

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

|                |                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                               |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                 | <b>1b</b> | Three-digit plan number (PN) ▶ <u>333</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> | Effective date of plan<br><u>01/01/1999</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>NEXTEP, INC.</u><br><br><u>1800 N. INTERSTATE DRIVE</u><br><u>NORMAN, OK 73072</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>73-1543198</u> |
|                |                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> | Plan Sponsor's telephone number<br><u>888-811-5150</u>    |
|                |                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> | Business code (see instructions)<br><u>541990</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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 08/08/2018 | BABS HARMON                                                  |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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                                  |
|                                                                                                 |                                                   |            |                                                              |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                 |  | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                        |  | <b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                  |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4057 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                      |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3928 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                      |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5073 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                             |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 218  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5296 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                         |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                             |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5296 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                     |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2357 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2T                                                                                                                                                                                                                                                    |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 37   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                    |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                            |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                      |                                                                    |            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</b>                | <b>B</b> Three-digit plan number (PN) ►                            | <b>333</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEXTEP, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>73-1543198</b> |            |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 61921 - 1                          | 5073                                                                        | 01/01/2016              | 12/31/2016 |

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

|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br><b>3394</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|------------------------------------------------------------|--------------------------------------------------|

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

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

**RYAN M HILL**  
**10000 N CENTRAL EXPY**  
**DALLAS, TX 75231**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2938                                          |                                 |             | 3                     |

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

**JAY RICHARD BACH**  
**10000 N CENTRAL EXPY**  
**DALLAS, TX 75231**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 456                                           |                                 |             | 3                     |

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

---

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                                                                                                                                                                                                       |              |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                         | <b>4</b>     |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                            | <b>5</b>     |         |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                       |              |         |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                    |              |         |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                        | <b>6b</b>    |         |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                  | <b>6c</b>    |         |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....                                                                                              | <b>6d</b>    |         |
|          | Specify nature of costs ▶                                                                                                                                                                                                                                             |              |         |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶                                                                                                 |              |         |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                                     |              |         |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                         |              |         |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |              |         |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                         | <b>7b</b>    | 2195978 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                          | <b>7c(1)</b> | 511556  |
|          | (2) Dividends and credits.....                                                                                                                                                                                                                                        | <b>7c(2)</b> | 0       |
|          | (3) Interest credited during the year.....                                                                                                                                                                                                                            | <b>7c(3)</b> | 99022   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                           | <b>7c(4)</b> | 1751439 |
|          | (5) Other (specify below) .....                                                                                                                                                                                                                                       | <b>7c(5)</b> | 1672571 |
|          | ▶ HOLDING ACCT INTEREST, LN DISTRI, LN INT, LN PRIN, LN DEFAULT, LN OFFSET, MKT VALUE, RO, TRANSFERS                                                                                                                                                                  |              |         |
|          | (6) Total additions .....                                                                                                                                                                                                                                             | <b>7c(6)</b> | 4034588 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                          | <b>7d</b>    | 6230566 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                           |              |         |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                       | <b>7e(1)</b> | 994949  |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                                                        | <b>7e(2)</b> | 1446    |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                             | <b>7e(3)</b> |         |
|          | (4) Other (specify below) .....                                                                                                                                                                                                                                       | <b>7e(4)</b> | 324477  |
|          | ▶ LN DISTRIB, LN OFFSET, MKT VAL, PD PART LAPS                                                                                                                                                                                                                        |              |         |
|          | (5) Total deductions .....                                                                                                                                                                                                                                            | <b>7e(5)</b> | 1320872 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                         | <b>7f</b>    | 4909694 |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                      |                                                                    |            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</b>                | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>333</b> |
|                                                                                      |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEXTEP, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>73-1543198</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>MASSACHUSETTS MUTUAL LIFE INSURANCE</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

**04-1590850**

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14 52 60 63<br>64 68 72       | CONTRACT ADMINISTRATOR                                                                                   | 32418                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 14006                                                                                                                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

NEXTEP, INC

73-1543198

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14                            | PLAN SPONSOR                                                                                             | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 80000                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MML INVESTORS SERVICES INC

04-2746212

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 53                            | SHAREHOLDER SERVICE PROVI                                                                                | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 65705                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MML INVESTORS SERVICES INC                                          | 53                                                                                                                                                                 | 65705                                     |
| (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. |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | COMMISSIONS AND FEES                                                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC                                           | 59                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SCHWAB FUNDS<br><br>94-3106735                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| INVESTNET RETIREMENT SOLUTIONS, LLC                                 | 27                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMER FUNDS EUROPACIFIC GROWTH FUND<br><br>95-1411037                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS NEW WORLD FUND<br><br>95-1411037                     | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FNDS CAP WLD GR AND INC FD<br><br>95-1411037               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WELLS FARGO SPECIAL MID CAP VAL FD<br><br>41-0449260                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 64                                                                                                                                                                 | 13400                                     |
| (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. |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | PLAN RELATED EXPENSES                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM MSCI EAFE INTL INDX FD (NRTN TR)<br><br>45-5357167               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK NATURAL RESOURCES FUND<br><br>13-6857277                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRANKLIN SMALL CAP VALUE FUND<br><br>13-3151768                     | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARTFORD HEALTHCARE FUND<br><br>22-2937447                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RETIRESMART 2010 FUND<br><br>03-0532456                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RETIRESMART 2015 FUND<br><br>04-2483041                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RETIRESMART 2020 FUND<br><br>03-0532467                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO COMSTOCK FUND<br><br>95-2513084                             | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LOOMIS SAYLES STRATEGIC INCOME FUND<br><br>04-3113285               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OPPENHEIMER REAL ESTATE FUND<br><br>22-3849391                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2025 FUND                                                   | BASIS POINTS * PLAN ASSETS              |                                           |
| 04-2483041                                                                 |                                         |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2030 FUND                                                   | BASIS POINTS * PLAN ASSETS              |                                           |
| 03-0532468                                                                 |                                         |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2035 FUND                                                   | BASIS POINTS * PLAN ASSETS              |                                           |
| 04-2483041                                                                 |                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2040 FUND<br><br>03-0532471                                 | BASIS POINTS * PLAN ASSETS              |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2045 FUND<br><br>04-2483041                                 | BASIS POINTS * PLAN ASSETS              |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                        | 72                                      | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| MM RETIRESMART 2050 FUND<br><br>26-1345332                                 | BASIS POINTS * PLAN ASSETS              |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RETIRESMART 2055 FUND<br><br>46-3289207                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RETIRESMART IN RETIREMENT FUND<br><br>03-0532464                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM RSL 2000 SMCAP INDX FD (NRTN TR)<br><br>45-5366542               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM S&P 500 INDEX FD(NORTHERN TRUST)<br><br>04-3410047               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM S&P MID CAP INDEX FUND (NRTN TR)<br><br>45-5349772               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PREM INFL-PROT AND INC FD (BARINGS)<br><br>04-2483041               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PREM U.S. GOVT MNY MKT FD (BARINGS)<br><br>04-3212059               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PREMIER CORE BOND FD (BARINGS)<br><br>04-3277549                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEL GR OPPORTUNITIES FD (SANDSJSP)<br><br>04-3512589                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEL MID CAP GR II FD (TRPFRONTIER)<br><br>04-3512596                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SELECT STRATEGIC BOND FD (WESTERN)<br><br>26-0099965                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SELECT WELLINGTONOFI SM CP GR FD<br><br>04-3464205                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NEXTEP, INC                                                         | 14                                                                                                                                                                 | 80000                                     |
| (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. |                                           |
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | PLAN RELATED EXPENSES                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ►                            | <b>333</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEXTEP, INC.</b>                     | <b>D</b> Employer Identification Number (EIN)<br><b>73-1543198</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 115572                | 644849          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 215553                | 327044          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       | 1013488         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 1823523               | 2212445         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 85367851              | 102395695       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       | 288561          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 87522499              | 106882082       |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 65034 | 73083 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 65034 | 73083 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 87457465 | 106808999 |
|-----------------------------------------------------------|-----------|----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4551753    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 9330006    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 2394203    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 16275962  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 84824      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 84824     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 2467941    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2467941   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (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) |            | 3115604   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 21944331  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 10736268 |          |
| (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) |          | 10736268 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 34391    |
| h Interest expense.....                                                              | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) | 32418    |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) |          |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 32418    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 10803077 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 11141254 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  | 26498436 |
| (2) From this plan.....                                  | 2l(2) |  | 18288156 |

**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: UHY LLP

(2) EIN: 20-0694403

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> | X   |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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) |
|-----------------------------------------|--------------|-------------|
| ADP TOTAL SOURCE RETIREMENT SAVING PLAN | 59-2452823   | 001         |
| INSPIRITY 401K PLAN                     | 76-0178498   | 001         |
| PINNACLE PEO CORPORATE 401(K) PLAN      | 74-2968412   | 001         |
| VOYA RETIREMENT PLAN                    | 52-1317217   | 001         |

**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.)

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>Part V Trust Information</b>        |                                                     |
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</u>                | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NEXTEP, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>73-1543198</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>04-1590850</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> 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   .      |                                                                                                                                                                                   |
| <b>22b</b> 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   /   /   .                                     |                                                                                                                                                                                   |

**NEXTEP, INC. 401(k) RETIREMENT  
SAVINGS PLAN**

AUDITED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

As of December 31, 2016 and 2015 and for the  
year ended December 31, 2016

# **NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**

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## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan

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

We were engaged to audit the accompanying financial statements of the Nextep, Inc. 401(k) Retirement Savings Plan (the "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**

Plan 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such 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 year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate. The plan administrator has obtained a certification from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company (the custodian) as of December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan  
Page Two

### **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, Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2016 is required by the Department of Labor's (DOL) 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 this supplemental schedule.

