

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FOUNDERS BUSINESS SERVICES, L.L.C.</u> <u>AMCHECK</u> <u>3401 QUEBEC STREET SUITE 8000</u> <u>DENVER, CO 80207</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-1543176</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>303-756-5200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541211</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>84-1543176</u>	2c Plan Sponsor's telephone number <u>303-756-5200</u>	2d Business code (see instructions) <u>541211</u>	
2b Employer Identification Number (EIN) <u>84-1543176</u>					
2c Plan Sponsor's telephone number <u>303-756-5200</u>					
2d Business code (see instructions) <u>541211</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	KAITLYN COMMINEILLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1339
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1124
a(2) Total number of active participants at the end of the plan year	6a(2) 1690
b Retired or separated participants receiving benefits	6b 2
c Other retired or separated participants entitled to future benefits	6c 283
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1975
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 1976
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1005
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDERS BUSINESS SERVICES, L.L.C.	D Employer Identification Number (EIN) 84-1543176

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL 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
36-6071399	70688	932178	1005	01/01/2017	12/31/2017

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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.

4 Current value of plan's interest under this contract in the general account at year end	4	1061112
5 Current value of plan's interest under this contract in separate accounts at year end	5	25955072

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d 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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	933688
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c Additions: (1) Contributions deposited during the year	7c(1)	159619	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	12632	
(4) Transferred from separate account	7c(4)	464616	
(5) Other (specify below)	7c(5)	115270	

▶ CONVERSION ASSETS, EBA CREDITS, FORFEITURE CREDITS, LOAN INTEREST PAID AND LOAN PRINCIPAL

(6) Total additions	7c(6)	752137
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1685825
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	153790	
(2) Administration charge made by carrier	7e(2)	113745	
(3) Transferred to separate account	7e(3)	347253	
(4) Other (specify below)	7e(4)	9925	

▶ ADMIN FEES, EBA WITHDRAWALS, FORF WITHDRAWAL, DIST FEES, LOAN FEES, OVERNIGHT CHECK FEES

(5) Total deductions	7e(5)	624713
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1061112
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDERS BUSINESS SERVICES, L.L.C.	D Employer Identification Number (EIN) 84-1543176	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

(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)

BUKATY COMPANIES RETIREMENT PLANS

43-1451524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY-PLAN	78403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	26880	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SINGERLEWAK LLP

95-2302617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	12296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FOUNDERS BUSINESS SERVICES, L.L.C.</u>	D Employer Identification Number (EIN) <u>84-1543176</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENT DISCIPLINED GROWTH RET AC</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-565</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>747957</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN BEACON SMALL CAP VALUE RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-524</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54746</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY MID CAP VALUE RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-276</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>401813</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUND AMERICAN MUTUAL RET O</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-751</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55581</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-228</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5423801</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DREYFUSSTANDISH GLB FIXED INC</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-761</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81954</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EATON VANCE ATLANTA CAP SMID</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-635</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440935</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EMERGING MARKETS R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-325	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142694
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-328	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412883
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-334	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1148624
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 448284
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-518	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229248
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183024
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-668	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5343
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511606
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687277
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1080642

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963569
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1238883
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2541156
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1558712
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1098398
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 550821
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-607	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105003
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268690
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 632320
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 793873

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1095299	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1888681	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2668	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE GROW			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 307986	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP GROWTH INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350279	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502322	

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL SMALLCAP RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-218	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED INSTITUTIONAL HIGH YIELD			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-325	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISCOVERY R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP GROWTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-249	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-267	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CORE BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-329	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET MID CAP RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INVESTMENT INCOME BUILD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-544	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2010		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2015		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-356	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOUNDERS BUSINESS SERVICES, L.L.C.</u>	D Employer Identification Number (EIN) <u>84-1543176</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18677	162129
(2) Participant contributions	1b(2)	141460	87169
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	444623	497983
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	17127836	25955072
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	933688	1061112
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	18666284 27763465
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	30361 42628
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	30361 42628
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18635923 27720837

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3130922
	(B) Participants	2a(1)(B)	3500224
	(C) Others (including rollovers)	2a(1)(C)	427909
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7059055
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	20116
	(F) Other	2b(1)(F)	120156
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	140272
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3336540
(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)		-99235
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10436632

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2372677	
(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)		2372677
f Corrective distributions (see instructions)	2f		-17828
g Certain deemed distributions of participant loans (see instructions).....	2g		7585
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	12296	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	78403	
(4) Other	2i(4)	26880	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		117579
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2480013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7956619
l Transfers of assets:			
(1) To this plan.....	2l(1)		1128727
(2) From this plan	2l(2)		432

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: DJJCPA, LLC

(2) EIN: 20-3764334

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		6061
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		550000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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)
ALTITUDE EDGE CONSULTANTS LLC	20-3042849	001
TKO SOLUTIONS RETIREMENT PLAN	26-1382789	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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan FOUNDERS BUSINESS SERVICES, L.L.C. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDERS BUSINESS SERVICES, L.L.C.		D Employer Identification Number (EIN) 84-1543176
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FOUNDERS BUSINESS SERVICES, LLC 401 (K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

FOR THE YEAR ENDED DECEMBER 31, 2017





1660 Lincoln Street, Suite # 2620
Denver, CO 80264
303-346-2600

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Board of Trustees of
Founders Business Services, LLC 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements Founders Business Services 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 13, which was certified by TransAmerica Retirement Solutions, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from TransAmerica Retirement Solutions as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules: Schedule of Assets (Held at End of Year), and Schedule of Delinquent Participant Contributions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.



