock	GM John Hancock Disciplined Value Mid Cap Fund - Class A	X	3,244,269
	JPMorgan	JPMorgan Government Bond Fund - Class A	X	418,177
	JPMorgan	GM JPMorgan Government Bond Fund - Class A	X	5,381,836
	Loomis Sayles	Loomis Sayles Growth Fund - Class A	X	682,041
	Loomis Sayles	GM Loomis Sayles Growth Fund - Class A	X	3,406,937
	Lord Abbett	Lord Abbett Developing Growth Fund - Class R3	X	496,022
	Lord Abbett	GM Lord Abbett Developing Growth Fund - Class R3	X	987,294
	MFS Investments	MFS International Value Fund - Class A	X	300,646
	MFS Investments	MFS Utilities Fund - Class A	X	593,558
	Oppenheimer	Oppenheimer Developing Markets Fund - Class A	X	781,521
	Oppenheimer	GM Oppenheimer Developing Markets Fund - Class A	X	2,218,908
	Oppenheimer	Oppenheimer International Growth Fund - Class A	X	326,166
	PIMCO Funds	GM PIMCO Total Return Fund - Class A	X	93
	Pioneer Investments	Pioneer Bond Fund - Class A	X	1,542,604
	Pioneer Investments	GM Pioneer Bond Fund - Class A	X	2,457,370
	Principal Funds	Principal High Yield Fund - Class A	X	660,420
	Principal Funds	GM Principal High Yield Fund - Class A	X	810,290
	Principal Funds	Principal Real Estate Securities Fund - Class A	X	1,117,072
	Principal Funds	GM Principal Real Estate Securities Fund - Class A	X	1,437,946
	Prudential Investments	Prudential Jennison Mid Cap Growth Fund - Class A	X	1,071,506
	Prudential Investments	GM Prudential Jennison Mid Cap Growth Fund - Class A	X	2,281,862
	Self-directed investments	Self-directed investments	X	56,002
	Common trust stable value funds:			
	Federated Investors, Inc.	Capital Preservation Fund	X	2,627,931
	Federated Investors, Inc.	GM Capital Preservation Fund	X	<u>300,676</u>
	Total investments at fair value			<u>\$ 67,926,484</u>

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN: 76-0721383
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

a.	b. Identity of Issue, Borrower	c. Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d. Cost	e. Current
	Lessor, or Similar Party			Value
*	Notes receivable from participants	Various maturity dates; 4.25% - 9.50%	\$0	<u>\$ 899,991</u>

* - Party-in-interest

X - Investments are in individual participant-directed accounts

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name : The Synergy Multiple Employer Retirement Savings

Plan Sponsor Name: The Synergy Plan, LLC

EIN: 76-0721383

PN: 001

Name of participating employer	EIN	Percentage of Total Contributions
PIERCE, MONROE & ASSOCIATES, LLC	86-1163772	0.00%
THREE RIVERS MANUFACTURES ASSOCIATION	36-2414931	1.18%
RELIABLE OF MILWAUKEE	36-2414931	3.91%
MIDLAND STAMPING AND FABRICATING, LLC.	27-3442767	1.49%
CARLSON-STI, INC.	27-3908888	0.06%
WEDGEWOOD BUILDING COMPANY	27-3605596	2.58%
LINDNER LOGISTICS, LLC	39-1778537	0.00%
COLIANCE RISK ADVISORS, LLC	27-2921636	0.00%
INDEPENDENT ABSTRACTING SERVICES, INC.	41-1560735	0.00%
ALL AMERICAN WASHER WERKS	36-4010867	0.97%
PARTNERS IN HOUSING DEVELOPMENT CORPORATION	35-1917637	0.69%
AUDINATE, INC.	80-0353637	0.79%
RADAR MANAGEMENT, INC.	27-4499559	0.00%
EMBRACE LIVING COMMUNITIES	36-3487477	4.95%
AEG PARTNERS, LLC	36-4342564	0.81%
ARGENTUM MEDICAL, LLC	36-4427015	1.22%
KARMIN CAPITAL MANAGEMENT, LLC	45-3697645	0.65%
NEAR EAST AREA RENEWAL, INC	20-0146547	0.06%
ARLINGTON PLATING COMPANY	36-2886391	3.29%
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	2.70%
COMPLETE TANK SERVICES	46-3002751	0.00%
INDIANA ASSOC. OF AREA AGENCIES ON AGING	35-2122608	0.87%
CHRISTIAN LIFE RETIREMENT CENTER PLAN	36-3038261	0.58%
LIBERTY APPLIED ENERGY, LLC	46-5614829	0.00%
JEXET TECHNOLOGIES	45-2429361	0.54%
CARLTON MANAGEMENT COMPANY, LLC	27-4755568	0.03%
VLM MEDICAL, LLC	47-3092829	0.15%
ALLANT GROUP, LLC	81-1048282	11.60%
KURT VONNEGUT MEMORIAL LIBRARY, INC.	27-0825749	0.14%
ARGON CREDIT	46-4459264	0.24%
HISTOGENEX, LLC	47-3655252	0.04%
ABILITY ENGINEERING TECHNOLOGY, INC.	36-3517867	0.81%
GREENWOOD TOOL & DIE	36-3144353	0.76%
MERRIMAC DENTAL LABORATORY, INC.	36-4250578	0.17%
SPECTRUM COMPANIES INTERNATIONAL, LTD.	36-3375443	0.01%
HEILO CRANE & HOIST, INC	36-3436613	0.39%
THOMPSON AUTO SUPPLY, INC.	36-2948370	0.08%
ALGUS PACKAGING, INC.	36-3760273	2.15%
HEALY, BENDER & ASSOCIATES, INC.	36-2696955	1.74%
MR. SHIMS	36-3523154	0.21%
GAMMA ALPHA VISUAL COMMUNICATIONS, LLC	36-3954639	0.00%
NEFAB, INC.	04-3046763	0.00%
ADD ON STAFFING SOLUTIONS, INC	41-1698034	0.63%

