

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.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final 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>TRINET SELECT 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>333</u>	
	1c Effective date of plan	<u>01/01/1997</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>TRINET HR IV, LLC</u> <u>9000 TOWN CENTER PARKWAY</u> <u>BRADENTON, FL 34202</u>	2b Employer Identification Number (EIN)	<u>13-3867443</u>	
	2c Plan Sponsor's telephone number	<u>800-243-8489</u>	
	2d Business code (see instructions)	<u>541219</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.	10/13/2018	BRADY MICKELSEN
	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 17758
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 14661 6a(2) 16241 6b 10 6c 2943 6d 19194 6e 0 6f 19194 6g 11877 6h 87
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: 2A 2E 2F 2G 2J 2K 2R 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 TRINET SELECT 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR IV, LLC	D Employer Identification Number (EIN) 13-3867443

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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60770		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 0	(b) Total amount of fees paid 0
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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	

(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	

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
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 ▶ GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b	58728893
c	Additions: (1) Contributions deposited during the year	7c(1)	5824741
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	1230207
	(4) Transferred from separate account	7c(4)	740091
	(5) Other (specify below)..... ▶ LN INT, LN PRIN, LOAN DEFAULT MKT VALUE, ROLLOVER, TRANS ASSETS, TRANS FORF	7c(5)	9855516
	(6) Total additions	7c(6)	17650555
d	Total of balance and additions (add lines 7b and 7c(6))	7d	76379448
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8519536
	(2) Administration charge made by carrier	7e(2)	563920
	(3) Transferred to separate account	7e(3)	148944
	(4) Other (specify below)..... ▶ LN DISTRIB, MKT VALUE, MOVED PARTC, PD TRUST LAPSE	7e(4)	1910805
	(5) Total deductions	7e(5)	11143205
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	65236243

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 TRINET SELECT 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR IV, LLC	D Employer Identification Number (EIN) 13-3867443	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.
04-1590850

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) 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?
33 52 60 63 64 72	CONTRACT ADMINISTRATOR	2511424	Yes ☒ No ☐	Yes ☒ No ☐	3065	Yes ☒ No ☐

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

TRINET HR CORPORATION

48-1304650

(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?
14	PROFESSIONAL SERVICES	584693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSMUTUAL RETIREMENT SERVICES

04-1590850

(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 38	RECORDKEEPER	181067	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)

DIMEO SCHNEIDER & ASSOCIATES

36-4001764

(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 ADVISOR	49163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMAN MCCANN P.C.

43-1947695

(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	AUDITOR	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59 62 71 33	INVESTMENT SRVCE PROVIDER	2740	Yes ☒ No ☐	Yes ☒ No ☐	0	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
AMERICAN BEACON	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON SMALL CAP VAL FD 75-2401150	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE FUND	BASIS POINT * PLAN ASSETS	
95-2817150		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BIARD FUNDS	52	
(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.	
BAIRD AGGREGATE BOND FUND	BASIS POINT * PLAN ASSETS	
39-6037917		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ISHARES INT'L IND FD	BASIS POINT * PLAN ASSETS	
22-3483675		

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
BLACKROCK	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK HIGH YIELD BOND FUND	BASIS POINT * PLAN ASSETS	
51-0318674		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO, INC	59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE	BASIS POINT * PLAN ASSETS	
52-2264646		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO, INC.	59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENTS	BASIS POINT * PLAN ASSETS	
43-0821857		

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
CHARLES SCHWAB & CO, INC.	59	
(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.	
CCA FUNDS 190 NORTH CANON DRIVE SUITE 402 BEVERLY HILLS, CA 90210	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO, INC.	59	
(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.	
DEUTSCHE ASSET MANAGEMENT 13-3241232	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO, INC.	59	
(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.	
DREYFUS 144 GLENN CURTISS BLVD UNIONDALE, NY 11556	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO, INC.	59	
(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.	
SEMPER 30 DAN ROAD CANTON, MA 02021	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK 52-2257782	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SCHWAB FUNDS 94-1737782	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COHEN & STEERS	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REALTY SHARES FUND 01-3335336	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS	52	
(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.	
DFA US SMALL CAP VALUE FUND 22-2370029	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST EAGLE	52	
(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.	
FIRST EAGLE GOLD FUND 13-3392291	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	
(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.	
TEMPLETON GLOBAL BOND FUND	BASIS POINT * PLAN ASSETS	
59-6865210		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
IVY FUNDS	52	
(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.	
IVY SCIENCE AND TECHNOLOGY FUND	BASIS POINT * PLAN ASSETS	
48-1112076		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	
(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.	
JP MORGAN MID CAP VALUE FUND	BASIS POINT * PLAN ASSETS	
13-3963293		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	
(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.	
JP MORGAN SMALL CAP GROWTH FUND 26-3613641	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	33	3065
(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.	
CHARLES SCHWAB & CO, INC. 94-1737782	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK HIGH YIELD BOND FUND 51-0318674	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REALTY SHARES FUND 01-3335336	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
IVY SCIENCE AND TECHNOLOGY FUND 48-1112076	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
JP MORGAN MID CAP VALUE FUND 13-3963293	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
JP MORGAN SMALL CAP GROWTH FUND 26-3613641	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
MFS UTILITIES FUND 04-3158862	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MNY MKT FD (BARINGS) 04-3212059	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MNY MKT FD (BARINGS) 04-3212059	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52 72	
(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.	
SAGIC (60770) 04-1590850	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT BAL FD 52-1877339	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT GR FD 52-1877335	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT INC FD 52-1877338	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
TEMPLETON GLOBAL BOND FUND 59-6865210	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(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.	
VAN ECK GLOBAL HARD ASSETS FUND 13-3876898	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WELLS FARGO GROWTH FUND 41-0449260	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	52	
(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.	
MFS UTILITIES FUND 04-3158862	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	
(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.	
PIMCO LOW DURATION FUND	BASIS POINT * PLAN ASSETS	
95-2632339		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	
(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.	
PIMCO TOTAL RETURN ESG FUND	BASIS POINT * PLAN ASSETS	
95-2632339		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIANCE TRUST	52	
(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.	
LEGAL & GENERAL S&P 500 DC CIT	BASIS POINT * PLAN ASSETS	
35-7085469		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT GR FD	BASIS POINT * PLAN ASSETS	
52-1877335		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT INC FD	BASIS POINT * PLAN ASSETS	
52-1877338		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE PERSONAL STRAT BAL FD	BASIS POINT * PLAN ASSETS	
52-1877339		

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
VAN ECK GLOBAL	52	
(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.	
VAN ECK GLOBAL HARD ASSETS FUND	BASIS POINT * PLAN ASSETS	
13-3876898		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT INCM FD	BASIS POINT * PLAN ASSETS	
20-0147814		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INTERMEDIATE-TERM TREAS FD	BASIS POINT * PLAN ASSETS	
23-1899003		