DJJCPA, LLC

Denver, Colorado

October 11, 2018

FOUNDERS BUSINESS SERVICES, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2017 AND 2016

		December 31,	
		2017	2016
ASSETS			
INVESTMENTS			
Pooled separate accounts	\$	25,955,072	\$ 17,127,838
Stable value fund, at contract value		1,061,112	933,687
Total Invested Assets		<u>27,016,184</u>	<u>18,061,525</u>
RECEIVABLES			
Employer's contributions		162,129	18,676
Participants' contributions		87,169	141,460
Notes receivable from participants		<u>497,983</u>	<u>444,623</u>
Total Receivables		<u>747,281</u>	<u>604,759</u>
Total Assets		<u>27,763,465</u>	<u>18,666,284</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE		<u>27,763,465</u>	<u>18,666,284</u>
LIABILITIES			
Excess contributions payable		<u>42,628</u>	<u>30,361</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$	<u>27,720,837</u>	\$ <u>18,635,923</u>

See notes to financial statements

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
For the Year Ended December 31, 2017

	Year Ended December 31,	
	2017	2016
ADDITIONS:		
Investment Income:		
Net appreciation in fair value of investments	\$ 3,357,461	\$ 1,145,079
	<u>3,357,461</u>	<u>1,145,079</u>
Interest income on notes receivable from participants	<u>20,116</u>	<u>19,641</u>
Contributions:		
Participant	3,500,224	2,774,289
Employer	3,130,922	1,001,852
Rollover	427,909	458,518
Total contributions	<u>7,059,055</u>	<u>4,234,659</u>
Total Additions	<u>10,436,632</u>	<u>5,399,379</u>
DEDUCTIONS:		
Deductions for net assets attribution to:		
Benefits Paid to participants	2,362,434	2,221,273
Administrative expenses	117,579	88,394
Total Deductions	<u>2,480,013</u>	<u>2,309,667</u>
NET INCREASE IN NET ASSETS	7,956,619	3,089,712
NET TRANSFER OF ASSETS TO (FROM) OTHER PLANS	(1,128,295)	1,027,378
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	<u>18,635,923</u>	<u>16,573,589</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	<u>\$ 27,720,837</u>	<u>\$ 18,635,923</u>

See notes to financial statements

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

1. DESCRIPTION OF THE PLAN

The following description of the Founders Business Services, LLC 401 (k) Plan (the "Plan") provides only general information. Participants should refer to the Basic Plan Document and Summary Plan Descriptions for a more complete description of the Plan's provisions.

General - The Plan is a defined-contribution plan consisting of multiple participating employers ("Adopting Employers"). The Plan was established under the provisions of Section 401 (a) of the Internal Revenue Code (IRC), which includes a qualified deferred arrangement, as described in Section 401 (k) of the IRC, for the benefit of eligible employees.

The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The investment committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is administered by the Board of Trustees of Founders Business Services, LLC (the "Company"). Transamerica Financial Life Insurance Company ("Transamerica") is responsible for the custody and management of the Plan's assets.

Eligibility - Plan eligibility and entry requirements are defined in the Plan documents of each Adopting Employer. The requirements for entry range from employees who are required to be over the age of 18, up to 21. Service requirement entry ranges from no requirement, up to one year, or 1,000 hours of service. The eligible employees have the option to enter the Plan as participants, ranging from the date of hire to the first day of the first day of the quarter after the employee first becomes eligible.

Participant Contributions - Participants may choose to defer up to the maximum dollar limit of pretax annual compensation, as defined by the Plan and limited by the IRC. These limits amounted to \$18,500 for 2017, plus an additional \$6,000 "catch-up" contribution for participants age 50 and older for 2017. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans.

Employer Matching and Discretionary Contributions - The Adopting Employers may also make additional contributions to eligible employees at their discretion. Contributions can be made in the form of matching, discretionary, or safe harbor matching contributions, which are funded either by pay period or annually, based upon the election of Adopting Employers. The type of matching contribution selected determines the eligibility, calculation, and payment terms, which are defined in the Plan documents of each Adopting Employer. The calculation period (or true-up period) for all additional employer contributions is the Plan year. For the year ended December 31, 2017, adopting employers made matching contributions of \$3,500,224.

Participants' Accounts - Each participant's account is credited with the participant's contributions and allocations of Plan earnings and losses, administrative expenses, the Adopting Employer contributions, and the forfeiture of any terminated participant's non-vested accounts. Allocations of nonelective contributions are based on Plan earnings and account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their contributions and safe harbor matching contributions, plus actual earnings thereon.

A participant's vesting percentage shall be 100% if any of the following conditions are met:

1. The participant has died.
2. The participant reaches normal retirement age or early retirement age, as defined.
3. The participant has become totally and permanently disabled, as defined by the Plan.
4. The Plan is terminated.

Adopting Employer contributions, except safe harbor matching contributions, are vested based on years of continuous service and are subject to the vesting schedule defined in the Plan documents.

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

1. DESCRIPTION OF THE PLAN CONTINUED

Investment Options - Upon enrollment in the Plan, participants can direct contributions made on their behalf to any of the funds within the Plan. Participants' direct contributions, including any Adopting Employer contributions (if any), are allocated to specific investment funds, as elected by the participants. Participants may change their investment at their own discretion.