### **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.

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Sterling Heights, Michigan  
October 16, 2017

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                   | <b>December 31,</b>          |                             |
|---------------------------------------------------|------------------------------|-----------------------------|
|                                                   | <b>2016</b>                  | <b>2015</b>                 |
| <b>ASSETS</b>                                     |                              |                             |
| Cash                                              | \$ 1,013,488                 | \$ -                        |
| Investments at fair value                         | 102,684,256                  | 85,367,851                  |
| Receivables                                       |                              |                             |
| Notes receivable from participants                | 2,207,872                    | 1,823,523                   |
| Participant contributions                         | 327,044                      | 215,553                     |
| Employer contributions                            | 644,849                      | 115,572                     |
| Accrued interest on participant loans             | 4,573                        | -                           |
| Total receivables                                 | <u>3,184,338</u>             | <u>2,154,648</u>            |
| Total assets                                      | <b>106,882,082</b>           | <b>87,522,499</b>           |
| <b>LIABILITIES - Excess contributions payable</b> | <b>73,083</b>                | <b>65,034</b>               |
| Net assets available for benefits                 | <u><b>\$ 106,808,999</b></u> | <u><b>\$ 87,457,465</b></u> |

**NEXTEP, INC. 401(k) 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 the fair value of investments     | \$ 3,115,604 |
| Interest and dividends                                | 2,467,941    |
| Interest income on notes receivable from participants | 84,284       |
| Contributions                                         |              |
| Employer                                              | 4,551,753    |
| Participants                                          | 9,330,006    |
| Rollovers                                             | 2,394,203    |
|                                                       | <hr/>        |
| Total additions                                       | 21,943,791   |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                               |            |
|-------------------------------|------------|
| Benefits paid to participants | 10,736,268 |
| Deemed distributions          | 34,391     |
| Administrative expenses       | 32,418     |
|                               | <hr/>      |
| Total deductions              | 10,803,077 |

|                                                              |                            |
|--------------------------------------------------------------|----------------------------|
| <b>NET INCREASE IN NET ASSETS</b>                            | 11,140,714                 |
| <b>TRANSFER FROM OTHER PLANS</b>                             | 26,498,976                 |
| <b>TRANSFER TO OTHER PLANS</b>                               | (18,288,156)               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - beginning of year</b> | <hr/> 87,457,465           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - end of year</b>       | <hr/> <hr/> \$ 106,808,999 |

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN**

The following description of the Nextep, Inc. 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all employees of Nextep, Inc. (the “Company”) and its adopting employers, except for employees covered by a collective bargaining agreement. The Plan, established by Nextep, Inc. on October 1, 1998 and restated in its entirety on October 1, 2015, offers this 401(k) arrangement option to multiple employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Companies included in this multiple employer plan in addition to the plan sponsor as of December 31, 2016 include the following: A&W Bearing & Supply Co., Inc., AccessCare Dialysis, LLC, Accruit, LLC, Accurate Laboratories, Inc., Ace Network Consulting, Ace Transfer & Storage Co., Add on Systems, Inc., Advance Flooring Solutions, LLC, ADVODA Communications, Inc., Aerowave Technologies, Inc., AI Advanced Imaging, AKY MD LLC d/b/a Just Kids Pedia, Allergy Clinic of Tulsa, Inc., Altheus Therapeutics, Inc., American Spectrum Real Estate Services Colorado, Inc., Analytical Edge Laboratories, LLC, Anthem Ventures, LLC, Apartment Association of Greater Dallas, APSCO Professional Service Co., Arlington Nephrology, Aron Investments & Development, Astadia, Inc., Autism Service Center of San Antonio, Bakke Development Corp. / Independent Contractors Inc., Beacon 5, LLC, Belfiore Condominium Owners Association, Inc., Benson Engineering Company, Bilingual Pediatric Therapies, Inc., Bliss Electric, Inc., BLKJC LLC, Blueview Inc., Brazelton Leasing Inc., Brigham Resources Management, LLC, Cancer Care Services, Capitalize Consulting, LLC, Capitalize Data Analytics, LLC, Capitol Scientific, Inc., CC Innovative Computer Service, Chisholm Oil and Gas Management, LLC, CI International, Inc., Circadence Corp, Circle C Child Development Center, Circular Solar, Inc., Claim Care, Inc., ColorMark, L.C., Complete Book & Media Supply, Contemporary Cabinets, Inc., Corinthian Health Services, Inc., Creekside Surgery Center, Crossroads Systems, Inc., C-Serv Commercial Services, Cyclonic Valve Company, Dallas Hermetic Co. Inc., Danielson Oil Company of Oklahoma, Dental Systems, Dermatology Employment LLC, Direct RehabMed, DN2K, Inc., Eagle Chief Midstream, LLC, Edge Engineering and Science, LLC, Edward R. Rensimer, M.D., P.A., EF Properties, L.C., Elkus & Sisson, PC, Emerge Medical Day Spa, ESI Distribution Ltd., Excargo Services, Falcon Logistics, Family Practice Associates of Angleton P.A., Financial Affiliates Insurance Service, Inc., First Annuity & Insurance Marketing, Flex Radio Systems,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Fort Worth Bolt & Tool Company Ltd & Ft. Worth Bolt Rentals, Freeman Medical Group, Frontier Bank of Texas, Garcia Tire Service, Inc., GenLife Institute, Genotox Laboratories, LTD, Gentle Healthy Smiles, LLC, GLB Exploration, Inc., GMA Garnet (USA) Corp, Grace School of Theology, Grand Haven Homes, L.P., Grand Prairie Dialysis Center, Great Trango Holdings, Inc., Greater Norman Surgery Center, GTL (USA) Inc., Hand & Wrist of Center of Houston, PA, Hargrave Eye Center PA, Hartwell Industries, Hearing Rehabilitation Center, Inc., HMH Lifestyles L.P., Hyde Park Label Company, I.M.S. Relocation, Iconix Software Corporation, IDM Group, LLC, Independent Consulting Services, LLC, Industry Consulting Group, Inc., IntegraNet Physician Resource, Inc., Integrated Documentation, Interface Computer Communication, Inc., Intersys Consulting Inc., J&B Fasteners, LP, Jensamin Corporation, JKS Contracting Co., Inc., Jose I. Guerra, Inc., Karen Black Co., Inc., KELL Partners, LLC, Kidney Specialist of Central Oklahoma, PC, Kor-Lok USA, LLC, KSW Environmental, LLC, L5E, LLC d/b/a 5! Energy, LandPlan Development, Larson Software Technology, Layco, Inc., Lee's Real Property, LLC, Lee's RV City, Inc., Legacy Lighting, Inc., Legiant, Levin Sitcoff PC, Liquis, Inc., Live Consulting, LLC, Livingston Machinery Company, LubLine LLC, Machine Logic, LLC, Margaret Hudson Program, Inc., Martin Bionics, LLC, MBS Quoteline, Megasys Hospitality Systems, Inc., Mentor Technologies, Merit Advisors, LLC, Metro Tulsa Foot & Ankle Specialists, PLLC, MHLM Inc. d/b/a San Tex Door Co., Mid Continent Well Logging Service, Inc., Mixed Media Creations, Mobile Tech., Monitoring America Alarm Co-Op, netFactor Corporation, Neuralog, Inc., Nextep, Inc., Nextscreen Consulting, NextThought, LLC, Njevity, Inc., Northwest Diagnostic Clinic, Not Taken, NT Logistics, Inc., Oklahoma City Ear, Nose & Throat, Oklahoma Police Supply, LLC, Oklahomans For Responsible Government, Omni Water Solutions, Inc., OneSource Telecom TC Networks LLC, Onsite AV Service Partner, Inc., Oregon Hearing Rehab Center, LLC, Pacific Shore Holding Inc., Pan America Electric, Inc., Paragon Innovations, Inc., Park Energy Services, LLC, Pathway Insurance Agency, L.P., PennComp LLC, Perinatal Quality Foundation, Personette & Associates, LLC, Phase 2 Development, LLC, Photodigm, Inc., Pickering, Cole & Hivner LLC, Point Innovation, Inc., Predictive Science, Inc., Premier Pain Associates, Premier Source, Presbyterian Health Foundation, Property Damage Appraisers, Pyramid Properties, Inc., Quality Aircraft Accessories, ReadyCare Centers LLC, REPower, LLC, Respira Therapeutics, Inc., Revenue Management Solutions, Riverside Resources Property Management, Ltd., Ross Transportation, Inc., RTECH Department, LLC, SaaS Software, Inc., Saints Medical Group, SALI Fund Management, LLC, Schmitz & Schmitz Properties, Season Group USA, LLC, Sigmaflow, LLC, Sky Creek Mortgage Services, LLC, Smartech and Associates, LP, Snaptrends, SourceCheck Ltd., Star of Texas Financial Solutions, Inc., Statewide Materials Transport Ltd, StrongBox Data Solutions, Inc., Studio Architecture, P.C., Sunbelt Fabrics, Inc., Swagelok, Sweetwater Medical Associates, PLLC, TDi Technologies, Inc., Technogenia, Inc.,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Tekvizion PVS, Inc, Texan Bank, Texas Association of Builders, The Appraisal Lane, LLC, The Center for Orthopedics & Sports Medicine, The EConsortium Group, The Houstonian Estates Council of Co-Owners, The Michael Group, The PROS Company, LLC, Timarron Family Medicine, PA, Trelttx, Inc. d/b/a Texcel, Inc., Tri Star Communications, LLC, Trinity Habitat for Humanity, TXN Intermodal Inc., UFloor Systems, Inc., USA Digital Communications, Inc., ValuD Consulting, LLC, Vargos Apartments LP, Venco Construction, Inc, Versateq, LLC, Vertex Energy, Viachem Ltd, Waterfield Energy, LLC, Weldon Parts, Inc., Windcrest Golf Club, Inc., Wise Orthodontics, PA, WOS, Inc., York Electronic Systems, Inc., and Zenergy, Inc.

**Trustee/Custodian**

Reliance Trust Company is the Plan's trustee. Reliance Trust Company invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan. Slavic Integrated Administration, Inc. was the Plan's custodian from January 1, 2015 through September 30, 2015 and Mass Mutual Retirement Services was the Plan's custodian from October 1, 2015 through December 31, 2015.

**Contributions**

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code and the Plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's account, and is 100% vested at the time of contribution. Any portion of this contribution can be elected by the participant as a Roth contribution. The participating employers may contribute a discretionary percentage, as determined annually, to the Plan each year. The participating employers may also contribute a discretionary profit-sharing contribution, to be determined annually. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the trustee.