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
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD EQUITY-INCOME FUND 23-1945930	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INTERM-TERM BOND INDEX FND 23-1945930	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD MID-CAP GROWTH FUND	BASIS POINT * PLAN ASSETS	
23-1945930		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD MID CAP INDEX FUND	BASIS POINT * PLAN ASSETS	
23-1999755		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET INC FD	BASIS POINT * PLAN ASSETS	
23-2311358		

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
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INFLATION-PROTECTD SECS FD 23-3035288	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD WELLINGTON FUND 51-0071687	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL CAP INDEX FUND 52-0794097	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED VANGUARD INSTL TARTGET R 20-4683839	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED VANGUARD TARGET RETIREMENT 20-4683839	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(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.	
VANGAURD INSTL TARGET RET 2020 20-4683964	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2030 20-4683985	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2040 20-4684039	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2050 20-4684087	BASIS POINT * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2015	BASIS POINT * PLAN ASSETS	
23-2311358		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2025	BASIS POINT * PLAN ASSETS	
23-2311358		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2035	BASIS POINT * PLAN ASSETS	
23-2311358		

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
VANGUARD	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2045 23-2311358	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO	52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WELLS FARGO GROWTH FUND 41-0449260	BASIS POINT * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>TRINET SELECT 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR IV, LLC</u>	D Employer Identification Number (EIN) <u>13-3867443</u>
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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: MF-3754 (LEGAL & GENERAL S&P 500 DC

b Name of sponsor of entity listed in (a): RELIANCE TRUST

c EIN-PN <u>35-7085469-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>178514395</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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>TRINET SELECT 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR IV, LLC</u>	D Employer Identification Number (EIN) <u>13-3867443</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	86429	116573
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11675762	16100338
(2) Participant contributions	1b(2)	7576011	6459305
(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)	5955119	6704308
(9) Value of interest in common/collective trusts.....	1c(9)	0	178514395
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	713679733	743294789
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	58728893	65236242
(15) Other	1c(15)	2961443	7826097

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	800663390	1024252047

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	374857	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	374857	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	800288533	1024252047
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	47585213	
(B) Participants	2a(1)(B)	101097614	
(C) Others (including rollovers)	2a(1)(C)	34183975	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		182866802
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)	265699	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		265699
(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)	28830608	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		28830608
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		192779
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		119309321
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		331465209

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	65833150	
(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)		65833150
f Corrective distributions (see instructions)	2f		451682
g Certain deemed distributions of participant loans (see instructions).....	2g		275555
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	478348	
(3) Investment advisory and management fees	2i(3)	2387335	
(4) Other	2i(4)	30075	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2895758
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		69456145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		262009064
l Transfers of assets:			
(1) To this plan.....	2l(1)		34233971
(2) From this plan	2l(2)		72279521

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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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)
VOYA	52-1317217	001
ADP TOTAL SOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
BLUESTAR RETIREMENT	59-3092339	001
PRINCIPLE FINANCIAL	42-0127290	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.)

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

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)
NEWPORT GROUP	23-1945930	001
AXA RETIREMENT PLAN	31-5570651	001
SLAVIC	01-0620969	001
INSPIRITY	76-0178498	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.)

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

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)
LINCOLN FINANCIAL	35-0472300	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 TRINET SELECT 401(K) PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR IV, LLC		D Employer Identification Number (EIN) 13-3867443
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): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
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): _____

TRINET SELECT 401(k) PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2017 and 2016
(With Independent Auditor's Report Thereon)**

TRINET SELECT 401(k) PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2017	4
Notes to Financial Statements	5 - 13
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14



13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhm-pc.com

Independent Auditor's Report

To the Investment Committee of
TriNet Select 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TriNet Select 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 (DOL) 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 9, which was certified by Reliance Trust Company and Massachusetts Mutual Life Insurance Company, the trustee and custodian of the Plan, respectively, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Reliance Trust Company executed investment transactions from January 1, 2017 to December 31, 2017 and held investments at December 31, 2017 and that Massachusetts Mutual Life Insurance Company held investments at December 31, 2016. The plan administrator has obtained certifications from the trustee as of and for the year ending December 31, 2017 and from the custodian as of December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.



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Disclaimer of Opinion

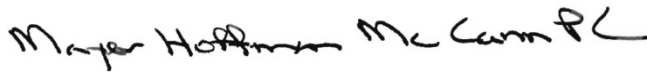
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in black ink, reading "Mayer Hoffman McCann P.C.", written in a cursive, flowing style.

October 9, 2018
Clearwater, Florida

TRINET SELECT 401(k) PLAN**Statements of Net Assets Available for Benefits****December 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Assets:		
Investments at fair value:		
Registered investment companies, at fair value	\$ 743,294,789	713,679,733
Self-directed brokerage accounts, at fair value	7,826,097	2,961,443
Guaranteed investment contract, at contract value	65,236,242	58,728,893
Collective investment trust, at fair value	<u>178,514,395</u>	<u>-</u>
Total investments	994,871,523	775,370,069
Receivables:		
Employer contributions	16,100,338	11,675,762
Participant contributions	6,459,305	7,576,011
Notes receivable from participants	<u>6,704,308</u>	<u>5,955,119</u>
Total receivables	29,263,951	25,206,892
Non-interest bearing cash	<u>116,573</u>	<u>86,429</u>
Total assets	1,024,252,047	800,663,390
Excess contributions payable	<u>-</u>	<u>374,857</u>
Total liabilities	<u>-</u>	<u>374,857</u>
Net assets available for benefits	<u>\$ 1,024,252,047</u>	<u>800,288,533</u>

TRINET SELECT 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2017

Additions to net assets attributed to:

Contributions:

Employers	\$ 47,585,213
Participants	101,097,614
Employee rollovers	<u>34,183,975</u>

Total contributions 182,866,802

Investment income:

Net appreciation in fair value of investments	119,309,321
Interest income from guaranteed investment contract	192,779
Dividend income	28,830,608
Interest income on notes receivable from participants	<u>265,699</u>

Total investment income 148,598,407

Total additions 331,465,209

Deductions from net assets attributed to:

Benefits paid to participants	66,560,387
Administrative expenses	<u>2,895,758</u>

Total deductions 69,456,145

Net increase 262,009,064

Net assets transferred out (38,045,550)

Net assets available for benefits at beginning of year 800,288,533

Net assets available for benefits at end of year \$ 1,024,252,047

TRINET SELECT 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) **Description of Plan**

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

(a) **General and Administration**

The Plan was established on March 26, 1997 by Ambrose Employer Group, LLC, as a multiple-employer defined contribution plan that permits participants to make elective deferrals under Internal Revenue Code Section 401(k).