Notes Receivable from Participants- Participants are permitted to borrow from their accounts a minimum of \$1,000 of their vested benefits under the Plan. Participants may borrow up to the lesser of (1) \$50,000 or (2) 50% of the present value of the participants' current vested account balances. Participants may have only one outstanding loan. The loans are secured by the participants account balances and bear interest at a fixed rate equal to the current prime rate, plus 1% on the date the application is approved. The interest rate on outstanding loans ranges from 4.25% to 4.50% at December 31, 2017 and 2016. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable are reclassified as distributions, based upon the provisions of the Plan's document. Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. There were \$0 and \$1,078 of delinquent notes as of December 31, 2017 and 2016, respectively.

Payment of Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump sum equal to the value of the participant's vested interest in his or her account. Generally, participants may not make withdrawals from their accounts prior to retirement at age 65, except in the event of disability, death, termination of employment, or notice of hardship, without being subject to certain restrictions and penalties. Accounts with balances less than \$5,000 may be immediately distributed to the participant or another qualified plan upon a distribution event.

Administrative Expenses- The Company provides, at no cost, certain administrative services to the Plan, and also pays the costs of certain outside services for the Plan. The Plan pays certain administrative fees and contract asset charges.

Forfeitures- The non-vested portion of a terminated participant's account is a forfeiture. Forfeitures are used to reduce future Adopting Employer contributions to the Plan. At December 31, 2017 and 2016, forfeited non-vested account balances totaled \$31,459 and \$23,278, respectively. For the year ended December 31, 2017, the Plan applied forfeitures totaling \$12,329 to reduce Adopting Employer Contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting- The accompanying financial statements of the Plan have been prepared using the accrual method of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Contributions by the participants are recognized in the period the participants' wages are earned withdrawals from the Plan for participants' distributions are recognized when the amounts are paid to the participants, except for the cases where refunds are due to participants in order for the Plan to conform to IRC provisions. In addition, investment income is recorded when received by the Plan trustee. Plan expenses are recorded when incurred.

Use of Estimates- The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

Investment Valuation and Income Recognition- The Plan's investments in pooled separate accounts are valued using the net asset value (NAV) practical expedient. See Note 4 for a discussion of fair value measurements. The Plan's investment in the Stable Value Advantage Account is stated at contract value. See Note 5 for discussion of the Stable Value Advantage Account.

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 includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants- Notes receivable from participants are measured at their unpaid principal balances, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when they are incurred. Delinquent notes are reclassified as distributions, based upon the terms of the Plan document.

Excess Contributions Payable- Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability, with a corresponding reduction to contributions. The Plan distributed the 2017 excess contributions to the applicable prior to March 15, 2018 totaling \$42,627. The plan distribution 2016 excess contributions to applicable participants in 2017, totaling \$30,361.

Payment of Benefits- Benefits are recorded when paid. As of December 31, 2017 and 2016, there were no benefits payable to participants who elected to withdraw from the Plan.

Rollovers- Rollovers are recorded as contributions to the Plan.

3. INVESTMENTS

The following is a summary of the Plan's assets information as of December 31, 2017 and 2016, included throughout the Plan's financial statements and supplemental schedules, which were prepared by, or derived from, information provided by the trustee, Transamerica, and furnished to the Plan administrator. The Plan administrator has obtained certification from the trustee that information provided to the Plan administrator by the trustee, related to the following investments and notes receivable from participants, is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	December 31,	
	2017	2016
Pooled separate accounts	\$ 25,955,072	\$ 17,127,838
Stable value advantage funds	1,061,112	933,687
Notes receivable from participants	497,983	444,623
	<u>\$ 27,514,167</u>	<u>\$ 18,506,148</u>

The trustee certified the completeness and accuracy of \$3,357,461 of net appreciation in fair value of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), and \$20,116 of interest on notes receivable from participants for the year ended December 31, 2017. The net appreciation on investments is attributed entirely to the pooled separate accounts, and the stable value advantage account.

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

4. FAIR VALUE MEASUREMENTS

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets
Level 2	Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in inactive 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; and inputs that are derived principally from, or corroborated by, observable market data by correlation of other means. If the asset or liability has a specified (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 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 used need to maximize the use of observable inputs, and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Pooled Separate Accounts	Units held in pooled separate accounts (PSA) are valued using the NAV practical expedient of the PSA and are reported by the account managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSA, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a PSA is calculated based on a compilation of primarily observable market information.
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At December 31, 2017 and 2016, all pooled separate accounts held by the Plan had a daily redemption frequency and redemption notice period, and had no unfunded commitments and no redemption restrictions.

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

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

4. FAIR VALUE MEASUREMENTS CONTINUED

The Plan's investment assets at fair value, within the fair value hierarchy, as of December 31, 2017 are as follows:

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Investments measured at NAV				
	\$ 17,127,838.00	\$ -	\$ -	\$ 17,127,838

The Plan's investment assets at fair value, within the fair value hierarchy, as of December 31, 2016 are as follows:

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Investments measured at NAV				
	\$ 17,127,838.00	\$ -	\$ -	\$ 17,127,838

Transfer between levels

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1,2, or 3.