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name : The Synergy Multiple Employer Retirement Savings

Plan Sponsor Name: The Synergy Plan, LLC

EIN: 76-0721383

PN: 001

Name of participating employer	EIN	Percentage of Total Contributions
CEDRIC SPRING & ASSOCIATES	36-2517088	0.00%
STRUCTURE MANAGEMENT MIDWEST, LLC	36-4094280	0.00%
FIELD PARTNERS, INC	36-4169236	0.01%
LOYAL MANUFACTURING CORPORATION	35-1358320	0.31%
THE SKULLY GROUP	36-3995443	0.99%
THE SYNERGY PLAN, LLC	76-0721383	0.00%
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.68%
VAN NORMAN MOLDING, LLC	36-4208993	0.49%
REACH COUNSELING SERVICES	39-1292277	0.46%
BECKER ARCHITECTS	36-3990261	0.44%
SHAW DEVELOPMENT COMPANY	36-4266706	1.00%
MADISON WELLS PARTNERS, INC.	30-0554766	9.13%
THE BUSINESS SECTION, INC	36-4262420	0.04%
SIGNMEUP.COM	36-4150503	0.25%
NUANCE SOLUTIONS	36-2858787	2.73%
GRUNSFELD SHAFER ARCHITECTS, LLC	36-3792836	0.00%
ADVANCED HEALTH AND WELLNESS MED. CTR.	39-1687184	0.27%
J.C. MARSHALL FINANCIAL SERVICES, INC	36-3698454	0.00%
NATIONAL ASSOC OF FIRE EQUIPMENT DISTRIBUTOR	36-2420809	0.35%
LA CHEMICAL, LTD.	37-1037667	0.60%
COE FINANCIAL GROUP, INC	36-4406275	0.74%
TIME PILOT CORPORATION	56-4444987	0.00%
I A C E D	35-1695379	0.20%
FIRST CHOICE BANK	36-4441114	0.00%
FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD.	36-3106449	7.23%
ADVANCED HEATHCARE FOR WOMEN, LTD	36-3589200	0.00%
PROPERTY SOLUTIONS GROUP, LLC	36-4157425	0.00%
COMMUNITY STATE BANK	36-2800497	5.00%
ELECTRONIC MANUFACTURING SOLUTIONS, INC.	35-1910951	0.19%
CSI TECHNOLOGIES, INC.	36-3916496	0.00%
LOGISERVE, INC.	36-3864067	0.01%
WAUKEGAN CORPORATE AVIATION FACILITIES	36-3366953	0.67%
RUBBER, INC.	36-2547969	3.56%
BROOK CAPITAL	20-1731664	1.16%
PROFESSIONAL ENGINEERING TECH CONSULTANT	36-4205109	0.40%
LA PLAZA, INC	35-1743525	0.11%
ACCREDITATION COUNCIL FOR CONTINUING MED ED	47-0941683	4.94%
PANTENE ELECTRONICS NA, INC	20-3399100	0.58%
SYNERGY NON-AFFILIATED EMPLOYERS	76-0721383	0.00%
INVARION, INC	20-0205523	0.21%
LODESTAR SOLUTIONS, INC.	20-1377573	1.70%
E P P CORPORATION	36-2891247	0.04%
ORANGE LOFT, LLC	36-4342684	0.00%

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name : The Synergy Multiple Employer Retirement Savings

Plan Sponsor Name: The Synergy Plan, LLC

EIN: 76-0721383

PN: 001

Name of participating employer	EIN	Percentage of Total Contributions
CARPET FAIR, INC.	36-2839354	0.00%
CURA SURGICAL, INC.	20-5741227	2.25%
MCFARLAINE MEDICAL, INC.	20-8412005	0.40%
PROFESSIONAL MERCHANT ADVANCE CAPITAL	26-1492702	0.00%
BROWN & BROWN, L. L. C.	36-4160073	2.32%
ZAVE NETWORKS, INC.	20-5377430	0.00%
HEIDOLPH NORTH AMERICA, LLC	26-2819897	3.78%
NATIONAL HOME HEALTH SERVICES, LLC	20-2451380	0.21%
WINDLAB DEVELOPMENTS USA LTD.	98-0588398	0.06%