The Plan is a multiple employer defined contribution plan which is offered to the employees of the associated employers of the Sponsor (collectively, the “Employers”). An associated employer is a company that leases its worksite employees from the Company. The Plan covers employees who are not subject to collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

The Plan operates under an agreement with Massachusetts Mutual Life Insurance Company Retirement Services Business (MMRS) to act as recordkeeper of the Plan. MMRS enters into a trust agreement with a related party or third party trustee to hold the investments and execute investment transactions of the Plan during the year. At year end, all investments and related investment activity are certified. Reliance Trust Company (RTC) served as trustee at December 31, 2017 and Massachusetts Mutual Life Insurance Company (Mass) served as the custodian at December 31, 2016. With the structure of the agreement with MMRS, no changes in investment options or transfer of assets are required when the trustee is changed.

During 2016, the Plan Sponsor was changed to TriNet HR IV, LLC (the “Company” or the “Sponsor”). As part of the change in Plan Sponsor, the Plan formally changed its name from the Ambrose Multiple Employer Retirement Savings Plan to the TriNet Select 401(k) Plan.

(b) **Mergers and Transfers**

The Plan permits mergers and transfers of assets into and out of the Plan, providing that affected participants would receive a benefit immediately after the merger or transfer equal to or greater than the benefit the affected participants would have received immediately before the merger or transfer.

(c) **Eligibility**

Employees are eligible to participate in the Plan on the business day coinciding with or the next day following the later of (i) the Employee’s first day of employment or (ii) the date on which the Employee attains the age of 20. Participants may enter the Plan on the first day of the calendar month coinciding with or following completion of the eligibility requirement.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(d) Contributions

Participants may elect to contribute up to 100% of their pretax compensation (in multiples of 1%) up to limits allowed by the Internal Revenue Service (IRS). Eligible employees may also elect Roth after-tax contributions and catch up contributions, up to IRS limits. The Employers may, at their discretion, make matching contributions to the Plan as defined by the terms of their respective participation agreements.

The Plan accepts rollover contributions from other qualified plans.

(e) Participant Accounts

Participant accounts are credited with participant contributions and an allocation of the Employers' contributions and plan earnings and expenses. The benefit to which a participant is entitled is equal to the vested value of their account.

(f) Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on the election of participating employers. Unless otherwise specified by a participating employer, a participant becomes 20% vested each year after one year of continuous service, with vesting increasing at a rate of 20% each year, until becoming fully vested after five years.

(g) Investment Options

Plan assets are invested in registered investment companies, guaranteed investment contract, self-directed brokerage accounts and a common collective trust. Contributions made by the Employers are allocated based on the funds selected by the participants for the employee contributions. Upon enrollment in the Plan, a participant may direct employee contributions in any of several available investments. Participants are allowed to execute investment transfers between the Plan's investment options on a daily basis.

(h) Payment of Benefits

At age 59½ and thereafter, active employees can withdraw any portion of their vested balance at any time. Participants, while employed, may make withdrawals against their vested account balance in accordance with the Plan, which generally requires the demonstration of financial hardship.

Upon termination, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. Terminated participants may also elect to maintain their accounts in the Plan.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(1) **Description of Plan - Continued**

(i) **Forfeited Accounts**

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Employers' future matching contributions. Approximately \$1,830,000 of forfeited nonvested accounts was utilized during the year ended December 31, 2017 to pay plan expenses and reduce employer contributions. At December 31, 2017 and 2016, forfeited nonvested accounts available for use totaled approximately \$839,000 and \$1,225,000, respectively.

(j) **Notes Receivable from Participants**

Participants may borrow money from their vested account balance for any reason. The maximum amount available for loans is the lesser of \$50,000 or 50% of the participant's vested account balance. The minimum amount for a loan is \$1,000. The participant shall be charged with any costs associated with processing of the loan.

Loan repayments must have a definite repayment period not to exceed five years unless the loan is for the purchase of a principal residence, in which case the repayment period must not exceed IRS limits. Participant loans, including interest thereon, are taxable to the participant upon default, as well as subject to applicable excise penalties. Loans are collateralized by the balance in the participant's account and bear interest at any reasonable rate (prime plus 1% in 2017 for loans taken by participants through MMRS). The Plan honors rates on notes receivables from participants transferred in from other plans. At December 31, 2017, rates ranged from 3.25% to 8.75%.

(2) **Summary of Significant Accounting Policies**

(a) **Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) **Investment Valuation and Income Recognition**

Investments in registered investment companies are stated at fair value based on quoted market prices. Investments in self-directed brokerage accounts are valued based on the underlying investments held by the Plan at the end of the year.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(b) Investment Valuation and Income Recognition - Continued

Investments in the guaranteed investment contract, the MassMutual Retirement Services (MMRS) Stable Value fund (SVF), operate as a stable asset guaranteed investment contract. The SVF is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Participants do not have beneficial ownership in the specific underlying securities or other assets in the SVF, but do have an interest therein represented by units valued daily by MMRS based on market observable data. Under the terms of the SVF group annuity contract, participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SVF investment option at contract value. This investment qualifies as a fully benefit responsive investment.

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

The Legal & General S&P 500 DC Fund (Fund) is a collective investment trust which is managed by Transamerica Financial Life Insurance Company (TFLIC) and works to replicate applicable indexes such as the S&P 500 index by investing in underlying assets with similar objectives and investment strategies. Investments in the Fund are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the Fund, but do have an interest therein represented by units valued daily. The Fund earns dividends and interest which are automatically reinvested in additional units and participants earn appreciation/ (depreciation) on their units as the underlying investments in the trust are registered investment companies. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

(c) Administrative Expenses

Management fees and operating expenses are paid out of the Plan unless paid by the Company and the Company does not elect to be reimbursed by the Plan as permitted by the plan agreement.

Participants are charged a quarterly recordkeeping fee and a contract asset charge calculated monthly on the combined asset balance of all contract accounts in the Plan as of the 15th day of each month. In addition, there are expense ratios and other costs associated with each investment option. There are also fees that relate to requesting loans and distributions.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(2) **Summary of Significant Accounting Policies - Continued**

(c) **Administrative Expenses - Continued**

During 2017, the Plan's administrative expenses totaled approximately \$2,896,000 including approximately \$585,000 paid to the Plan Sponsor for services provided to the Plan, approximately \$2,331,000 paid to MMRS for services provided, and approximately \$263,000 for other expenses such as advisory and audit fees. All administrative expenses paid during the year were paid out of the EBA.

(d) **Use of Estimates**

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

(e) **Notes Receivable from Participants**

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(3) **Asset Transfers and Mergers**

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers in 2017 totaled \$34,233,971. Assets transferred out of the Plan from Employers in 2017 totaled \$72,279,521.

(4) **Excess Contributions Payable**

Excess contributions payable of \$374,857 as of December 31, 2016 represent payments made in 2017 to participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(5) **Income Tax Status**

The Plan has adopted a plan document sponsored by MMRS, which obtained its latest opinion letter on March 31, 2014, in which the IRS stated that the plan document, as then designed, was in compliance with the applicable requirements of the IRS. The plan document has been amended since receiving the opinion letter. However, the Company and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. 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 tax 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 tax periods in progress.

(6) **Party-in-Interest Transactions**

Notes receivable from participants are managed by MMRS. While this activity qualifies as party-in-interest activity as defined in Section 3(14) of ERISA, it is expressly exempted from the prohibited transaction rules. Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with plan participants.