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan has investments with a benefit-responsive investment contract, the Stable Value Advantage Account ("Stable Value"), with Transamerica. The Stable Value is invested in the general account of Transamerica with no stated maturity. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The insurance company's general account issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the insurance company's general account is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the insurance company's general account. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Contract value is the amount participants would receive if they were to initiate a permitted transaction under the Plan. The fair value of the Plan's investment contract account approximates the contract value at December 31, 2017 and 2016. Participants may ordinarily direct the withdrawal or transfer of all, or a portion of, their investment at contract value. The terms of the contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits, or restrictions. Although participants generally may withdraw asset from the contract without restrictions, Transamerica may impose a holding period of up to 270 days at the contract level, in the event of a full contract discontinuance or partial contract discontinuance. Additionally, under limited circumstances, Transamerica may impose up to a 12-month-delay period on all withdrawal requests from all plan sponsors at the plan level.

There is no guaranteed minimum or maximum interest rate in relation to this general account. The insurance company's general account does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts and an investment contract managed by Transamerica. Transamerica is the trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, permitted by the DOL Rules and Regulations. The Company and Plan administrator are also parties in interest with respect to the Plan. Administrative fees related to the Plan's existence that are paid by the Company are considered related party transactions. Notes receivable from participants and the related interest income are also considered related party transactions.

7. PLAN TERMINATION

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

8. INTERNAL REVENUE STATUS

The Company adopting a volume submitter agreement with a cash or deferral arrangement, which received a favorable opinion letter from the IRS on July 7, 2014, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed, and is being operation, 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2015.

9. RISKS AND UNCERTAINTIES

Investments securities are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risk in the near term could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

10. TRANSFER OF ASSETS

During 2017, certain Adopting Employers entered and exited the Plan. In connection with these employers entering the plan, net assets totaling \$1,128,295 were transferred into the Plan in 2017.

11. NON-EXEMPT TRANSACTIONS

During 2017, the Plan sponsor failed to deposit \$6,061.32 of participants' contributions within the required time frame, as stated by the United States Department of Labor's regulations. The Company and Plan sponsor deposited the contributions with the Plan trustee before the end of 2017. In 2018, the Company calculated, and will deposit, the lost earnings of \$28.62 into the affected participants' accounts, and correct the error outside the Voluntary Fiduciary Correction Program (VFCP).

12. CUSTODIAN CERTIFICATION

The certification by the Plan custodian, Transamerica Life Insurance Company, covers the information pertaining to investment assets, transactions, and income, and the schedule of assets held for investment purposes.

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

13. INVESTMENTS

Net assets and changes in net assets for each of the investment accounts are shown on the following page. The Pooled Separate Accounts consisting of Fair Value of Investment Accounts as of December 31, 2017 and 2016, respectively.

Changes in Investment Accounts include contributions, distributions, transfers between investments and earnings, and appreciation/depreciation.

Investment Account	Investments at		Changes in
	December 31,		Investment Accounts
	2017	2016	2017
American Funds Balanced Ret Acct	\$ 5,423,802	\$ 618,219	\$ 4,805,583
TA BlackRock Lifepath Index			
2030 Ret Acct	963,569	669,340	294,229
TA BlackRock Lifepath Index			
2040 Ret Acct	2,541,156	1,605,456	935,700
Franklin Utilities Fund	-	265,256	(265,256)
Vanguard Target Retirement			
2010 Fund	-	19,017	(19,017)
TA BlackRock Lifepath Index			
2020 Ret Acct	687,277	384,184	303,093
TA BlackRock Lifepath Index			
2050 Ret Acct	1,098,398	626,226	472,172
Vanguard Small-Cap Growth			
Index Ret Acct	350,279	259,182	91,097
American Beacon Small Cap			
Value	54,746	37,927	16,819
Vanguard REIT Index Fund	632,320	599,206	33,114
Loomis Sayles Bond Fund	448,284	119,968	328,316
Vanguard Target Retirement			
2015 Fund	-	301,590	(301,590)
TA BlackRock Lifepath Index			
2025 Ret Acct	1,080,642	761,817	318,825
TA BlackRock Lifepath Index			
2035 Ret Acct	1,238,883	955,232	283,651
BlackRock Global Small Cap			
Fund	-	225,087	(225,087)
First Eagle Overseas Ret Fund	412,883	323,708	89,175
Franklin Biotechnology			
Discovery Fund	-	177,848	(177,848)
TA BlackRock Lifepath Index			
2045 Ret Acct	1,558,712	1,056,350	502,362
TA BlackRock Lifepath Index			
2055 Ret Acct	550,821	298,350	252,471
Vanguard Small-Cap Index	502,322	375,388	126,934
Ivy Science & Technology	-	39,612	(39,612)
JP Morgan U.S. Equity	1,148,624	887,315	261,309
MFS International Value	229,248	131,085	98,163

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2017

13. INVESTMENTS, CONTINUED

Templeton Global Bond	-	48,148	(48,148)
Thornburg Investment Income Builder	-	536,370	(536,370)
TA BlackRock Lifepath Index Retirement Ret Acct	268,690	147,545	121,145
Federated Institutional High Vanguard LifeStrat Conser Growth	-	322,271	(322,271)
Vanguard Life Strategy Growth	1,095,299	924,163	171,136
Vanguard Life Strategy Moderate Growth	1,888,681	1,540,821	347,860
TA BlackRock Lifepath Index 2060 Ret Acct	307,986	312,674	(4,688)
Transamerica Partners Stock Index	105,003	14,875	90,128
Oppenheimer Main Street Small & Mid-Cap	793,873	488,537	305,336
Oppenheimer International Growth	-	385,388	(385,388)
Invesco Dynamics	183,024	171,880	11,144
American Century Mid Cap Value	-	249,672	(249,672)
Fidelity Advisor Emerging Markets	401,813	330,170	71,643
Amer Cent Disciplined Growth	142,694	29,406	113,288
JP Morgan Core Bond	747,957	601,595	146,362
Transamerica Stable Value Advantage Account	-	286,960	(286,960)
American Fund American Mutual	1,061,112	933,687	127,425
Dreyfus/Standish Glb Fixed Inc.	55,581	-	55,581
Eaton Vance Atlanta Cap SMID	81,954	-	81,954
PIMCO Income	440,935	-	440,935
SSGA S&P Mid Cap Index	5,343	-	5,343
Vanguard LifeStrategy Income Ret. Acct.	511,606	-	511,606
	2,668	-	2,668
	<u>\$ 27,016,185</u>	<u>\$ 18,061,525</u>	<u>\$ 8,954,660</u>