**Participant Accounts**

Each participant's account is credited with an allocation of (a) the participating employers' discretionary matching contribution; (b) the participating employers' discretionary profit-sharing contributions; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; and (d) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Vesting**

Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon. Each participating employer provides vesting of participating employer contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

**Forfeitures**

Forfeitures are used to pay Plan expenses and to reduce the participating employers' contributions to the Plan. During the year ended December 31, 2016, forfeitures in the amount of \$443 were used to reduce employer contributions. Total unallocated forfeitures at December 31, 2016 and 2015 amounted to \$66,712 and \$73,255, respectively.

**Payment of Vested Benefits**

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if the participant's inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to result in death or which has lasted and can be expected to last for a continuous period of not less than 12 months. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or payments over a certain period in monthly, quarterly, semi-annual, or annual cash installments. If the participant's vested balance is less than or equal to \$5,000, the entire sum will be distributed as soon as possible following the participant's separation from service. If the participants vested balance is greater than \$5,000, they can elect to receive a lump-sum distribution or installments. At December 31, 2016, there were no requested distributions that had not been paid as of the Plan year end.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Notes Receivable from Participants**

Participant loans are permitted under the Plan. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed thirty years. Participants may have a maximum of one outstanding loan at a time. Principal and interest is paid ratably, through payroll deductions.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following is a summary of significant accounting policies followed in the preparation of these financial statements.

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are stated 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

**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 plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

**Subsequent Events**

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 16, 2017 the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2016 and 2015, and net appreciation (depreciation) of investments, interest and dividends for the year ended December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Reliance Trust Company (the trustee of the Plan), as of December 31, 2016 and for the year then ended and from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company, the custodian of the Plan as of December 31, 2015.

**NOTE 4 – FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2            Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

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

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a brokerage quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015.

| Assets at Fair Value as of December 31, 2016 |                      |                     |             |                       |
|----------------------------------------------|----------------------|---------------------|-------------|-----------------------|
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 97,486,002        | \$ -                | \$ -        | \$ 97,486,002         |
| Corporate bond                               | -                    | 4,909,693           | -           | 4,909,693             |
| Self-directed brokerage account              | -                    | 288,561             | -           | 288,561               |
| Total assets at fair value                   | <u>\$ 97,486,002</u> | <u>\$ 5,198,254</u> | <u>\$ -</u> | <u>\$ 102,684,256</u> |
| Assets at Fair Value as of December 31, 2015 |                      |                     |             |                       |
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 83,171,873        | \$ -                | \$ -        | \$ 83,171,873         |
| Corporate bond                               | -                    | 2,195,978           | -           | 2,195,978             |
| Total assets at fair value                   | <u>\$ 83,171,873</u> | <u>\$ 2,195,978</u> | <u>\$ -</u> | <u>\$ 85,367,851</u>  |

For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

**NOTE 5 – TAX STATUS**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

The Plan uses a volume submitter profit sharing plan sponsored by Massachusetts Mutual Life Insurance Company. The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 31, 2014, that the volume submitter profit sharing plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

**NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2016, there were direct fees of \$32,418 paid to MassMutual Retirement Services. During the years ended December 31, 2016 and 2015, there were transactions involving the investment of plan assets in investment funds maintained by Reliance Trust Company, a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation (depreciation) of the fair value of investments.

**NOTE 7 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend, modify, terminate or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested and the net assets would be distributed to the participants according to the participant's account balances, and adopting employers would have the option to transfer all account balances to another plan.

**NOTE 8 – RISKS AND UNCERTAINTIES**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

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 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 statements of net assets available for benefits.

## **SUPPLEMENTARY INFORMATION**

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**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**EIN # 73-1543198, Plan # 333**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2016**

| (a)<br>Party<br>in<br>Interest | (b)<br>Identity of issuer,<br>borrower, lessor<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>0                                           | (e)<br>Current<br>Value |
|--------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond(U)                                                                                                     | \$ 82,543               |
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond                                                                                                        | 4,827,150               |
| *                              | Reliance Trust Company                                             | AmerFunds EuroPacific Gr Fund                                                                                                 | 644,164                 |
| *                              | Reliance Trust Company                                             | Amer Fnds Cap Wld Gr and In Fd                                                                                                | 818,162                 |
| *                              | Reliance Trust Company                                             | American Funds New World Fund                                                                                                 | 946,221                 |
| *                              | Reliance Trust Company                                             | Invesco Comstock Fund                                                                                                         | 1,240,396               |
| *                              | Reliance Trust Company                                             | Franklin Small Cap Value Fund                                                                                                 | 835,494                 |
| *                              | Reliance Trust Company                                             | Loomis Sayles Strategic Inc Fd                                                                                                | 725,973                 |
| *                              | Reliance Trust Company                                             | MM MSCI EAFE Intl Idx Fd(N Tr)                                                                                                | 1,014,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2010 Fund                                                                                                      | 1,947,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2015 Fund                                                                                                      | 5,024,487               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2020 Fund                                                                                                      | 10,935,740              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2030 Fund                                                                                                      | 12,082,444              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2025 Fund                                                                                                      | 13,368,948              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2035 Fund                                                                                                      | 11,349,333              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2040 Fund                                                                                                      | 6,673,127               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2045 Fund                                                                                                      | 4,655,015               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2050 Fund                                                                                                      | 2,915,845               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2055 Fund                                                                                                      | 1,606,524               |
| *                              | Reliance Trust Company                                             | MM RetireSMART InRetirement Fd                                                                                                | 748,137                 |
| *                              | Reliance Trust Company                                             | MM Rsl 2000 SmCp Idx Fd (N Tr)                                                                                                | 1,492,019               |
| *                              | Reliance Trust Company                                             | MM S&P 500 Index Fd(Nrthrn Tr)                                                                                                | 7,026,514               |
| *                              | Reliance Trust Company                                             | MM S&P Md Cp Indx Fd (Nrtn Tr)                                                                                                | 1,632,202               |
| *                              | Reliance Trust Company                                             | Oppenheimer Real Estate Fund                                                                                                  | 1,438,826               |
| *                              | Reliance Trust Company                                             | Prm Cr Bnd Fd (Babson)                                                                                                        | 1,032,811               |
| *                              | Reliance Trust Company                                             | Pr Inf-Pro and Inc Fd (Babson)                                                                                                | 810,358                 |
| *                              | Reliance Trust Company                                             | Sel Gr Opps Fd (Sands/JSP)                                                                                                    | 1,378,598               |
| *                              | Reliance Trust Company                                             | Sel MCG II Fd (TRP/Frontier)                                                                                                  | 1,596,324               |
| *                              | Reliance Trust Company                                             | Sel Wellington/OFI Sm Cp Gr Fd                                                                                                | 652,072                 |
| *                              | Reliance Trust Company                                             | Sel Strategic Bnd Fd (Western)                                                                                                | 1,407,739               |
| *                              | Reliance Trust Company                                             | Wells Fargo Spec Mid Cp Val Fd                                                                                                | 1,338,627               |
| *                              | Reliance Trust Company                                             | Prm U.S. Gvt Mny Mkt (Barings)                                                                                                | 705                     |
| *                              | Reliance Trust Company                                             | BlackRock Natural Resources Fd                                                                                                | 133,617                 |
| *                              | Reliance Trust Company                                             | Hartford Healthcare Fund                                                                                                      | 13,341                  |
| *                              | Reliance Trust Company                                             | Cashout Fund                                                                                                                  | 957                     |
| *                              | Reliance Trust Company                                             | Self-Directed Brokerage Funds                                                                                                 | 288,561                 |
|                                |                                                                    |                                                                                                                               | 102,684,256             |
| *                              | Notes receivable<br>from participants                              | Notes receivable from participants<br>(interest rates range from 4.25 to 5.25%)<br>due at various dates through February 2031 | 2,207,872               |
|                                |                                                                    |                                                                                                                               | <u>\$ 104,892,128</u>   |

**NEXTEP, INC. 401(k) RETIREMENT  
SAVINGS PLAN**

AUDITED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

As of December 31, 2016 and 2015 and for the  
year ended December 31, 2016

# **NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**

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## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan

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

We were engaged to audit the accompanying financial statements of the Nextep, Inc. 401(k) Retirement Savings Plan (the "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**

Plan 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such 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 year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate. The plan administrator has obtained a certification from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company (the custodian) as of December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan  
Page Two

### **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, Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2016 is required by the Department of Labor's (DOL) 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 this supplemental schedule.

### **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.

The logo for UHY LLP, featuring the letters 'UHY' in a large, stylized, cursive font, with 'LLP' in a smaller, sans-serif font to the right.

Sterling Heights, Michigan  
October 16, 2017

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                   | <b>December 31,</b>          |                             |
|---------------------------------------------------|------------------------------|-----------------------------|
|                                                   | <b>2016</b>                  | <b>2015</b>                 |
| <b>ASSETS</b>                                     |                              |                             |
| Cash                                              | \$ 1,013,488                 | \$ -                        |
| Investments at fair value                         | 102,684,256                  | 85,367,851                  |
| Receivables                                       |                              |                             |
| Notes receivable from participants                | 2,207,872                    | 1,823,523                   |
| Participant contributions                         | 327,044                      | 215,553                     |
| Employer contributions                            | 644,849                      | 115,572                     |
| Accrued interest on participant loans             | 4,573                        | -                           |
| Total receivables                                 | <u>3,184,338</u>             | <u>2,154,648</u>            |
| Total assets                                      | <b>106,882,082</b>           | <b>87,522,499</b>           |
| <b>LIABILITIES - Excess contributions payable</b> | <b>73,083</b>                | <b>65,034</b>               |
| Net assets available for benefits                 | <u><b>\$ 106,808,999</b></u> | <u><b>\$ 87,457,465</b></u> |

**NEXTEP, INC. 401(k) 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 the fair value of investments     | \$ 3,115,604 |
| Interest and dividends                                | 2,467,941    |
| Interest income on notes receivable from participants | 84,284       |
| Contributions                                         |              |
| Employer                                              | 4,551,753    |
| Participants                                          | 9,330,006    |
| Rollovers                                             | 2,394,203    |
|                                                       | <hr/>        |
| Total additions                                       | 21,943,791   |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                               |            |
|-------------------------------|------------|
| Benefits paid to participants | 10,736,268 |
| Deemed distributions          | 34,391     |
| Administrative expenses       | 32,418     |
|                               | <hr/>      |
| Total deductions              | 10,803,077 |

|                                                              |                            |
|--------------------------------------------------------------|----------------------------|
| <b>NET INCREASE IN NET ASSETS</b>                            | 11,140,714                 |
| <b>TRANSFER FROM OTHER PLANS</b>                             | 26,498,976                 |
| <b>TRANSFER TO OTHER PLANS</b>                               | (18,288,156)               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - beginning of year</b> | <hr/> 87,457,465           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - end of year</b>       | <hr/> <hr/> \$ 106,808,999 |