Certain administrative expenses are paid to MMRS and the Plan Sponsor and administrator (Note 2(c)) and as such are considered party-in-interest transactions.

(7) **Plan Termination**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts. In the event of termination, the guaranteed investment contract is subject to a market valuation adjustment.

(8) **Risks and Uncertainties**

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

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(9) **Information Certified by Reliance Trust Company and MassMutual Retirement Services (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC and MMRS, the trustee and custodian of the Plan, respectively, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016;
- Total investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017;
- The Schedule of Assets (Held at End of Year) as of December 31, 2017 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(10) **Fair Value Measurements**

Accounting Standards Codification Topic 820, *Fair Value Measurement* (ASC 820) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements - Continued

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

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

Registered Investment Companies: valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 inputs.

Self-Directed Brokerage Accounts: valued using readily available pricing sources for comparable instruments. Self-directed brokerage accounts are considered Level 2 based on valuation provided by the trustee.

Collective Investment Trust: valued at the net asset value of shares held by the Plan at year end as determined by TFLIC.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

Description	Assets Measured at Fair Value at December 31, 2017	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 743,294,789	743,294,789	-	-
Self-directed brokerage accounts	7,826,097	-	7,826,097	-
	751,120,886	743,294,789	7,826,097	-
Collective investment trust at NAV	178,514,395 (a)			
Total investments at fair value	\$ 929,635,281			

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets Measured at Fair Value at December 31, 2016	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 713,679,733	713,679,733	-	-
Self-directed brokerage accounts	2,961,443	-	2,961,443	-
	<u>\$ 716,641,176</u>	<u>713,679,733</u>	<u>2,961,443</u>	<u>-</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of the net assets available for benefits.

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2018, the date the financial statements were available to be issued.

TRINET SELECT 401(k) PLAN

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

Employer Identification Number (EIN): 13-3867443

Plan Number: 333

December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
	AmerFund EuroPacific Gr Fund	Registered Investment Company	\$ 21,235,621
	American Funds New Prspctve Fund	Registered Investment Company	22,166,747
	Cohen & Steers Realty Shrs Fund	Registered Investment Company	13,323,873
	MFS Utilities Fund	Registered Investment Company	9,146,043
	PIMCO Low Duration Fund	Registered Investment Company	9,280,461
	Vanguard Infl-Protectd Secs Fund	Registered Investment Company	9,904,202
	Vanguard Interm-Term Treas Fund	Registered Investment Company	11,860,862
	Vanguard Mid Cap Index Fund	Registered Investment Company	76,834,753
	Vanguard Small Cap Index Fund	Registered Investment Company	40,338,714
	Vanguard Wellington Fund	Registered Investment Company	27,876,326
	Wells Fargo Growth Fund	Registered Investment Company	42,352,778
	BlackRock High Yield Bond Fund	Registered Investment Company	13,313,237
	Ivy Science and Technology Fund	Registered Investment Company	17,084,845
	Templeton Global Bond Fund	Registered Investment Company	4,969,490
	JP Morgan Small Cap Growth Fund	Registered Investment Company	17,145,183
	Van Eck Global Hard Assets Fund	Registered Investment Company	3,641,212
	First Eagle Gold Fund	Registered Investment Company	6,072,595
	Vanguard Intrm-Trm Bond Index Fund	Registered Investment Company	9,534,976
	American Funds New World Fund	Registered Investment Company	23,203,192
	BlackRock iShares International Index Fund	Registered Investment Company	25,541,756
	Vanguard Target Retirement 2015	Registered Investment Company	3,705,847
	Vanguard Target Retirement 2020	Registered Investment Company	12,744,435
	Vanguard Target Retirement 2025	Registered Investment Company	25,266,191
	Vanguard Target Retirement 2030	Registered Investment Company	43,726,979
	Vanguard Target Retirement 2035	Registered Investment Company	43,656,267
	Vanguard Target Retirement 2040	Registered Investment Company	52,398,270
	Vanguard Target Retirement 2045	Registered Investment Company	53,137,171
	Vanguard Target Retirement 2050	Registered Investment Company	70,896,649
	Vanguard Target Retirement Income Fund	Registered Investment Company	3,263,801
	Baird Aggregate Bond Fund	Registered Investment Company	15,256,639
	DFA US Small Cap Value Fund	Registered Investment Company	14,415,674
	MassMutual Retirement Services Stable Value Fund	Guaranteed Investment Contract	65,236,242
	Schwab Personal Choice Retirement Account	Self-Directed Brokerage	7,826,097
	Legal & General S&P 500 DC CIT	Collective investment trust	178,514,395
			994,871,523
*	Participant loans	(3.25% - 8.75% - various maturities)	6,704,308
			<u>\$ 1,001,575,831</u>