SUPPLEMENTAL INFORMATION

**FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
SCHEDULES OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2017 AND 2016**

December 31, 2017

Identity of Issuer	Description of Investment	Current Value
Transamerica Life Insurance Company*	Insurance Company General Account	\$ 1,061,112
Transamerica Life Insurance Company*	Deposits in pooled separate accounts	25,955,072
Notes Receivable from Participants	4.25-4.50%; collateralized by participants' account balances and maturing through October 2044	<u>497,983</u>
TOTAL INVESTED ASSETS		<u><u>\$ 27,514,168</u></u>

December 31, 2016

Identity of Issuer	Description of Investment	Current Value
Transamerica Life Insurance Company*	Insurance Company General Account	\$ 933,687
Transamerica Life Insurance Company*	Deposits in pooled separate accounts	17,127,838
Notes Receivable from Participants	4.25-4.50%; collateralized by participants' account balances and maturing through October 2044	<u>444,623</u>
TOTAL INVESTED ASSETS		<u><u>\$ 18,506,148</u></u>

See notes to financial statements

FOUNDERS BUSINESS SERVICES, LLC 401 (k) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
AS OF DECEMBER 31, 2017

Plan Sponsor EIN 84-1543176

Plan # 001

Fiscal Year	Participant Contributions Transferred Late to Plan		Totals That Constitute Nonexempt Prohibited Transactions			
	Check here if late participant loan repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51	
2017	\$ 6,061	\$ -	\$ 6,061	\$ -	\$ -	

See notes to financial statements

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Founders Business Services LLC.
Contract Number: 932178
Employer Identification Number: 84-1543176
Plan Identification Number: 001
Plan Year End: December 31, 2017

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Founders Business Services L.L.C. dba AmCheck	84-1543177	1.59%
Metrowest Real Estate Solutions	20-4558929	0.00%
Heartland Biocomposites LLC	91-2197443	0.00%
Anchor Network Solutions Inc.	81-0564791	1.21%
Medical Logistic Solutions Inc.	84-1285749	0.00%
Zap Engineering & Construction Services Inc.	20-2912143	17.50%
The EPOS Group LLC	84-1422439	0.00%
Curtis Design International Inc.	84-1601758	0.00%
Amazing Care Home Health Services Inc.	81-0648696	11.40%
Wilderness Ventures Inc.	83-0236076	2.16%
Overland Animal Hospital and Pet Resort LLC	20-4987222	0.00%
Hiratsuka & Associates	84-1315974	0.60%
Randall Scott Cycle Company	16-1707887	0.00%
Three Palms LLC	84-1435835	0.00%
VCM LLC	32-0165791	1.60%
Spiremedia Inc.	84-1473416	1.49%
Colorado Association of Health Plans	84-1112078	0.15%
Feiger Health Research	11-1111116	0.00%
Brozena Ripley & Partners	11-1111111	0.00%
Animal Hospital Center	11-1111155	0.00%
ETrial Communications Inc.	20-1672186	0.50%
Dry Dock Enterprises Inc.	20-1560955	2.88%
MyChelle Dermaceuticals LLC	84-1540829	5.48%
McGrath Investment Management L.L.C.	45-4294971	0.53%
Smartway Auto Advisors LLC	26-3105299	0.00%
Portland Baroque Orchestra	93-0901924	0.13%
Chatie LLC	27-0903506	1.37%
Verita LLC	26-1752121	0.00%
Bolingbrook Chamber of Commerce	36-3059253	0.00%
CareNet Counseling Inc.	84-1481639	0.00%
Skyecheck LLC	81-2634522	0.27%
Jenner LLC DBA The Illumen Group	46-0944184	0.00%
Paddock's Imports Inc.	20-5423663	0.31%
JM Grisley Machine Tools	87-0346052	1.80%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Emerald Oil Inc.	77-0639000	1.16%
ComCap Management LLC	81-0849760	2.03%
DekTec America Inc.	27-3329093	2.43%
Sense of Healing LLC	27-1551894	0.00%
Armen S. Khadiwala	80-0064882	1.09%
Honor Hospice LLC	90-1014642	0.08%
Image Projections West Inc.	84-1352011	3.32%
The Bell Policy Network	84-1550841	0.94%
Data-Dynamix Inc.	20-2662623	0.57%
Environmental Technical Solutions LLC	75-3207755	0.99%
Steelcon Inc	84-1542886	0.95%
Center for Legal Inclusiveness	26-1264252	0.13%
Housing Colorado	84-1234119	0.57%
Waring McLaughlin Inc. dba Waring Associates	84-1045870	4.40%
Silva Markham Partners LLC	47-2546681	0.15%
Homestead Title & Escrow	27-0970004	3.17%
Utility Control & Equipment Corporation	84-1031148	2.01%
Mile Hi Express Inc.	84-0517384	1.12%
Signature Title of Colorado LLC	46-5076719	0.18%
Interide Transport LLC	27-1940582	0.05%
Acklam Inc.	90-0725006	2.91%
The Harry L. & Eva J. Puksta Foundation	84-1555566	0.00%
Green Tape LLC	26-4336406	1.10%
Waterfront Endodontics	46-3266754	0.00%
Ingather Research	84-1613226	0.28%
Ponderosa Advisors LLC	45-4227431	0.47%
Splickit Inc.	27-0601486	3.18%
Rocky Mountain Adhesives	45-2686084	0.33%
Founders Business Services L.L.C. dba AmCheck Growgenix Solutions LLC dba Grovix LLC	38-3975203	0.00%
Institute for Racial Equity & Excellence Institute for Racial Equity & Excellence	81-0928854	1.52%
Stonegate Village Metropolitan District	84-0917189	0.00%
5Weight LLC	20-1524619	1.51%
Metro Denver Title LLC dba First Integrity Title Co.	84-1517650	8.01%
Beyond Campus Innovations	32-0468957	0.21%
Warming Trends	90-0795857	0.84%
Solace Healthcare Inc.	20-3023796	2.85%
Peak Elevator LLC	45-1964979	0.49%