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN**

The following description of the Nextep, Inc. 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all employees of Nextep, Inc. (the “Company”) and its adopting employers, except for employees covered by a collective bargaining agreement. The Plan, established by Nextep, Inc. on October 1, 1998 and restated in its entirety on October 1, 2015, offers this 401(k) arrangement option to multiple employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Companies included in this multiple employer plan in addition to the plan sponsor as of December 31, 2016 include the following: A&W Bearing & Supply Co., Inc., AccessCare Dialysis, LLC, Accruit, LLC, Accurate Laboratories, Inc., Ace Network Consulting, Ace Transfer & Storage Co., Add on Systems, Inc., Advance Flooring Solutions, LLC, ADVODA Communications, Inc., Aerowave Technologies, Inc., Al Advanced Imaging, AKY MD LLC d/b/a Just Kids Pedia, Allergy Clinic of Tulsa, Inc., Altheus Therapeutics, Inc., American Spectrum Real Estate Services Colorado, Inc., Analytical Edge Laboratories, LLC, Anthem Ventures, LLC, Apartment Association of Greater Dallas, APSCO Professional Service Co., Arlington Nephrology, Aron Investments & Development, Astadia, Inc., Autism Service Center of San Antonio, Bakke Development Corp. / Independent Contractors Inc., Beacon 5, LLC, Belfiore Condominium Owners Association, Inc., Benson Engineering Company, Bilingual Pediatric Therapies, Inc., Bliss Electric, Inc., BLKJC LLC, Blueview Inc., Brazelton Leasing Inc., Brigham Resources Management, LLC, Cancer Care Services, Capitalize Consulting, LLC, Capitalize Data Analytics, LLC, Capitol Scientific, Inc., CC Innovative Computer Service, Chisholm Oil and Gas Management, LLC, CI International, Inc., Circadence Corp, Circle C Child Development Center, Circular Solar, Inc., Claim Care, Inc., ColorMark, L.C., Complete Book & Media Supply, Contemporary Cabinets, Inc., Corinthian Health Services, Inc., Creekside Surgery Center, Crossroads Systems, Inc., C-Serv Commercial Services, Cyclonic Valve Company, Dallas Hermetic Co. Inc., Danielson Oil Company of Oklahoma, Dental Systems, Dermatology Employment LLC, Direct RehabMed, DN2K, Inc., Eagle Chief Midstream, LLC, Edge Engineering and Science, LLC, Edward R. Rensimer, M.D., P.A., EF Properties, L.C., Elkus & Sisson, PC, Emerge Medical Day Spa, ESI Distribution Ltd., Excargo Services, Falcon Logistics, Family Practice Associates of Angleton P.A., Financial Affiliates Insurance Service, Inc., First Annuity & Insurance Marketing, Flex Radio Systems,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Fort Worth Bolt & Tool Company Ltd & Ft. Worth Bolt Rentals, Freeman Medical Group, Frontier Bank of Texas, Garcia Tire Service, Inc., GenLife Institute, Genotox Laboratories, LTD, Gentle Healthy Smiles, LLC, GLB Exploration, Inc., GMA Garnet (USA) Corp, Grace School of Theology, Grand Haven Homes, L.P., Grand Prairie Dialysis Center, Great Trango Holdings, Inc., Greater Norman Surgery Center, GTL (USA) Inc., Hand & Wrist of Center of Houston, PA, Hargrave Eye Center PA, Hartwell Industries, Hearing Rehabilitation Center, Inc., HMH Lifestyles L.P., Hyde Park Label Company, I.M.S. Relocation, Iconix Software Corporation, IDM Group, LLC, Independent Consulting Services, LLC, Industry Consulting Group, Inc., IntegraNet Physician Resource, Inc., Integrated Documentation, Interface Computer Communication, Inc., Intersys Consulting Inc., J&B Fasteners, LP, Jensamin Corporation, JKS Contracting Co., Inc., Jose I. Guerra, Inc., Karen Black Co., Inc., KELL Partners, LLC, Kidney Specialist of Central Oklahoma, PC, Kor-Lok USA, LLC, KSW Environmental, LLC, L5E, LLC d/b/a 5! Energy, LandPlan Development, Larson Software Technology, Layco, Inc., Lee's Real Property, LLC, Lee's RV City, Inc., Legacy Lighting, Inc., Legiant, Levin Sitcoff PC, Liquis, Inc., Live Consulting, LLC, Livingston Machinery Company, LubLine LLC, Machine Logic, LLC, Margaret Hudson Program, Inc., Martin Bionics, LLC, MBS Quoteline, Megasys Hospitality Systems, Inc., Mentor Technologies, Merit Advisors, LLC, Metro Tulsa Foot & Ankle Specialists, PLLC, MHLM Inc. d/b/a San Tex Door Co., Mid Continent Well Logging Service, Inc., Mixed Media Creations, Mobile Tech., Monitoring America Alarm Co-Op, netFactor Corporation, Neuralog, Inc., Nextep, Inc., Nextscreen Consulting, NextThought, LLC, Njevity, Inc., Northwest Diagnostic Clinic, Not Taken, NT Logistics, Inc., Oklahoma City Ear, Nose & Throat, Oklahoma Police Supply, LLC, Oklahomans For Responsible Government, Omni Water Solutions, Inc., OneSource Telecom TC Networks LLC, Onsite AV Service Partner, Inc., Oregon Hearing Rehab Center, LLC, Pacific Shore Holding Inc., Pan America Electric, Inc., Paragon Innovations, Inc., Park Energy Services, LLC, Pathway Insurance Agency, L.P., PennComp LLC, Perinatal Quality Foundation, Personette & Associates, LLC, Phase 2 Development, LLC, Photodigm, Inc., Pickering, Cole & Hivner LLC, Point Innovation, Inc., Predictive Science, Inc., Premier Pain Associates, Premier Source, Presbyterian Health Foundation, Property Damage Appraisers, Pyramid Properties, Inc., Quality Aircraft Accessories, ReadyCare Centers LLC, REPower, LLC, Respira Therapeutics, Inc., Revenue Management Solutions, Riverside Resources Property Management, Ltd., Ross Transportation, Inc., RTECH Department, LLC, SaaS Software, Inc., Saints Medical Group, SALI Fund Management, LLC, Schmitz & Schmitz Properties, Season Group USA, LLC, Sigmaflow, LLC, Sky Creek Mortgage Services, LLC, Smartech and Associates, LP, Snaptrends, SourceCheck Ltd., Star of Texas Financial Solutions, Inc., Statewide Materials Transport Ltd, StrongBox Data Solutions, Inc., Studio Architecture, P.C., Sunbelt Fabrics, Inc., Swagelok, Sweetwater Medical Associates, PLLC, TDi Technologies, Inc., Technogenia, Inc.,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Tekvizion PVS, Inc, Texan Bank, Texas Association of Builders, The Appraisal Lane, LLC, The Center for Orthopedics & Sports Medicine, The EConsortium Group, The Houstonian Estates Council of Co-Owners, The Michael Group, The PROS Company, LLC, Timarron Family Medicine, PA, Trelttx, Inc. d/b/a Texcel, Inc., Tri Star Communications, LLC, Trinity Habitat for Humanity, TXN Intermodal Inc., UFloor Systems, Inc., USA Digital Communications, Inc., ValuD Consulting, LLC, Vargos Apartments LP, Venco Construction, Inc, Versateq, LLC, Vertex Energy, Viachem Ltd, Waterfield Energy, LLC, Weldon Parts, Inc., Windcrest Golf Club, Inc., Wise Orthodontics, PA, WOS, Inc., York Electronic Systems, Inc., and Zenergy, Inc.

**Trustee/Custodian**

Reliance Trust Company is the Plan's trustee. Reliance Trust Company invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan. Slavic Integrated Administration, Inc. was the Plan's custodian from January 1, 2015 through September 30, 2015 and Mass Mutual Retirement Services was the Plan's custodian from October 1, 2015 through December 31, 2015.

**Contributions**

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code and the Plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's account, and is 100% vested at the time of contribution. Any portion of this contribution can be elected by the participant as a Roth contribution. The participating employers may contribute a discretionary percentage, as determined annually, to the Plan each year. The participating employers may also contribute a discretionary profit-sharing contribution, to be determined annually. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the trustee.

**Participant Accounts**

Each participant's account is credited with an allocation of (a) the participating employers' discretionary matching contribution; (b) the participating employers' discretionary profit-sharing contributions; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; and (d) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Vesting**

Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon. Each participating employer provides vesting of participating employer contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

**Forfeitures**

Forfeitures are used to pay Plan expenses and to reduce the participating employers' contributions to the Plan. During the year ended December 31, 2016, forfeitures in the amount of \$443 were used to reduce employer contributions. Total unallocated forfeitures at December 31, 2016 and 2015 amounted to \$66,712 and \$73,255, respectively.

**Payment of Vested Benefits**

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if the participant's inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to result in death or which has lasted and can be expected to last for a continuous period of not less than 12 months. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or payments over a certain period in monthly, quarterly, semi-annual, or annual cash installments. If the participant's vested balance is less than or equal to \$5,000, the entire sum will be distributed as soon as possible following the participant's separation from service. If the participants vested balance is greater than \$5,000, they can elect to receive a lump-sum distribution or installments. At December 31, 2016, there were no requested distributions that had not been paid as of the Plan year end.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Notes Receivable from Participants**

Participant loans are permitted under the Plan. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed thirty years. Participants may have a maximum of one outstanding loan at a time. Principal and interest is paid ratably, through payroll deductions.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following is a summary of significant accounting policies followed in the preparation of these financial statements.