* Party-in-interest

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-002	XX-XXXX8883	4.73%
Subscriber 1-003	XX-XXXX0000	0.00%
Subscriber 1-005	XX-XXXX8975	0.12%
Subscriber 1-007	XX-XXXX8976	0.04%
Subscriber 1-008	XX-XXXX8977	0.07%
Subscriber 1-009	XX-XXXX8880	0.20%
Subscriber 1-010	XX-XXXX8980	0.00%
Subscriber 1-012	XX-XXXX8981	0.14%
Subscriber 1-013	XX-XXXX8881	0.99%
Subscriber 1-014	XX-XXXX0000	0.00%
Subscriber 1-015	XX-XXXX8983	0.76%
Subscriber 1-016	XX-XXXX8984	0.64%
Subscriber 1-017	XX-XXXX8985	0.01%
Subscriber 1-020	XX-XXXX0000	0.00%
Subscriber 1-021	XX-XXXX8990	0.14%
Subscriber 1-022	XX-XXXX9048	0.01%
Subscriber 1-024	XX-XXXX9050	0.21%
Subscriber 1-026	XX-XXXX9052	0.18%
Subscriber 1-027	XX-XXXX9054	0.13%
Subscriber 1-028	XX-XXXX0297	0.00%
Subscriber 1-029	XX-XXXX9055	0.03%
Subscriber 1-030	XX-XXXX9056	0.22%
Subscriber 1-031	XX-XXXX9057	0.02%
Subscriber 1-032	XX-XXXX0000	0.00%
Subscriber 1-033	XX-XXXX9065	0.02%
Subscriber 1-034	XX-XXXX8882	0.05%
Subscriber 1-035	XX-XXXX0312	0.00%
Subscriber 1-036	XX-XXXX9069	0.04%
Subscriber 1-037	XX-XXXX9071	0.17%
Subscriber 1-038	XX-XXXX9072	0.01%
Subscriber 1-039	XX-XXXX0330	0.00%
Subscriber 1-040	XX-XXXX9073	0.18%
Subscriber 1-043	XX-XXXX0840	0.00%
Subscriber 1-044	XX-XXXX5656	0.01%
Subscriber 1-045	XX-XXXX6590	0.31%
Subscriber 1-046	XX-XXXX5478	0.20%
Subscriber 1-047	XX-XXXX1196	0.00%
Subscriber 1-048	XX-XXXX6654	0.14%
Subscriber 1-049	XX-XXXX0000	0.00%
Subscriber 1-050	XX-XXXX5368	0.19%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-051	XX-XXXX0000	0.00%
Subscriber 1-052	XX-XXXX5551	0.00%
Subscriber 1-053	XX-XXXX6770	0.00%
Subscriber 1-054	XX-XXXX0405	0.00%
Subscriber 1-055	XX-XXXX4883	0.34%
Subscriber 1-056	XX-XXXX0000	0.00%
Subscriber 1-057	XX-XXXX0000	0.00%
Subscriber 1-058	XX-XXXX0957	0.00%
Subscriber 1-059	XX-XXXX4968	0.00%
Subscriber 1-060	XX-XXXX1008	0.00%
Subscriber 1-061	XX-XXXX5067	0.00%
Subscriber 1-062	XX-XXXX4875	0.15%
Subscriber 1-063	XX-XXXX4956	0.00%
Subscriber 1-064	XX-XXXX4972	0.01%
Subscriber 1-065	XX-XXXX1045	0.00%
Subscriber 1-066	XX-XXXX5781	0.20%
Subscriber 1-067	XX-XXXX5757	0.01%
Subscriber 1-068	XX-XXXX4950	0.21%
Subscriber 1-071	XX-XXXX0430	0.00%
Subscriber 1-072	XX-XXXX5149	0.00%
Subscriber 1-073	XX-XXXX5554	0.52%
Subscriber 1-074	XX-XXXX0000	0.00%
Subscriber 1-075	XX-XXXX6548	0.25%
Subscriber 1-076	XX-XXXX0725	0.00%
Subscriber 1-077	XX-XXXX5754	0.22%
Subscriber 1-078	XX-XXXX4986	0.41%
Subscriber 1-079	XX-XXXX1113	0.00%
Subscriber 1-080	XX-XXXX0000	0.00%
Subscriber 1-081	XX-XXXX0000	0.00%
Subscriber 1-083	XX-XXXX4965	0.10%
Subscriber 1-084	XX-XXXX5776	0.32%
Subscriber 1-085	XX-XXXX9090	0.13%
Subscriber 1-086	XX-XXXX1112	0.00%
Subscriber 1-087	XX-XXXX5280	0.03%
Subscriber 1-088	XX-XXXX4850	0.01%
Subscriber 1-089	XX-XXXX0871	0.00%
Subscriber 1-090	XX-XXXX5273	0.09%
Subscriber 1-091	XX-XXXX5070	0.13%
Subscriber 1-092	XX-XXXX5072	0.07%
Subscriber 1-093	XX-XXXX5053	0.01%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-096	XX-XXXX8951	0.14%
Subscriber 1-097	XX-XXXX1048	0.00%
Subscriber 1-098	XX-XXXX6551	0.15%
Subscriber 1-099	XX-XXXX1070	0.00%
Subscriber 1-100	XX-XXXX5084	0.06%
Subscriber 1-101	XX-XXXX6573	0.47%
Subscriber 1-102	XX-XXXX0000	0.00%
Subscriber 1-103	XX-XXXX0000	0.00%
Subscriber 1-104	XX-XXXX5389	0.17%
Subscriber 1-105	XX-XXXX5755	0.05%
Subscriber 1-106	XX-XXXX5089	0.16%
Subscriber 1-107	XX-XXXX0000	0.00%
Subscriber 1-109	XX-XXXX5180	0.00%
Subscriber 1-111	XX-XXXX6578	0.01%
Subscriber 1-113	XX-XXXX4971	0.02%
Subscriber 1-114	XX-XXXX5066	0.31%
Subscriber 1-116	XX-XXXX5549	0.02%
Subscriber 1-117	XX-XXXX0000	0.00%
Subscriber 1-118	XX-XXXX5152	0.03%
Subscriber 1-119	XX-XXXX4949	0.00%
Subscriber 1-120	XX-XXXX4849	0.02%
Subscriber 1-121	XX-XXXX5487	0.43%
Subscriber 1-122	XX-XXXX6565	0.02%
Subscriber 1-123	XX-XXXX4988	0.13%
Subscriber 1-124	XX-XXXX5081	0.00%
Subscriber 1-125	XX-XXXX0000	0.00%
Subscriber 1-126	XX-XXXX5050	0.61%
Subscriber 1-127	XX-XXXX6681	0.04%
Subscriber 1-129	XX-XXXX5579	0.00%
Subscriber 1-130	XX-XXXX0000	0.00%
Subscriber 1-131	XX-XXXX0000	0.00%
Subscriber 1-132	XX-XXXX4877	0.00%
Subscriber 1-133	XX-XXXX5377	0.00%
Subscriber 1-134	XX-XXXX5186	0.11%
Subscriber 1-135	XX-XXXX0000	0.00%
Subscriber 1-139	XX-XXXX1162	0.10%
Subscriber 1-140	XX-XXXX0000	0.00%
Subscriber 1-141	XX-XXXX0000	0.00%
Subscriber 1-142	XX-XXXX5286	0.00%
Subscriber 1-143	XX-XXXX5352	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-144	XX-XXXX5766	0.00%