SERVICE PROVIDER INFORMATION
2017 SCHEDULE C
(FORM 5500)

CONTRACT NUMBER: **932178**
FOR INFORMATION PURPOSES ONLY,
DO NOT USE FOR FILING

FOR THE CALENDAR YEAR 2017 OR THE FISCAL YEAR PLAN YEAR

BEGINNING:

AND ENDING:

- A. NAME OF PLAN: **Founders Business Services, L.L.C. 401(k) Plan**
- B. THREE-DIGIT PLAN NUMBER: **001**
- C. PLAN SPONSOR'S NAME AS SHOWN ON LINE 2a OF FORM 5500: **Founders Business Services, L.L.C. dba AmCheck**
- D. EMPLOYER IDENTIFICATION NUMBER: **84-1543176**

PART I - SERVICE PROVIDER INFORMATION

- 1. INFORMATION ON PERSONS RECEIVING ONLY ELIGIBLE INDIRECT COMPENSATION
 - a. EXCLUDED FROM THE REMAINDER OF THIS PART BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT COMPENSATION AND THE PLAN RECEIVED THE REQUIRED DISCLOSURES:
☒ Yes ☐ No
 - b. NAME AND EIN OR ADDRESS OF PERSON WHO PROVIDED DISCLOSURES ON ELIGIBLE INDIRECT COMPENSATION: **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**
36-6071399
- 2. INFORMATION ON OTHER SERVICE PROVIDERS RECEIVING DIRECT OR INDIRECT COMPENSATION
 - a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER WHO RECEIVED DIRECT OR INDIRECT COMPENSATION: **BUKATY COMPANIES RETIREMENT PLAN SVCS**
43-1451524
 - b. SERVICE CODE(S): **27**
 - c. RELATIONSHIP TO EMPLOYER, EMPLOYEE ORGANIZATION, OR PERSON KNOWN TO BE A PARTY-IN-INTEREST: **Investment Advisory - Plan**
 - d. DIRECT COMPENSATION PAID BY THE PLAN: **\$78,403.09**
 - e. DID SERVICE PROVIDER RECEIVE INDIRECT COMPENSATION?
☐ Yes ☒ No
 - f. DID INDIRECT COMPENSATION INCLUDE ELIGIBLE INDIRECT COMPENSATION, FOR WHICH THE PLAN RECEIVED THE REQUIRED DISCLOSURES?
☐ Yes ☐ No
 - g. TOTAL INDIRECT COMPENSATION RECEIVED BY SERVICE PROVIDER EXCLUDING ELIGIBLE INDIRECT COMPENSATION FOR WHICH YOU ANSWERED "YES" TO ELEMENT F:
 - h. DID THE SERVICE PROVIDER GIVE A FORMULA INSTEAD OF AN AMOUNT OR ESTIMATED AMOUNT?
☐ Yes ☐ No
 - a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER WHO RECEIVED DIRECT OR INDIRECT COMPENSATION: **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**
36-6071399
 - b. SERVICE CODE(S): **15,37,52,62,64,67**
 - c. RELATIONSHIP TO EMPLOYER, EMPLOYEE ORGANIZATION, OR PERSON KNOWN TO BE A PARTY-IN-INTEREST: **Recordkeeper**
 - d. DIRECT COMPENSATION PAID BY THE PLAN: **\$26,880.00**