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are stated 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

**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 plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

**Subsequent Events**

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 16, 2017 the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2016 and 2015, and net appreciation (depreciation) of investments, interest and dividends for the year ended December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Reliance Trust Company (the trustee of the Plan), as of December 31, 2016 and for the year then ended and from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company, the custodian of the Plan as of December 31, 2015.

**NOTE 4 – FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2            Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

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

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a brokerage quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015.

| Assets at Fair Value as of December 31, 2016 |                      |                     |             |                       |
|----------------------------------------------|----------------------|---------------------|-------------|-----------------------|
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 97,486,002        | \$ -                | \$ -        | \$ 97,486,002         |
| Corporate bond                               | -                    | 4,909,693           | -           | 4,909,693             |
| Self-directed brokerage account              | -                    | 288,561             | -           | 288,561               |
| Total assets at fair value                   | <u>\$ 97,486,002</u> | <u>\$ 5,198,254</u> | <u>\$ -</u> | <u>\$ 102,684,256</u> |
| Assets at Fair Value as of December 31, 2015 |                      |                     |             |                       |
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 83,171,873        | \$ -                | \$ -        | \$ 83,171,873         |
| Corporate bond                               | -                    | 2,195,978           | -           | 2,195,978             |
| Total assets at fair value                   | <u>\$ 83,171,873</u> | <u>\$ 2,195,978</u> | <u>\$ -</u> | <u>\$ 85,367,851</u>  |

For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

**NOTE 5 – TAX STATUS**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

The Plan uses a volume submitter profit sharing plan sponsored by Massachusetts Mutual Life Insurance Company. The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 31, 2014, that the volume submitter profit sharing plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

**NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2016, there were direct fees of \$32,418 paid to MassMutual Retirement Services. During the years ended December 31, 2016 and 2015, there were transactions involving the investment of plan assets in investment funds maintained by Reliance Trust Company, a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation (depreciation) of the fair value of investments.

**NOTE 7 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend, modify, terminate or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested and the net assets would be distributed to the participants according to the participant's account balances, and adopting employers would have the option to transfer all account balances to another plan.

**NOTE 8 – RISKS AND UNCERTAINTIES**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

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 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 statements of net assets available for benefits.

## **SUPPLEMENTARY INFORMATION**

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**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**EIN # 73-1543198, Plan # 333**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2016**

| (a)<br>Party<br>in<br>Interest | (b)<br>Identity of issuer,<br>borrower, lessor<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>0                                           | (e)<br>Current<br>Value |
|--------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond(U)                                                                                                     | \$ 82,543               |
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond                                                                                                        | 4,827,150               |
| *                              | Reliance Trust Company                                             | AmerFunds EuroPacific Gr Fund                                                                                                 | 644,164                 |
| *                              | Reliance Trust Company                                             | Amer Fnds Cap Wld Gr and In Fd                                                                                                | 818,162                 |
| *                              | Reliance Trust Company                                             | American Funds New World Fund                                                                                                 | 946,221                 |
| *                              | Reliance Trust Company                                             | Invesco Comstock Fund                                                                                                         | 1,240,396               |
| *                              | Reliance Trust Company                                             | Franklin Small Cap Value Fund                                                                                                 | 835,494                 |
| *                              | Reliance Trust Company                                             | Loomis Sayles Strategic Inc Fd                                                                                                | 725,973                 |
| *                              | Reliance Trust Company                                             | MM MSCI EAFE Intl Idx Fd(N Tr)                                                                                                | 1,014,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2010 Fund                                                                                                      | 1,947,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2015 Fund                                                                                                      | 5,024,487               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2020 Fund                                                                                                      | 10,935,740              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2030 Fund                                                                                                      | 12,082,444              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2025 Fund                                                                                                      | 13,368,948              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2035 Fund                                                                                                      | 11,349,333              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2040 Fund                                                                                                      | 6,673,127               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2045 Fund                                                                                                      | 4,655,015               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2050 Fund                                                                                                      | 2,915,845               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2055 Fund                                                                                                      | 1,606,524               |
| *                              | Reliance Trust Company                                             | MM RetireSMART InRetirement Fd                                                                                                | 748,137                 |
| *                              | Reliance Trust Company                                             | MM Rsl 2000 SmCp Idx Fd (N Tr)                                                                                                | 1,492,019               |
| *                              | Reliance Trust Company                                             | MM S&P 500 Index Fd(Nrthrn Tr)                                                                                                | 7,026,514               |
| *                              | Reliance Trust Company                                             | MM S&P Md Cp Indx Fd (Nrtn Tr)                                                                                                | 1,632,202               |
| *                              | Reliance Trust Company                                             | Oppenheimer Real Estate Fund                                                                                                  | 1,438,826               |
| *                              | Reliance Trust Company                                             | Prm Cr Bnd Fd (Babson)                                                                                                        | 1,032,811               |
| *                              | Reliance Trust Company                                             | Pr Inf-Pro and Inc Fd (Babson)                                                                                                | 810,358                 |
| *                              | Reliance Trust Company                                             | Sel Gr Opps Fd (Sands/JSP)                                                                                                    | 1,378,598               |
| *                              | Reliance Trust Company                                             | Sel MCG II Fd (TRP/Frontier)                                                                                                  | 1,596,324               |
| *                              | Reliance Trust Company                                             | Sel Wellington/OFI Sm Cp Gr Fd                                                                                                | 652,072                 |
| *                              | Reliance Trust Company                                             | Sel Strategic Bnd Fd (Western)                                                                                                | 1,407,739               |
| *                              | Reliance Trust Company                                             | Wells Fargo Spec Mid Cp Val Fd                                                                                                | 1,338,627               |
| *                              | Reliance Trust Company                                             | Prm U.S. Gvt Mny Mkt (Barings)                                                                                                | 705                     |
| *                              | Reliance Trust Company                                             | BlackRock Natural Resources Fd                                                                                                | 133,617                 |
| *                              | Reliance Trust Company                                             | Hartford Healthcare Fund                                                                                                      | 13,341                  |
| *                              | Reliance Trust Company                                             | Cashout Fund                                                                                                                  | 957                     |
| *                              | Reliance Trust Company                                             | Self-Directed Brokerage Funds                                                                                                 | 288,561                 |
|                                |                                                                    |                                                                                                                               | 102,684,256             |
| *                              | Notes receivable<br>from participants                              | Notes receivable from participants<br>(interest rates range from 4.25 to 5.25%)<br>due at various dates through February 2031 | 2,207,872               |
|                                |                                                                    |                                                                                                                               | <u>\$ 104,892,128</u>   |

**NEXTEP, INC. 401(k) RETIREMENT  
SAVINGS PLAN**

AUDITED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

As of December 31, 2016 and 2015 and for the  
year ended December 31, 2016

# **NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**

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## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan

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

We were engaged to audit the accompanying financial statements of the Nextep, Inc. 401(k) Retirement Savings Plan (the "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**

Plan 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such 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 year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate. The plan administrator has obtained a certification from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company (the custodian) as of December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Participants and Plan Administrator of  
the Nextep, Inc. 401(k) Retirement Savings Plan  
Page Two

### **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, Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2016 is required by the Department of Labor's (DOL) 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 this supplemental schedule.

### **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.

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Sterling Heights, Michigan  
October 16, 2017

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                   | <b>December 31,</b>          |                             |
|---------------------------------------------------|------------------------------|-----------------------------|
|                                                   | <b>2016</b>                  | <b>2015</b>                 |
| <b>ASSETS</b>                                     |                              |                             |
| Cash                                              | \$ 1,013,488                 | \$ -                        |
| Investments at fair value                         | 102,684,256                  | 85,367,851                  |
| Receivables                                       |                              |                             |
| Notes receivable from participants                | 2,207,872                    | 1,823,523                   |
| Participant contributions                         | 327,044                      | 215,553                     |
| Employer contributions                            | 644,849                      | 115,572                     |
| Accrued interest on participant loans             | 4,573                        | -                           |
| Total receivables                                 | <u>3,184,338</u>             | <u>2,154,648</u>            |
| Total assets                                      | <b>106,882,082</b>           | <b>87,522,499</b>           |
| <b>LIABILITIES - Excess contributions payable</b> | <b>73,083</b>                | <b>65,034</b>               |
| Net assets available for benefits                 | <u><b>\$ 106,808,999</b></u> | <u><b>\$ 87,457,465</b></u> |

**NEXTEP, INC. 401(k) 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 the fair value of investments     | \$ 3,115,604 |
| Interest and dividends                                | 2,467,941    |
| Interest income on notes receivable from participants | 84,284       |
| Contributions                                         |              |
| Employer                                              | 4,551,753    |
| Participants                                          | 9,330,006    |
| Rollovers                                             | 2,394,203    |
|                                                       | <hr/>        |
| Total additions                                       | 21,943,791   |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                               |            |
|-------------------------------|------------|
| Benefits paid to participants | 10,736,268 |
| Deemed distributions          | 34,391     |
| Administrative expenses       | 32,418     |
|                               | <hr/>      |
| Total deductions              | 10,803,077 |

|                                                              |                            |
|--------------------------------------------------------------|----------------------------|
| <b>NET INCREASE IN NET ASSETS</b>                            | 11,140,714                 |
| <b>TRANSFER FROM OTHER PLANS</b>                             | 26,498,976                 |
| <b>TRANSFER TO OTHER PLANS</b>                               | (18,288,156)               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - beginning of year</b> | <hr/> 87,457,465           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - end of year</b>       | <hr/> <hr/> \$ 106,808,999 |