Subscriber 1-145	XX-XXXX5356	0.05%
Subscriber 1-146	XX-XXXX5589	0.08%
Subscriber 1-147	XX-XXXX4969	0.17%
Subscriber 1-148	XX-XXXX5090	0.78%
Subscriber 1-149	XX-XXXX6549	0.41%
Subscriber 1-150	XX-XXXX0000	0.00%
Subscriber 1-151	XX-XXXX0000	0.00%
Subscriber 1-152	XX-XXXX4951	0.04%
Subscriber 1-153	XX-XXXX4848	0.01%
Subscriber 1-154	XX-XXXX5266	0.18%
Subscriber 1-155	XX-XXXX5580	0.02%
Subscriber 1-157	XX-XXXX4887	0.12%
Subscriber 1-158	XX-XXXX4973	0.03%
Subscriber 1-159	XX-XXXX0000	0.00%
Subscriber 1-161	XX-XXXX8886	0.03%
Subscriber 1-162	XX-XXXX5080	0.04%
Subscriber 1-163	XX-XXXX5468	0.19%
Subscriber 1-164	XX-XXXX5378	0.29%
Subscriber 1-165	XX-XXXX0000	0.00%
Subscriber 1-166	XX-XXXX4881	0.09%
Subscriber 1-167	XX-XXXX5670	0.18%
Subscriber 1-168	XX-XXXX4955	0.00%
Subscriber 1-169	XX-XXXX5366	0.02%
Subscriber 1-170	XX-XXXX9078	0.06%
Subscriber 1-171	XX-XXXX5278	1.00%
Subscriber 1-174	XX-XXXX4876	0.00%
Subscriber 1-175	XX-XXXX4867	0.03%
Subscriber 1-176	XX-XXXX0000	0.00%
Subscriber 1-177	XX-XXXX6651	0.07%
Subscriber 1-178	XX-XXXX1265	0.00%
Subscriber 1-179	XX-XXXX5789	0.06%
Subscriber 1-180	XX-XXXX0804	0.00%
Subscriber 1-181	XX-XXXX0578	0.00%
Subscriber 1-182	XX-XXXX0000	0.00%
Subscriber 1-183	XX-XXXX0000	0.00%
Subscriber 1-184	XX-XXXX5073	0.29%
Subscriber 1-185	XX-XXXX5689	0.01%
Subscriber 1-186	XX-XXXX5083	0.00%
Subscriber 1-187	XX-XXXX5183	0.05%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-188	XX-XXXX5071	0.03%
Subscriber 1-189	XX-XXXX5151	0.01%
Subscriber 1-190	XX-XXXX4886	0.00%
Subscriber 1-191	XX-XXXX5471	0.15%
Subscriber 1-192	XX-XXXX5272	0.58%
Subscriber 1-193	XX-XXXX829	0.00%
Subscriber 1-194	XX-XXXX5784	0.00%
Subscriber 1-195	XX-XXXX5677	0.09%
Subscriber 1-196	XX-XXXX0000	0.00%
Subscriber 1-197	XX-XXXX4871	1.52%
Subscriber 1-198	XX-XXXX5668	0.38%
Subscriber 1-199	XX-XXXX4957	0.00%
Subscriber 1-200	XX-XXXX5777	0.04%
Subscriber 1-201	XX-XXXX1091	0.00%
Subscriber 1-202	XX-XXXX5750	0.67%
Subscriber 1-203	XX-XXXX4854	0.55%
Subscriber 1-204	XX-XXXX0000	0.00%
Subscriber 1-205	XX-XXXX5382	0.03%
Subscriber 1-206	XX-XXXX6683	0.14%
Subscriber 1-207	XX-XXXX6657	0.00%
Subscriber 1-208	XX-XXXX5289	0.14%
Subscriber 1-209	XX-XXXX5490	0.04%
Subscriber 1-210	XX-XXXX7967	0.25%
Subscriber 1-211	XX-XXXX1108	0.00%
Subscriber 1-212	XX-XXXX5082	0.01%
Subscriber 1-213	XX-XXXX5465	0.19%
Subscriber 1-214	XX-XXXX5466	0.00%
Subscriber 1-215	XX-XXXX5476	0.04%
Subscriber 1-216	XX-XXXX0844	0.00%
Subscriber 1-217	XX-XXXX5570	0.00%
Subscriber 1-219	XX-XXXX5052	0.15%
Subscriber 1-220	XX-XXXX0000	0.00%
Subscriber 1-221	XX-XXXX0000	0.00%
Subscriber 1-222	XX-XXXX5456	0.60%
Subscriber 1-223	XX-XXXX9087	0.19%
Subscriber 1-224	XX-XXXX6668	0.03%
Subscriber 1-225	XX-XXXX6679	0.28%
Subscriber 1-226	XX-XXXX9085	0.27%
Subscriber 1-227	XX-XXXX0000	0.00%
Subscriber 1-228	XX-XXXX5048	0.50%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-229	XX-XXXX0000	0.00%
Subscriber 1-230	XX-XXXX0000	0.00%
Subscriber 1-231	XX-XXXX9081	0.00%
Subscriber 1-232	XX-XXXX0000	0.00%
Subscriber 1-233	XX-XXXX5774	0.01%
Subscriber 1-235	XX-XXXX0000	0.00%
Subscriber 1-236	XX-XXXX8887	0.04%
Subscriber 1-237	XX-XXXX0759	0.00%
Subscriber 1-238	XX-XXXX5168	0.83%
Subscriber 1-239	XX-XXXX0000	0.00%
Subscriber 1-240	XX-XXXX0000	0.00%
Subscriber 1-241	XX-XXXX4852	0.01%
Subscriber 1-242	XX-XXXX4989	0.83%
Subscriber 1-243	XX-XXXX0347	0.00%
Subscriber 1-244	XX-XXXX0000	0.00%
Subscriber 1-245	XX-XXXX4977	0.14%
Subscriber 1-246	XX-XXXX5387	0.07%
Subscriber 1-247	XX-XXXX5552	0.00%
Subscriber 1-248	XX-XXXX4980	1.15%
Subscriber 1-249	XX-XXXX4869	0.04%
Subscriber 1-250	XX-XXXX0000	0.00%
Subscriber 1-251	XX-XXXX5474	1.04%
Subscriber 1-252	XX-XXXX5548	0.43%
Subscriber 1-253	XX-XXXX5148	0.00%
Subscriber 1-254	XX-XXXX0000	0.00%
Subscriber 1-255	XX-XXXX5477	0.16%
Subscriber 1-256	XX-XXXX4975	0.04%
Subscriber 1-257	XX-XXXX4978	0.01%
Subscriber 1-258	XX-XXXX5254	0.00%
Subscriber 1-259	XX-XXXX5065	0.06%
Subscriber 1-260	XX-XXXX4982	0.03%
Subscriber 1-261	XX-XXXX0000	0.00%
Subscriber 1-262	XX-XXXX5365	0.00%
Subscriber 1-263	XX-XXXX5379	0.06%
Subscriber 1-266	XX-XXXX4855	0.37%
Subscriber 1-267	XX-XXXX5655	0.10%
Subscriber 1-269	XX-XXXX6849	0.03%
Subscriber 1-270	XX-XXXX0853	0.00%
Subscriber 1-272	XX-XXXX4890	0.02%
Subscriber 1-273	XX-XXXX5087	0.13%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-274	XX-XXXX5381	0.12%
Subscriber 1-275	XX-XXXX6666	0.07%