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning		and ending
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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

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

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		

Liabilities

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☐ No

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a			
4b			

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
Plan Sponsor's Name THE SYNERGY PLAN, LLC

EIN: 76-0721383
PN: 001

(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
	Templeton	Templeton Global Bond A	0	849,788
	BlackRock	BlackRock Inflation Protected Bond Inv A	0	274,121
	Principal	Principal High Yield A	0	660,420
	Invesco	Invesco Growth and Income A	0	4,267,084
	American Funds	American Funds Fndmtl InvR3	0	1,407,800
	Invesco	(CL) Invesco Small Cap Value Fund A	0	768,779
	Prudential Jennison	Prudential Jennison Mid Cap Gr Inc A	0	1,071,506

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PN: 001

(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
	American Funds	American Funds EuroPacific GrowthR3	0	646,945
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	781,520
	MFS	MFS Utilities Fund A	0	593,559
	Invesco	Invesco Energy Fund A	0	650,279
	BlackRock	BlackRock Health Sciences Opp Port A	0	1,478,761
	Invesco	GM Invesco Growth and Income A	0	2,493,681
	Prudential Jennison	GM Prudential Jennison Mid Cap Gr Inc A	0	2,281,862

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EIN: 76-0721383
PN: 001

(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
	Invesco	GM (CL) Invesco Small Cap Value Fund A	0	1,764,750
	American Funds	GM American Funds EuroPacific GrowthR3	0	5,293,916
	Federated	Federated Capital Preservation	0	2,627,931
	Federated	GM Federated Capital Preservation	0	300,676
	Lord Abbett	Lord Abbett Developing Growth Fund	0	496,022
	Lord Abbett	GM Lord Abbett Developing Growth Fu	0	987,294
	JPMorgan	GM JPMorgan Government Bond A	0	5,381,836

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EIN: 76-0721383
PN: 001

(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
	Invesco	Invesco Diversified Dividend A	0	690,090
	Oppenheimer	Oppenheimer International Growth A	0	326,166
	Oppenheimer	GM Oppenheimer Developing Markets Fund A	0	2,218,908
	Principal	GM Principal High Yield A	0	810,290
	BlackRock	GM BlackRock Inflation Protected Bond In	0	1,365,689
	BlackRock	BlackRock S&P 500 Index Institutional	0	3,672,618
	Ivy	Ivy Science and Technology Y	0	329,552

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

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Plan Sponsor's Name THE SYNERGY PLAN, LLC

EIN: 76-0721383
PN: 001

(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
	Principal	Principal Real Estate Securities A	0	1,117,072
	John Hancock	(CL) John Hancock III Disc Val Mid CapA	0	1,942,760
	American Funds	American Funds AMCAP Fund R3	0	519,845
	MFS	MFS International Value A	0	300,646
	Principal	GM Principal Real Estate Securities A	0	1,437,946
	John Hancock	(CL)GM JohnHancock III Disc Val Mid CapA	0	3,244,269
	Pioneer	Pioneer Bond A	0	1,542,604

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

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Plan Sponsor's Name THE SYNERGY PLAN, LLC

EIN: 76-0721383
PN: 001

(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
	Pioneer	GM Pioneer Bond A	0	2,457,370
	Franklin	Franklin Gold and Precious Metals Fund A	0	340,259
	Loomis Sayles	Loomis Sayles Growth A	0	682,041
	Columbia	Columbia Small Cap Index Fund A	0	510,264
	American Funds	American Funds Cap Income BuilderR3	0	637,290
	Franklin	GM Franklin Gold and Precious Metals A	0	1,737,145
	Loomis Sayles	GM Loomis Sayles Growth A	0	3,406,937

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EIN: 76-0721383
PN: 001

(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
	American Funds	GM American Funds Cap Income Builder3	0	2,550,065
	Columbia	Columbia Mid Cap Index Fund A	0	138,219
	Goldman Sachs	Goldman Sachs Intl Sm Cap Insights A	0	287,413
	PIMCO	GM PIMCO Total Return A	0	92
	BlackRock	BlackRock Intl Index A	0	108,225
	JPMorgan	JPMorgan Government Bond A	0	418,177
	Self-Direct	Self-Direct Investment fund	0	53,139

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Plan Sponsor's Name THE SYNERGY PLAN, LLC

EIN: 76-0721383
PN: 001

(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
	Self-Direct	Self-Direct Cash Fund	0	2,863
	Participant's Loan Account	Various Rates and Maturities	0	899,991
	Ascensus Trust Company	Contribution Account	0	92