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN**

The following description of the Nextep, Inc. 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all employees of Nextep, Inc. (the “Company”) and its adopting employers, except for employees covered by a collective bargaining agreement. The Plan, established by Nextep, Inc. on October 1, 1998 and restated in its entirety on October 1, 2015, offers this 401(k) arrangement option to multiple employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Companies included in this multiple employer plan in addition to the plan sponsor as of December 31, 2016 include the following: A&W Bearing & Supply Co., Inc., AccessCare Dialysis, LLC, Accruit, LLC, Accurate Laboratories, Inc., Ace Network Consulting, Ace Transfer & Storage Co., Add on Systems, Inc., Advance Flooring Solutions, LLC, ADVODA Communications, Inc., Aerowave Technologies, Inc., AI Advanced Imaging, AKY MD LLC d/b/a Just Kids Pedia, Allergy Clinic of Tulsa, Inc., Altheus Therapeutics, Inc., American Spectrum Real Estate Services Colorado, Inc., Analytical Edge Laboratories, LLC, Anthem Ventures, LLC, Apartment Association of Greater Dallas, APSCO Professional Service Co., Arlington Nephrology, Aron Investments & Development, Astadia, Inc., Autism Service Center of San Antonio, Bakke Development Corp. / Independent Contractors Inc., Beacon 5, LLC, Belfiore Condominium Owners Association, Inc., Benson Engineering Company, Bilingual Pediatric Therapies, Inc., Bliss Electric, Inc., BLKJC LLC, Blueview Inc., Brazelton Leasing Inc., Brigham Resources Management, LLC, Cancer Care Services, Capitalize Consulting, LLC, Capitalize Data Analytics, LLC, Capitol Scientific, Inc., CC Innovative Computer Service, Chisholm Oil and Gas Management, LLC, CI International, Inc., Circadence Corp, Circle C Child Development Center, Circular Solar, Inc., Claim Care, Inc., ColorMark, L.C., Complete Book & Media Supply, Contemporary Cabinets, Inc., Corinthian Health Services, Inc., Creekside Surgery Center, Crossroads Systems, Inc., C-Serv Commercial Services, Cyclonic Valve Company, Dallas Hermetic Co. Inc., Danielson Oil Company of Oklahoma, Dental Systems, Dermatology Employment LLC, Direct RehabMed, DN2K, Inc., Eagle Chief Midstream, LLC, Edge Engineering and Science, LLC, Edward R. Rensimer, M.D., P.A., EF Properties, L.C., Elkus & Sisson, PC, Emerge Medical Day Spa, ESI Distribution Ltd., Excargo Services, Falcon Logistics, Family Practice Associates of Angleton P.A., Financial Affiliates Insurance Service, Inc., First Annuity & Insurance Marketing, Flex Radio Systems,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Fort Worth Bolt & Tool Company Ltd & Ft. Worth Bolt Rentals, Freeman Medical Group, Frontier Bank of Texas, Garcia Tire Service, Inc., GenLife Institute, Genotox Laboratories, LTD, Gentle Healthy Smiles, LLC, GLB Exploration, Inc., GMA Garnet (USA) Corp, Grace School of Theology, Grand Haven Homes, L.P., Grand Prairie Dialysis Center, Great Trango Holdings, Inc., Greater Norman Surgery Center, GTL (USA) Inc., Hand & Wrist of Center of Houston, PA, Hargrave Eye Center PA, Hartwell Industries, Hearing Rehabilitation Center, Inc., HMH Lifestyles L.P., Hyde Park Label Company, I.M.S. Relocation, Iconix Software Corporation, IDM Group, LLC, Independent Consulting Services, LLC, Industry Consulting Group, Inc., IntegraNet Physician Resource, Inc., Integrated Documentation, Interface Computer Communication, Inc., Intersys Consulting Inc., J&B Fasteners, LP, Jensamin Corporation, JKS Contracting Co., Inc., Jose I. Guerra, Inc., Karen Black Co., Inc., KELL Partners, LLC, Kidney Specialist of Central Oklahoma, PC, Kor-Lok USA, LLC, KSW Environmental, LLC, L5E, LLC d/b/a 5! Energy, LandPlan Development, Larson Software Technology, Layco, Inc., Lee's Real Property, LLC, Lee's RV City, Inc., Legacy Lighting, Inc., Legiant, Levin Sitcoff PC, Liquis, Inc., Live Consulting, LLC, Livingston Machinery Company, LubLine LLC, Machine Logic, LLC, Margaret Hudson Program, Inc., Martin Bionics, LLC, MBS Quoteline, Megasys Hospitality Systems, Inc., Mentor Technologies, Merit Advisors, LLC, Metro Tulsa Foot & Ankle Specialists, PLLC, MHLM Inc. d/b/a San Tex Door Co., Mid Continent Well Logging Service, Inc., Mixed Media Creations, Mobile Tech., Monitoring America Alarm Co-Op, netFactor Corporation, Neuralog, Inc., Nextep, Inc., Nextscreen Consulting, NextThought, LLC, Njevity, Inc., Northwest Diagnostic Clinic, Not Taken, NT Logistics, Inc., Oklahoma City Ear, Nose & Throat, Oklahoma Police Supply, LLC, Oklahomans For Responsible Government, Omni Water Solutions, Inc., OneSource Telecom TC Networks LLC, Onsite AV Service Partner, Inc., Oregon Hearing Rehab Center, LLC, Pacific Shore Holding Inc., Pan America Electric, Inc., Paragon Innovations, Inc., Park Energy Services, LLC, Pathway Insurance Agency, L.P., PennComp LLC, Perinatal Quality Foundation, Personette & Associates, LLC, Phase 2 Development, LLC, Photodigm, Inc., Pickering, Cole & Hivner LLC, Point Innovation, Inc., Predictive Science, Inc., Premier Pain Associates, Premier Source, Presbyterian Health Foundation, Property Damage Appraisers, Pyramid Properties, Inc., Quality Aircraft Accessories, ReadyCare Centers LLC, REPower, LLC, Respira Therapeutics, Inc., Revenue Management Solutions, Riverside Resources Property Management, Ltd., Ross Transportation, Inc., RTECH Department, LLC, SaaS Software, Inc., Saints Medical Group, SALI Fund Management, LLC, Schmitz & Schmitz Properties, Season Group USA, LLC, Sigmaflow, LLC, Sky Creek Mortgage Services, LLC, Smartech and Associates, LP, Snaptrends, SourceCheck Ltd., Star of Texas Financial Solutions, Inc., Statewide Materials Transport Ltd, StrongBox Data Solutions, Inc., Studio Architecture, P.C., Sunbelt Fabrics, Inc., Swagelok, Sweetwater Medical Associates, PLLC, TDi Technologies, Inc., Technogenia, Inc.,

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

Tekvizion PVS, Inc, Texan Bank, Texas Association of Builders, The Appraisal Lane, LLC, The Center for Orthopedics & Sports Medicine, The EConsortium Group, The Houstonian Estates Council of Co-Owners, The Michael Group, The PROS Company, LLC, Timarron Family Medicine, PA, Trelttx, Inc. d/b/a Texcel, Inc., Tri Star Communications, LLC, Trinity Habitat for Humanity, TXN Intermodal Inc., UFloor Systems, Inc., USA Digital Communications, Inc., ValuD Consulting, LLC, Vargos Apartments LP, Venco Construction, Inc, Versateq, LLC, Vertex Energy, Viachem Ltd, Waterfield Energy, LLC, Weldon Parts, Inc., Windcrest Golf Club, Inc., Wise Orthodontics, PA, WOS, Inc., York Electronic Systems, Inc., and Zenergy, Inc.

**Trustee/Custodian**

Reliance Trust Company is the Plan's trustee. Reliance Trust Company invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan. Slavic Integrated Administration, Inc. was the Plan's custodian from January 1, 2015 through September 30, 2015 and Mass Mutual Retirement Services was the Plan's custodian from October 1, 2015 through December 31, 2015.

**Contributions**

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code and the Plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's account, and is 100% vested at the time of contribution. Any portion of this contribution can be elected by the participant as a Roth contribution. The participating employers may contribute a discretionary percentage, as determined annually, to the Plan each year. The participating employers may also contribute a discretionary profit-sharing contribution, to be determined annually. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the trustee.

**Participant Accounts**

Each participant's account is credited with an allocation of (a) the participating employers' discretionary matching contribution; (b) the participating employers' discretionary profit-sharing contributions; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; and (d) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Vesting**

Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon. Each participating employer provides vesting of participating employer contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

**Forfeitures**

Forfeitures are used to pay Plan expenses and to reduce the participating employers' contributions to the Plan. During the year ended December 31, 2016, forfeitures in the amount of \$443 were used to reduce employer contributions. Total unallocated forfeitures at December 31, 2016 and 2015 amounted to \$66,712 and \$73,255, respectively.

**Payment of Vested Benefits**

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if the participant's inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to result in death or which has lasted and can be expected to last for a continuous period of not less than 12 months. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or payments over a certain period in monthly, quarterly, semi-annual, or annual cash installments. If the participant's vested balance is less than or equal to \$5,000, the entire sum will be distributed as soon as possible following the participant's separation from service. If the participants vested balance is greater than \$5,000, they can elect to receive a lump-sum distribution or installments. At December 31, 2016, there were no requested distributions that had not been paid as of the Plan year end.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Notes Receivable from Participants**

Participant loans are permitted under the Plan. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed thirty years. Participants may have a maximum of one outstanding loan at a time. Principal and interest is paid ratably, through payroll deductions.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following is a summary of significant accounting policies followed in the preparation of these financial statements.

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are stated 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**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 recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

**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 plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

**Subsequent Events**

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 16, 2017 the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2016 and 2015, and net appreciation (depreciation) of investments, interest and dividends for the year ended December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Reliance Trust Company (the trustee of the Plan), as of December 31, 2016 and for the year then ended and from Mass Mutual Retirement Services, a division of Mass Mutual Life Insurance Company, the custodian of the Plan as of December 31, 2015.

**NOTE 4 – FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2            Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

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

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a brokerage quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015.

| Assets at Fair Value as of December 31, 2016 |                      |                     |             |                       |
|----------------------------------------------|----------------------|---------------------|-------------|-----------------------|
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 97,486,002        | \$ -                | \$ -        | \$ 97,486,002         |
| Corporate bond                               | -                    | 4,909,693           | -           | 4,909,693             |
| Self-directed brokerage account              | -                    | 288,561             | -           | 288,561               |
| Total assets at fair value                   | <u>\$ 97,486,002</u> | <u>\$ 5,198,254</u> | <u>\$ -</u> | <u>\$ 102,684,256</u> |
| Assets at Fair Value as of December 31, 2015 |                      |                     |             |                       |
|                                              | Level 1              | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 83,171,873        | \$ -                | \$ -        | \$ 83,171,873         |
| Corporate bond                               | -                    | 2,195,978           | -           | 2,195,978             |
| Total assets at fair value                   | <u>\$ 83,171,873</u> | <u>\$ 2,195,978</u> | <u>\$ -</u> | <u>\$ 85,367,851</u>  |

For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

**NOTE 5 – TAX STATUS**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

The Plan uses a volume submitter profit sharing plan sponsored by Massachusetts Mutual Life Insurance Company. The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 31, 2014, that the volume submitter profit sharing plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

**NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2016, there were direct fees of \$32,418 paid to MassMutual Retirement Services. During the years ended December 31, 2016 and 2015, there were transactions involving the investment of plan assets in investment funds maintained by Reliance Trust Company, a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation (depreciation) of the fair value of investments.