Subscriber 1-276	XX-XXXX0000	0.00%
Subscriber 1-277	XX-XXXX4970	0.44%
Subscriber 1-278	XX-XXXX5385	0.07%
Subscriber 1-279	XX-XXXX5469	0.02%
Subscriber 1-280	XX-XXXX9080	0.25%
Subscriber 1-281	XX-XXXX9076	0.02%
Subscriber 1-282	XX-XXXX0000	0.00%
Subscriber 1-283	XX-XXXX5269	0.61%
Subscriber 1-286	XX-XXXX5284	0.00%
Subscriber 1-287	XX-XXXX5388	0.12%
Subscriber 1-288	XX-XXXX1204	0.00%
Subscriber 1-290	XX-XXXX5786	0.16%
Subscriber 1-291	XX-XXXX5077	0.26%
Subscriber 1-292	XX-XXXX6672	0.55%
Subscriber 1-293	XX-XXXX5056	0.00%
Subscriber 1-294	XX-XXXX9086	0.17%
Subscriber 1-295	XX-XXXX4853	0.00%
Subscriber 1-296	XX-XXXX5683	0.00%
Subscriber 1-297	XX-XXXX0838	0.00%
Subscriber 1-298	XX-XXXX5581	0.27%
Subscriber 1-299	XX-XXXX4953	0.28%
Subscriber 1-300	XX-XXXX5085	0.31%
Subscriber 1-301	XX-XXXX5181	0.23%
Subscriber 1-302	XX-XXXX6686	0.29%
Subscriber 1-303	XX-XXXX0883	0.00%
Subscriber 1-304	XX-XXXX5256	0.51%
Subscriber 1-305	XX-XXXX5165	0.01%
Subscriber 1-307	XX-XXXX5751	0.10%
Subscriber 1-308	XX-XXXX6776	0.12%
Subscriber 1-309	XX-XXXX0000	0.00%
Subscriber 1-311	XX-XXXX4889	0.12%
Subscriber 1-312	XX-XXXX5770	0.17%
Subscriber 1-314	XX-XXXX5455	0.01%
Subscriber 1-315	XX-XXXX0357	0.00%
Subscriber 1-316	XX-XXXX0496	0.00%
Subscriber 1-317	XX-XXXX0567	0.00%
Subscriber 1-318	XX-XXXX5756	0.08%
Subscriber 1-319	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-320	XX-XXXX0000	0.00%
Subscriber 1-321	XX-XXXX5182	0.17%
Subscriber 1-322	XX-XXXX8885	0.39%
Subscriber 1-323	XX-XXXX8885	0.00%
Subscriber 1-324	XX-XXXX5079	0.00%
Subscriber 1-326	XX-XXXX5450	0.09%
Subscriber 1-327	XX-XXXX4979	1.36%
Subscriber 1-328	XX-XXXX0000	0.00%
Subscriber 1-329	XX-XXXX5673	0.01%
Subscriber 1-330	XX-XXXX4974	0.17%
Subscriber 1-331	XX-XXXX1229	0.00%
Subscriber 1-332	XX-XXXX6648	0.79%
Subscriber 1-333	XX-XXXX6555	0.04%
Subscriber 1-334	XX-XXXX5451	0.04%
Subscriber 1-335	XX-XXXX5479	0.12%
Subscriber 1-336	XX-XXXX4952	0.17%
Subscriber 1-337	XX-XXXX5051	0.03%
Subscriber 1-338	XX-XXXX5577	0.18%
Subscriber 1-339	XX-XXXX5488	0.01%
Subscriber 1-340	XX-XXXX1028	0.00%
Subscriber 1-341	XX-XXXX5680	0.13%
Subscriber 1-342	XX-XXXX5187	0.00%
Subscriber 1-343	XX-XXXX5290	0.00%
Subscriber 1-344	XX-XXXX0941	0.00%
Subscriber 1-347	XX-XXXX4967	0.42%
Subscriber 1-349	XX-XXXX4984	0.04%
Subscriber 1-351	XX-XXXX0000	0.00%
Subscriber 1-352	XX-XXXX4954	0.01%
Subscriber 1-355	XX-XXXX5779	1.27%
Subscriber 1-356	XX-XXXX0842	0.00%
Subscriber 1-357	XX-XXXX1234	0.00%
Subscriber 1-358	XX-XXXX0380	0.00%
Subscriber 1-359	XX-XXXX1223	0.00%
Subscriber 1-360	XX-XXXX5248	0.07%
Subscriber 1-361	XX-XXXX6783	0.09%
Subscriber 1-362	XX-XXXX5685	0.00%
Subscriber 1-363	XX-XXXX5675	0.04%
Subscriber 1-365	XX-XXXX0000	0.00%
Subscriber 1-366	XX-XXXX0000	0.00%
Subscriber 1-367	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-368	XX-XXXX0000	0.00%
Subscriber 1-369	XX-XXXX0105	0.00%
Subscriber 1-370	XX-XXXX0000	0.00%
Subscriber 1-371	XX-XXXX0000	0.00%
Subscriber 1-372	XX-XXXX0000	0.00%
Subscriber 1-373	XX-XXXX0000	0.00%
Subscriber 1-374	XX-XXXX0000	0.00%
Subscriber 1-375	XX-XXXX0000	0.00%
Subscriber 1-376	XX-XXXX0000	0.00%
Subscriber 1-377	XX-XXXX0000	0.00%
Subscriber 1-378	XX-XXXX0000	0.00%
Subscriber 1-379	XX-XXXX0000	0.00%
Subscriber 1-380	XX-XXXX0000	0.00%
Subscriber 1-381	XX-XXXX0000	0.00%
Subscriber 1-382	XX-XXXX0000	0.00%
Subscriber 1-383	XX-XXXX0000	0.00%
Subscriber 1-384	XX-XXXX0000	0.00%
Subscriber 1-385	XX-XXXX0000	0.00%
Subscriber 1-386	XX-XXXX0000	0.00%
Subscriber 1-387	XX-XXXX0000	0.00%
Subscriber 1-388	XX-XXXX0000	0.00%
Subscriber 1-389	XX-XXXX0000	0.00%
Subscriber 1-390	XX-XXXX0000	0.00%
Subscriber 1-391	XX-XXXX0000	0.00%
Subscriber 1-392	XX-XXXX0000	0.00%
Subscriber 1-393	XX-XXXX0000	0.00%
Subscriber 1-394	XX-XXXX0000	0.00%
Subscriber 1-395	XX-XXXX0000	0.00%
Subscriber 1-396	XX-XXXX0000	0.00%
Subscriber 1-397	XX-XXXX0000	0.00%
Subscriber 1-398	XX-XXXX0000	0.00%
Subscriber 1-399	XX-XXXX0000	0.00%
Subscriber 1-400	XX-XXXX0000	0.00%
Subscriber 1-401	XX-XXXX0000	0.00%
Subscriber 1-402	XX-XXXX0000	0.00%
Subscriber 1-403	XX-XXXX0000	0.00%
Subscriber 1-404	XX-XXXX0000	0.00%
Subscriber 1-405	XX-XXXX0000	0.00%
Subscriber 1-406	XX-XXXX0000	0.00%
Subscriber 1-407	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-408	XX-XXXX0000	0.00%
Subscriber 1-410	XX-XXXX0000	0.00%
Subscriber 1-411	XX-XXXX0000	0.00%
Subscriber 1-412	XX-XXXX0000	0.00%
Subscriber 1-413	XX-XXXX0000	0.00%