- e. DID SERVICE PROVIDER RECEIVE INDIRECT COMPENSATION?
☒ Yes ☐ No
- f. DID INDIRECT COMPENSATION INCLUDE ELIGIBLE INDIRECT COMPENSATION, FOR WHICH THE PLAN RECEIVED THE REQUIRED DISCLOSURES?
☒ Yes ☐ No
- g. TOTAL INDIRECT COMPENSATION RECEIVED BY SERVICE PROVIDER EXCLUDING ELIGIBLE INDIRECT COMPENSATION FOR WHICH YOU ANSWERED "YES" TO ELEMENT F: **\$0.00**
- h. DID THE SERVICE PROVIDER GIVE A FORMULA INSTEAD OF AN AMOUNT OR ESTIMATED AMOUNT?
☐ Yes ☒ No
- a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER WHO RECEIVED DIRECT OR INDIRECT COMPENSATION: **SINGERLEWAK LLP**
95-2302617
- b. SERVICE CODE(S): **10**
- c. RELATIONSHIP TO EMPLOYER, EMPLOYEE ORGANIZATION, OR PERSON KNOWN TO BE A PARTY-IN-INTEREST: **Audit**
- d. DIRECT COMPENSATION PAID BY THE PLAN: **\$12,296.15**
- e. DID SERVICE PROVIDER RECEIVE INDIRECT COMPENSATION?
☐ Yes ☒ No
- f. DID INDIRECT COMPENSATION INCLUDE ELIGIBLE INDIRECT COMPENSATION, FOR WHICH THE PLAN RECEIVED THE REQUIRED DISCLOSURES?
☐ Yes ☐ No
- g. TOTAL INDIRECT COMPENSATION RECEIVED BY SERVICE PROVIDER EXCLUDING ELIGIBLE INDIRECT COMPENSATION FOR WHICH YOU ANSWERED "YES" TO ELEMENT F:
- h. DID THE SERVICE PROVIDER GIVE A FORMULA INSTEAD OF AN AMOUNT OR ESTIMATED AMOUNT?
☐ Yes ☐ No
3. SERVICE PROVIDER INFORMATION (CONTINUED)
- a. SERVICE PROVIDER NAME:
- b. SERVICE CODES:
- c. AMOUNT OF INDIRECT COMPENSATION:
- d. NAME AND EIN (ADDRESS) OF SOURCE OF INDIRECT COMPENSATION:
- e. DESCRIPTION OF INDIRECT COMPENSATION:

PART II – SERVICE PROVIDERS WHO FAIL OR REFUSE TO PROVIDE INFORMATION

4. SERVICE PROVIDERS WHO FAIL OR REFUSE TO PROVIDE INFORMATION
- a. NAME AND EIN OR ADDRESS OF SERVICE PROVIDER:
- b. NATURE OF SERVICE CODE(S):
- c. DESCRIPTION OF THE INFORMATION THAT THE SERVICE PROVIDER FAILED OR REFUSED TO PROVIDE:

PART III – TERMINATION INFORMATION ON ACCOUNTANTS AND ENROLLED ACTUARIES

- a. NAME:
- b. EIN:
- c. POSITION:
- d. ADDRESS:
- e. TELEPHONE:

INSURANCE INFORMATION
2017 SCHEDULE A (FORM 5500)
CONTRACT NUMBER: **932178-000**

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

FOR THE CALENDAR YEAR **2017** OR THE FISCAL PLAN YEAR

BEGINNING: **January 1, 2017** AND ENDING: **December 31, 2017**

A. NAME OF PLAN: **Founders Business Services, L.L.C. 401(k) Plan**

B. THREE-DIGIT PLAN NUMBER: **001**

C. PLAN SPONSOR'S NAME AS SHOWN ON LINE 2a OF FORM 5500:
Founders Business Services, LLC.

D. EMPLOYER IDENTIFICATION NUMBER: **84-1543176**

PART I INFORMATION CONCERNING INSURANCE CONTRACT COVERAGE, FEES AND COMMISSIONS:

1 COVERAGE INFORMATION:

(a) NAME OF INSURANCE CARRIER: **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

(b) EIN: **36-6071399**

(c) NAIC CODE: **70688**

(d) CONTRACT OR IDENTIFICATION NUMBER: **932178-000**

(e) APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY OR CONTRACT YEAR:

POLICY OR CONTRACT YEAR:

(f) FROM: **January 1, 2017**

(g) TO: **December 31, 2017**

2 INSURANCE FEE AND COMMISSION INFORMATION. ENTER THE TOTAL FEES AND TOTAL COMMISSIONS PAID.
LIST IN ITEM 3 THE AGENTS, BROKERS AND OTHER PERSONS IN DESCENDING ORDER OF THE AMOUNT PAID.

(a) TOTALS AMOUNT OF COMMISSIONS PAID: **0.00**

(b) TOTAL AMOUNT OF FEES PAID: **0.00**

INSURANCE INFORMATION

2017 SCHEDULE A (FORM 5500)

CONTRACT NUMBER: **932178-000**

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

- 3 PERSONS RECEIVING COMMISSIONS AND FEES.
(COMPLETE AS MANY ENTRIES AS NEEDED TO REPORT ALL PERSONS.)

INSURANCE INFORMATION
2017 SCHEDULE A (FORM 5500)
CONTRACT NUMBER: **932178-000**

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

PART II INVESTMENT AND ANNUITY CONTRACT INFORMATION

- 4 CURRENT VALUE OF PLAN'S INTEREST UNDER THIS CONTRACT IN THE GENERAL ACCOUNT AT YEAR END:
- 5 CURRENT VALUE OF PLAN'S INTEREST UNDER THIS CONTRACT IN SEPARATE ACCOUNTS AT YEAR END: **25,955,071.94**
- 6 CONTRACTS WITH ALLOCATED FUNDS:
- a STATE THE BASIS OF PREMIUM RATES:
- b PREMIUMS PAID TO CARRIER:
- c PREMIUMS DUE BUT UNPAID AT THE END OF THE YEAR: **0.00**
- d 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:
- SPECIFY NATURE OF COSTS:
- e TYPE OF CONTRACT:
- (1) INDIVIDUAL POLICIES:
- (2) GROUP DEFERRED ANNUITY:
- (3) OTHER (SPECIFY BELOW):
- f IF CONTRACT PURCHASED, IN WHOLE OR IN PART, TO DISTRIBUTE BENEFITS FROM A TERMINATING PLAN CHECK HERE:

INSURANCE INFORMATION
2017 SCHEDULE A (FORM 5500)
CONTRACT NUMBER: **932178-000**

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

7 CONTRACTS WITH UNALLOCATED FUNDS (DO NOT INCLUDE PORTIONS OF THESE CONTRACTS MAINTAINED IN SEPARATE ACCOUNTS)

a TYPE OF CONTRACT:

- (1) DEPOSIT ADMINISTRATION:
- (2) IMMEDIATE PARTICIPATION GUARANTEE:
- (3) GUARANTEED INVESTMENT:
- (4) OTHER (SPECIFY BELOW): **STABLE VALUE OPTION**

b BALANCE AT THE END OF THE PREVIOUS YEAR: **933,687.58**

c ADDITIONS:

- (1) CONTRIBUTIONS DEPOSITED DURING THE YEAR: **159,618.97**
- (2) DIVIDENDS AND CREDITS: **0.00**
- (3) INTEREST CREDITED DURING THE YEAR: **12,632.68**
- (4) TRANSFERRED FROM SEPARATE ACCOUNT: **454,966.70**
- (5) OTHER (SPECIFY BELOW): **124,918.77**

CONVERSION_ASSETS	9,648.97
EBA CREDITS	107,634.46
LOAN_INTEREST_PAID	551.62
LOAN_PRINCIPAL	7,083.72

(6) TOTAL ADDITIONS: **752,137.12**

d TOTAL OF BALANCE AND ADDITIONS (ADD b AND c(6)): **1,685,824.70**

e DEDUCTIONS:

- (1) DISBURSED FROM FUND TO PAY BENEFITS OR PURCHASE ANNUITIES DURING YEAR: **153,790.24**
- (2) ADMINISTRATION CHARGE MADE BY CARRIER: **0.00**
- (3) TRANSFERRED TO SEPARATE ACCOUNT: **347,252.90**
- (4) OTHER (SPECIFY BELOW): **123,669.08**

ADMINISTRATIVE FEE - PRO-RATA	4,455.37
EBA WITHDRAWALS	85,903.60
FEE FOR SERVICE	21,755.60
FULL DISTRIBUTION FEE	200.00
HARDSHIP WITHDRAWAL FEE	100.00
IN-SERVICE_DISTRIBUTION_FEE	200.00

INSURANCE INFORMATION

2017 SCHEDULE A (FORM 5500)

CONTRACT NUMBER: **932178-000**

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LOAN MAINTENANCE FEE	550.00
LOAN PROCESSING FEE	300.00
LOAN_ISSUED	9,924.51
OVERNIGHT CHECK FEE	280.00

(5) TOTAL DEDUCTIONS:	624,712.22
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f BALANCE AT THE END OF THE CURRENT YEAR (SUBTRACT e(5) FROM D):	1,061,112.48
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INSURANCE INFORMATION
2017 SCHEDULE A (FORM 5500)
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PART III WELFARE BENEFIT CONTRACT INFORMATION

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 BELOW): | |

9 EXPERIENCE-RATED CONTRACTS:

a PREMIUMS:

- (1) AMOUNT RECEIVED:
- (2) INCREASE (DECREASE) IN AMOUNT DUE BUT UNPAID:
- (3) INCREASE (DECREASE) IN UNEARNED PREMIUM RESERVE:
- (4) EARNED ((1) + (2) - (3)):

b BENEFIT CHARGES:

- (1) CLAIMS PAID:
- (2) INCREASE (DECREASE) IN CLAIM RESERVES:
- (3) INCURRED CLAIMS (ADD (1) AND (2)):
- (4) CLAIMS CHARGED:

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c REMAINDER OF PREMIUM:

(1) RETENTION CHARGES (ON AN ACCRUAL BASIS):

- (A) COMMISSIONS:
- (B) ADMINISTRATIVE SERVICE OR OTHER FEES:
- (C) OTHER SPECIFIC ACQUISITION COSTS:
- (D) OTHER EXPENSES:
- (E) TAXES:
- (F) CHARGES FOR RISKS OR OTHER CONTINGENCIES:
- (G) OTHER RETENTION CHARGES:
- (H) TOTAL RETENTION:

(2) DIVIDENDS OR RETROACTIVE RATE REFUNDS:
(THESE AMOUNTS WERE 1) PAID IN CASH, OR 2) CREDITED.)...

d STATUS OF POLICYHOLDER RESERVES AT END OF YEAR:

- (1) AMOUNT HELD TO PROVIDE BENEFITS AFTER RETIREMENT:
- (2) CLAIM RESERVES:
- (3) OTHER RESERVES:

e DIVIDENDS OR RETROACTIVE RATE REFUNDS DUE:

10 NONEXPERIENCE-RATED CONTRACTS:

a TOTAL PREMIUMS OR SUBSCRIPTION CHARGES PAID TO CARRIER:

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 ITEM 2 ABOVE, REPORT AMOUNT:

SPECIFY NATURE OF COSTS BELOW:

PART IV PROVISION OF INFORMATION

11 DID THE INSURANCE COMPANY FAIL TO PROVIDE ANY INFORMATION NECESSARY TO COMPLETE SCHEDULE A?

12 IF THE ANSWER TO LINE 11 IS "YES," SPECIFY THE INFORMATION NOT PROVIDED