**NOTE 7 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend, modify, terminate or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested and the net assets would be distributed to the participants according to the participant's account balances, and adopting employers would have the option to transfer all account balances to another plan.

**NOTE 8 – RISKS AND UNCERTAINTIES**

**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2016 and 2015**

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 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 statements of net assets available for benefits.

## **SUPPLEMENTARY INFORMATION**

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**NEXTEP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**EIN # 73-1543198, Plan # 333**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2016**

| (a)<br>Party<br>in<br>Interest | (b)<br>Identity of issuer,<br>borrower, lessor<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>0                                           | (e)<br>Current<br>Value |
|--------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond(U)                                                                                                     | \$ 82,543               |
| *                              | Reliance Trust Company                                             | SAGIC Diversified Bond                                                                                                        | 4,827,150               |
| *                              | Reliance Trust Company                                             | AmerFunds EuroPacific Gr Fund                                                                                                 | 644,164                 |
| *                              | Reliance Trust Company                                             | Amer Fnds Cap Wld Gr and In Fd                                                                                                | 818,162                 |
| *                              | Reliance Trust Company                                             | American Funds New World Fund                                                                                                 | 946,221                 |
| *                              | Reliance Trust Company                                             | Invesco Comstock Fund                                                                                                         | 1,240,396               |
| *                              | Reliance Trust Company                                             | Franklin Small Cap Value Fund                                                                                                 | 835,494                 |
| *                              | Reliance Trust Company                                             | Loomis Sayles Strategic Inc Fd                                                                                                | 725,973                 |
| *                              | Reliance Trust Company                                             | MM MSCI EAFE Intl Idx Fd(N Tr)                                                                                                | 1,014,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2010 Fund                                                                                                      | 1,947,141               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2015 Fund                                                                                                      | 5,024,487               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2020 Fund                                                                                                      | 10,935,740              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2030 Fund                                                                                                      | 12,082,444              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2025 Fund                                                                                                      | 13,368,948              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2035 Fund                                                                                                      | 11,349,333              |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2040 Fund                                                                                                      | 6,673,127               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2045 Fund                                                                                                      | 4,655,015               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2050 Fund                                                                                                      | 2,915,845               |
| *                              | Reliance Trust Company                                             | MM RetireSMART 2055 Fund                                                                                                      | 1,606,524               |
| *                              | Reliance Trust Company                                             | MM RetireSMART InRetirement Fd                                                                                                | 748,137                 |
| *                              | Reliance Trust Company                                             | MM Rsl 2000 SmCp Idx Fd (N Tr)                                                                                                | 1,492,019               |
| *                              | Reliance Trust Company                                             | MM S&P 500 Index Fd(Nrthrn Tr)                                                                                                | 7,026,514               |
| *                              | Reliance Trust Company                                             | MM S&P Md Cp Indx Fd (Nrtn Tr)                                                                                                | 1,632,202               |
| *                              | Reliance Trust Company                                             | Oppenheimer Real Estate Fund                                                                                                  | 1,438,826               |
| *                              | Reliance Trust Company                                             | Prm Cr Bnd Fd (Babson)                                                                                                        | 1,032,811               |
| *                              | Reliance Trust Company                                             | Pr Inf-Pro and Inc Fd (Babson)                                                                                                | 810,358                 |
| *                              | Reliance Trust Company                                             | Sel Gr Opps Fd (Sands/JSP)                                                                                                    | 1,378,598               |
| *                              | Reliance Trust Company                                             | Sel MCG II Fd (TRP/Frontier)                                                                                                  | 1,596,324               |
| *                              | Reliance Trust Company                                             | Sel Wellington/OFI Sm Cp Gr Fd                                                                                                | 652,072                 |
| *                              | Reliance Trust Company                                             | Sel Strategic Bnd Fd (Western)                                                                                                | 1,407,739               |
| *                              | Reliance Trust Company                                             | Wells Fargo Spec Mid Cp Val Fd                                                                                                | 1,338,627               |
| *                              | Reliance Trust Company                                             | Prm U.S. Gvt Mny Mkt (Barings)                                                                                                | 705                     |
| *                              | Reliance Trust Company                                             | BlackRock Natural Resources Fd                                                                                                | 133,617                 |
| *                              | Reliance Trust Company                                             | Hartford Healthcare Fund                                                                                                      | 13,341                  |
| *                              | Reliance Trust Company                                             | Cashout Fund                                                                                                                  | 957                     |
| *                              | Reliance Trust Company                                             | Self-Directed Brokerage Funds                                                                                                 | 288,561                 |
|                                |                                                                    |                                                                                                                               | 102,684,256             |
| *                              | Notes receivable<br>from participants                              | Notes receivable from participants<br>(interest rates range from 4.25 to 5.25%)<br>due at various dates through February 2031 | 2,207,872               |
|                                |                                                                    |                                                                                                                               | <u>\$ 104,892,128</u>   |

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 1                  | 000000000                      | -0.04%                          |
| Subscriber - 2                  | 000000221                      | 1.25%                           |
| Subscriber - 3                  | 000001195                      | 0.01%                           |
| Subscriber - 4                  | 000001205                      | 0.00%                           |
| Subscriber - 5                  | 000001176                      | 0.02%                           |
| Subscriber - 6                  | 000001218                      | 0.00%                           |
| Subscriber - 7                  | 000000705                      | 0.00%                           |
| Subscriber - 8                  | 000001168                      | 0.11%                           |
| Subscriber - 9                  | 000000957                      | 0.25%                           |
| Subscriber - 10                 | 000000908                      | 0.00%                           |
| Subscriber - 11                 | 000001116                      | 0.08%                           |
| Subscriber - 12                 | 000000807                      | 0.00%                           |
| Subscriber - 13                 | 000001125                      | 0.06%                           |
| Subscriber - 14                 | 000000588                      | 0.00%                           |
| Subscriber - 15                 | 000000646                      | 0.08%                           |
| Subscriber - 16                 | 000001232                      | 0.42%                           |
| Subscriber - 17                 | 000001072                      | 2.77%                           |
| Subscriber - 18                 | 000001193                      | 0.04%                           |
| Subscriber - 19                 | 000001246                      | 0.14%                           |
| Subscriber - 20                 | 000001222                      | 0.00%                           |
| Subscriber - 21                 | 000000764                      | 0.20%                           |
| Subscriber - 22                 | 000001006                      | 0.47%                           |
| Subscriber - 23                 | 000001129                      | 0.04%                           |

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|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 24                 | 000000285                      | 2.11%                           |
| Subscriber - 25                 | 000001153                      | 0.69%                           |
| Subscriber - 26                 | 000000951                      | 0.03%                           |
| Subscriber - 27                 | 000000410                      | 0.00%                           |
| Subscriber - 28                 | 000001277                      | 0.20%                           |
| Subscriber - 29                 | 000001228                      | 0.93%                           |
| Subscriber - 30                 | 000001135                      | 0.01%                           |
| Subscriber - 31                 | 000000296                      | 0.00%                           |
| Subscriber - 32                 | 000000527                      | 0.01%                           |
| Subscriber - 33                 | 000000373                      | 0.00%                           |
| Subscriber - 34                 | 000001097                      | 0.00%                           |
| Subscriber - 35                 | 000000909                      | 0.03%                           |
| Subscriber - 36                 | 000001127                      | 0.38%                           |
| Subscriber - 37                 | 000001086                      | 0.13%                           |
| Subscriber - 38                 | 000001154                      | 0.23%                           |
| Subscriber - 39                 | 000001223                      | 0.15%                           |
| Subscriber - 40                 | 000000738                      | 0.11%                           |
| Subscriber - 41                 | 000001060                      | 0.52%                           |
| Subscriber - 42                 | 000000254                      | 0.00%                           |
| Subscriber - 43                 | 000001004                      | 0.00%                           |
| Subscriber - 44                 | 000000587                      | 0.00%                           |
| Subscriber - 45                 | 000000382                      | 0.00%                           |
| Subscriber - 46                 | 000000929                      | 0.00%                           |

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|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 47                 | 000000896                      | 0.09%                           |
| Subscriber - 48                 | 000001242                      | 2.02%                           |
| Subscriber - 49                 | 200531085                      | 0.00%                           |
| Subscriber - 50                 | 000001113                      | 0.01%                           |
| Subscriber - 51                 | 000001155                      | 0.47%                           |
| Subscriber - 52                 | 000001118                      | 0.30%                           |
| Subscriber - 53                 | 000000377                      | 0.08%                           |
| Subscriber - 54                 | 000000911                      | 0.00%                           |
| Subscriber - 55                 | 000001170                      | 0.15%                           |
| Subscriber - 56                 | 000000683                      | 0.08%                           |
| Subscriber - 57                 | 000001024                      | 0.73%                           |
| Subscriber - 58                 | 000000346                      | 0.00%                           |
| Subscriber - 59                 | 000001185                      | 0.08%                           |
| Subscriber - 60                 | 000000674                      | 0.61%                           |
| Subscriber - 61                 | 000000991                      | 0.22%                           |
| Subscriber - 62                 | 000001215                      | 0.35%                           |
| Subscriber - 63                 | 000001053                      | 0.00%                           |
| Subscriber - 64                 | 000000944                      | 0.00%                           |
| Subscriber - 65                 | 000001142                      | 0.20%                           |
| Subscriber - 66                 | 000001105                      | 0.16%                           |
| Subscriber - 67                 | 000001169                      | 0.02%                           |
| Subscriber - 68                 | 000000582                      | 0.00%                           |
| Subscriber - 69                 | 000001187                      | 0.06%                           |

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|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 70                 | 000001055                      | 0.01%                           |
| Subscriber - 71                 | 000001147                      | 0.02%                           |
| Subscriber - 72                 | 000001192                      | 0.00%                           |
| Subscriber - 73                 | 000000104                      | 0.00%                           |
| Subscriber - 74                 | 000001243                      | 0.14%                           |
| Subscriber - 75                 | 000001209                      | 0.10%                           |
| Subscriber - 76                 | 000001236                      | 0.00%                           |
| Subscriber - 77                 | 000001201                      | 0.10%                           |
| Subscriber - 78                 | 000001234                      | 0.52%                           |
| Subscriber - 79                 | 000000975                      | 0.01%                           |
| Subscriber - 80                 | 000000769                      | 0.01%                           |
| Subscriber - 81                 | 000001224                      | 0.03%                           |
| Subscriber - 82                 | 000000812                      | 0.11%                           |
| Subscriber - 83                 | 000001014                      | 0.21%                           |
| Subscriber - 84                 | 000001028                      | 0.00%                           |
| Subscriber - 85                 | 000000880                      | 0.07%                           |
| Subscriber - 86                 | 000000780                      | 0.00%                           |
| Subscriber - 87                 | 000001000                      | 0.39%                           |
| Subscriber - 88                 | 000001239                      | 0.45%                           |
| Subscriber - 89                 | 000000598                      | 0.31%                           |
| Subscriber - 90                 | 000000514                      | 0.00%                           |
| Subscriber - 91                 | 000000487                      | 0.13%                           |
| Subscriber - 92                 | 000001045                      | 0.13%                           |

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|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 93                 | 000000987                      | 0.00%                           |
| Subscriber - 94                 | 000000718                      | 0.00%                           |
| Subscriber - 95                 | 000000864                      | 0.04%                           |
| Subscriber - 96                 | 000001036                      | 0.03%                           |
| Subscriber - 97                 | 000001123                      | 0.00%                           |
| Subscriber - 98                 | 000001144                      | 0.02%                           |
| Subscriber - 99                 | 000001046                      | 0.51%                           |
| Subscriber - 100                | 000001089                      | 0.08%                           |
| Subscriber - 101                | 000000740                      | 0.00%                           |
| Subscriber - 102                | 000000868                      | 0.38%                           |
| Subscriber - 103                | 000001217                      | 0.16%                           |
| Subscriber - 104                | 000001188                      | 0.57%                           |
| Subscriber - 105                | 000000982                      | 0.00%                           |
| Subscriber - 106                | 000000569                      | 0.00%                           |
| Subscriber - 107                | 000000586                      | 0.27%                           |
| Subscriber - 108                | 000001031                      | 0.16%                           |
| Subscriber - 109                | 000000748                      | 0.26%                           |
| Subscriber - 110                | 000000784                      | 0.00%                           |
| Subscriber - 111                | 000000528                      | 0.19%                           |
| Subscriber - 112                | 000001235                      | 0.41%                           |
| Subscriber - 113                | 000000634                      | 0.27%                           |
| Subscriber - 114                | 000001111                      | 0.48%                           |
| Subscriber - 115                | 000001149                      | 0.07%                           |

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|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 116                | 000001133                      | 0.16%                           |
| Subscriber - 117                | 000000539                      | 0.00%                           |
| Subscriber - 118                | 000001219                      | 1.13%                           |
| Subscriber - 119                | 000000719                      | 0.01%                           |
| Subscriber - 120                | 000001173                      | 0.31%                           |
| Subscriber - 121                | 000000249                      | 0.00%                           |
| Subscriber - 122                | 000000778                      | 2.89%                           |
| Subscriber - 123                | 000000918                      | 0.14%                           |
| Subscriber - 124                | 000000875                      | 0.00%                           |
| Subscriber - 125                | 000000079                      | 0.00%                           |
| Subscriber - 126                | 000000852                      | 0.22%                           |
| Subscriber - 127                | 000000503                      | 0.21%                           |
| Subscriber - 128                | 000001244                      | 0.04%                           |
| Subscriber - 129                | 000001284                      | 0.10%                           |
| Subscriber - 130                | 202468719                      | 0.00%                           |
| Subscriber - 131                | 000001182                      | 0.09%                           |
| Subscriber - 132                | 000000914                      | 0.03%                           |
| Subscriber - 133                | 999999999                      | 0.00%                           |
| Subscriber - 134                | 000000993                      | 0.00%                           |
| Subscriber - 135                | 999999999                      | 0.00%                           |
| Subscriber - 136                | 999999999                      | 0.00%                           |
| Subscriber - 137                | 999999999                      | 0.00%                           |
| Subscriber - 138                | 999999999                      | 0.00%                           |

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 139                | 999999999                      | 0.00%                           |
| Subscriber - 140                | 999999999                      | 0.00%                           |
| Subscriber - 141                | 999999999                      | 0.00%                           |
| Subscriber - 142                | 000001301                      | 1.66%                           |
| Subscriber - 143                | 000001302                      | 4.64%                           |
| Subscriber - 144                | 000001299                      | 2.71%                           |
| Subscriber - 145                | 000001148                      | 0.03%                           |
| Subscriber - 146                | 000001312                      | 2.01%                           |
| Subscriber - 147                | 000001297                      | 1.15%                           |
| Subscriber - 148                | 000001310                      | 0.12%                           |
| Subscriber - 149                | 000001307                      | 0.15%                           |
| Subscriber - 150                | 000001341                      | 0.01%                           |
| Subscriber - 151                | 000001332                      | 0.09%                           |
| Subscriber - 152                | 000001336                      | 8.67%                           |
| Subscriber - 153                | 000001323                      | 5.41%                           |
| Subscriber - 154                | 000001335                      | 0.25%                           |
| Subscriber - 155                | 000001330                      | 0.01%                           |
| Subscriber - 156                | 000001334                      | 0.23%                           |
| Subscriber - 157                | 000001340                      | 0.09%                           |
| Subscriber - 158                | 000001347                      | 2.75%                           |
| Subscriber - 159                | 000001350                      | 0.32%                           |
| Subscriber - 160                | 000000478                      | 0.00%                           |
| Subscriber - 161                | 000001428                      | 0.00%                           |

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 162                | 000001357                      | 0.74%                           |
| Subscriber - 163                | 000001366                      | 0.65%                           |
| Subscriber - 164                | 000001359                      | 0.22%                           |
| Subscriber - 165                | 000001295                      | 3.08%                           |
| Subscriber - 166                | 000001353                      | 3.69%                           |
| Subscriber - 167                | 000001306                      | 0.05%                           |
| Subscriber - 168                | 000001377                      | 0.45%                           |
| Subscriber - 169                | 000001367                      | 0.58%                           |
| Subscriber - 170                | 000001371                      | 1.95%                           |
| Subscriber - 171                | 000001381                      | 0.05%                           |
| Subscriber - 172                | 000000351                      | 0.01%                           |
| Subscriber - 173                | 000001337                      | 0.46%                           |
| Subscriber - 174                | 000001259                      | 0.01%                           |
| Subscriber - 175                | 000001390                      | 5.65%                           |
| Subscriber - 176                | 000000000                      | 0.00%                           |
| Subscriber - 177                | 000001391                      | 0.13%                           |
| Subscriber - 178                | 000001382                      | 1.22%                           |
| Subscriber - 179                | 000001389                      | 5.14%                           |
| Subscriber - 180                | 000001256                      | 2.44%                           |
| Subscriber - 181                | 000001403                      | 0.03%                           |
| Subscriber - 182                | 000001388                      | 0.17%                           |
| Subscriber - 183                | 000001406                      | 0.16%                           |
| Subscriber - 184                | 000001407                      | 2.59%                           |

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### Multiple-Employer Plan Participating Employer Information

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Subscriber - 185                | 000000000                      | 0.00%                           |
| Subscriber - 186                | 000001412                      | 0.42%                           |
| Subscriber - 187                | 000001404                      | 0.00%                           |
| Subscriber - 188                | 000001418                      | 7.90%                           |
| Subscriber - 189                | 000001385                      | 2.86%                           |
| Subscriber - 190                | 000001420                      | 0.01%                           |
| Subscriber - 191                | 000001370                      | 0.01%                           |
| Subscriber - 192                | 000000000                      | 0.00%                           |
| Subscriber - 193                | 000001414                      | 0.00%                           |
| Subscriber - 194                | 000001369                      | 0.00%                           |
| Subscriber - 195                | 000001437                      | 0.00%                           |
| Subscriber - 196                | 000001432                      | 0.00%                           |
| Subscriber - 197                | 000001435                      | 0.00%                           |
| Subscriber - 198                | 000001434                      | 0.00%                           |
| Subscriber - 199                | 000001314                      | 0.00%                           |
| Subscriber - 200                | 000001443                      | 0.00%                           |
| Subscriber - 201                | 000001425                      | 0.00%                           |
| Subscriber - 202                | 000001431                      | 0.00%                           |
| Subscriber - 203                | 000001439                      | 0.00%                           |
| Subscriber - 204                | 000001440                      | 0.00%                           |
| Subscriber - 205                | 000001452                      | 0.00%                           |
| Subscriber - 206                | 000001454                      | 0.00%                           |
| Subscriber - 207                | 000001441                      | 0.00%                           |

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| A. Name Of Plan<br><b>Nextep 401(k) Retirement Savings Plan</b> | B. Three-Digit<br>plan number <b>333</b>              |
| C. Plan Year<br><b>1/1/2016 - 12/31/2016</b>                    | D. Employer Identification Number<br><b>000000000</b> |

### **Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating<br>Employer EIN | (c) Percentage of Contributions |
|---------------------------------|-----------------------------------|---------------------------------|
| Subscriber - 208                | 000001442                         | 0.00%                           |
| Subscriber - 209                | 000001457                         | 0.00%                           |
| Subscriber - 210                | 000001463                         | 0.00%                           |
| Subscriber - 211                | 000001016                         | 0.00%                           |
| Subscriber - 212                | 000001460                         | 0.00%                           |
| Subscriber - 213                | 000001345                         | 0.00%                           |
| Subscriber - 214                | 000001464                         | 0.00%                           |
| Subscriber - 215                | 000000000                         | 0.00%                           |
| Subscriber - 216                | 000000000                         | 0.00%                           |
| Subscriber - 217                | 000000000                         | 0.00%                           |