Subscriber 1-414	XX-XXXX0000	0.00%
Subscriber 1-415	XX-XXXX0000	0.00%
Subscriber 1-416	XX-XXXX0000	0.00%
Subscriber 1-417	XX-XXXX0000	0.00%
Subscriber 1-418	XX-XXXX0000	0.00%
Subscriber 1-419	XX-XXXX0000	0.00%
Subscriber 1-420	XX-XXXX0000	0.00%
Subscriber 1-421	XX-XXXX0000	0.00%
Subscriber 1-422	XX-XXXX0000	0.00%
Subscriber 1-423	XX-XXXX0522	0.00%
Subscriber 1-424	XX-XXXX0000	0.00%
Subscriber 1-425	XX-XXXX0000	0.00%
Subscriber 1-426	XX-XXXX0000	0.00%
Subscriber 1-427	XX-XXXX0000	0.00%
Subscriber 1-428	XX-XXXX0000	0.00%
Subscriber 1-429	XX-XXXX0000	0.00%
Subscriber 1-430	XX-XXXX0000	0.00%
Subscriber 1-431	XX-XXXX0000	0.00%
Subscriber 1-432	XX-XXXX0000	0.00%
Subscriber 1-433	XX-XXXX0000	0.00%
Subscriber 1-434	XX-XXXX0000	0.00%
Subscriber 1-435	XX-XXXX0000	0.00%
Subscriber 1-436	XX-XXXX0000	0.00%
Subscriber 1-437	XX-XXXX0000	0.00%
Subscriber 1-438	XX-XXXX0000	0.00%
Subscriber 1-439	XX-XXXX0000	0.00%
Subscriber 1-440	XX-XXXX0000	0.00%
Subscriber 1-441	XX-XXXX0000	0.00%
Subscriber 1-442	XX-XXXX0000	0.00%
Subscriber 1-443	XX-XXXX0000	0.00%
Subscriber 1-444	XX-XXXX0000	0.00%
Subscriber 1-445	XX-XXXX0000	0.00%
Subscriber 1-446	XX-XXXX0000	0.00%
Subscriber 1-447	XX-XXXX0000	0.00%
Subscriber 1-448	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-449	XX-XXXX0000	0.00%
Subscriber 1-450	XX-XXXX0000	0.00%
Subscriber 1-451	XX-XXXX0000	0.00%
Subscriber 1-452	XX-XXXX0000	0.00%
Subscriber 1-453	XX-XXXX0000	0.00%
Subscriber 1-454	XX-XXXX0000	0.00%
Subscriber 1-455	XX-XXXX0000	0.00%
Subscriber 1-456	XX-XXXX0000	0.00%
Subscriber 1-457	XX-XXXX0000	0.00%
Subscriber 1-458	XX-XXXX8244	0.00%
Subscriber 1-459	XX-XXXX0000	0.00%
Subscriber 1-460	XX-XXXX0000	0.00%
Subscriber 1-461	XX-XXXX5351	0.00%
Subscriber 1-462	XX-XXXX0000	0.00%
Subscriber 1-463	XX-XXXX0000	0.00%
Subscriber 1-464	XX-XXXX0000	0.00%
Subscriber 1-465	XX-XXXX0000	0.00%
Subscriber 1-467	XX-XXXX5486	0.00%
Subscriber 1-468	XX-XXXX0000	0.00%
Subscriber 1-469	XX-XXXX1105	0.00%
Subscriber 1-470	XX-XXXX0000	0.00%
Subscriber 1-471	XX-XXXX1148	0.00%
Subscriber 1-473	XX-XXXX1282	0.00%
Subscriber 1-474	XX-XXXX0000	0.00%
Subscriber 1-476	XX-XXXX0000	0.00%
Subscriber 1-477	XX-XXXX0000	0.00%
Subscriber 1-478	XX-XXXX0000	0.00%
Subscriber 1-479	XX-XXXX0027	0.00%
Subscriber 1-480	XX-XXXX0000	0.00%
Subscriber 1-481	XX-XXXX0000	0.00%
Subscriber 1-482	XX-XXXX0000	0.00%
Subscriber 1-483	XX-XXXX0000	0.00%
Subscriber 1-484	XX-XXXX0000	0.00%
Subscriber 1-485	XX-XXXX0000	0.00%
Subscriber 1-486	XX-XXXX0000	0.00%
Subscriber 1-487	XX-XXXX0000	0.00%
Subscriber 1-488	XX-XXXX0000	0.00%
Subscriber 1-489	XX-XXXX0000	0.00%
Subscriber 1-490	XX-XXXX0000	0.00%
Subscriber 1-491	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-492	XX-XXXX0000	0.00%
Subscriber 1-493	XX-XXXX0000	0.00%
Subscriber 1-494	XX-XXXX0000	0.00%
Subscriber 1-495	XX-XXXX0000	0.00%
Subscriber 1-496	XX-XXXX0000	0.00%
Subscriber 1-497	XX-XXXX0000	0.00%
Subscriber 1-498	XX-XXXX0000	0.00%
Subscriber 1-499	XX-XXXX4849	0.00%
Subscriber 1-501	XX-XXXX0000	0.00%
Subscriber 1-502	XX-XXXX0000	0.00%
Subscriber 1-503	XX-XXXX0000	0.00%
Subscriber 1-504	XX-XXXX0000	0.00%
Subscriber 1-505	XX-XXXX0000	0.00%
Subscriber 1-506	XX-XXXX0000	0.00%
Subscriber 1-507	XX-XXXX0000	0.00%
Subscriber 1-508	XX-XXXX0000	0.00%
Subscriber 1-509	XX-XXXX0000	0.00%
Subscriber 1-510	XX-XXXX0000	0.00%
Subscriber 1-511	XX-XXXX0000	0.00%
Subscriber 1-512	XX-XXXX0000	0.00%
Subscriber 1-513	XX-XXXX0000	0.00%
Subscriber 1-514	XX-XXXX0000	0.00%
Subscriber 1-515	XX-XXXX0000	0.00%
Subscriber 1-516	XX-XXXX0000	0.00%
Subscriber 1-517	XX-XXXX0000	0.00%
Subscriber 1-518	XX-XXXX0000	0.00%
Subscriber 1-519	XX-XXXX0000	0.00%
Subscriber 1-520	XX-XXXX0000	0.00%
Subscriber 1-521	XX-XXXX0000	0.00%
Subscriber 1-522	XX-XXXX0000	0.00%
Subscriber 1-523	XX-XXXX0000	0.00%
Subscriber 1-524	XX-XXXX0000	0.00%
Subscriber 1-525	XX-XXXX0000	0.00%
Subscriber 1-526	XX-XXXX0000	0.00%
Subscriber 1-527	XX-XXXX0000	0.00%
Subscriber 1-528	XX-XXXX0000	0.00%
Subscriber 1-529	XX-XXXX0000	0.00%
Subscriber 1-530	XX-XXXX0000	0.00%
Subscriber 1-531	XX-XXXX0000	0.00%
Subscriber 1-532	XX-XXXX0000	-0.02%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-533	XX-XXXX0000	0.00%
Subscriber 1-534	XX-XXXX0000	0.00%
Subscriber 1-535	XX-XXXX0000	0.00%
Subscriber 1-536	XX-XXXX0000	0.00%
Subscriber 1-537	XX-XXXX0000	0.00%
Subscriber 1-538	XX-XXXX0000	0.00%
Subscriber 1-539	XX-XXXX0000	0.00%
Subscriber 1-540	XX-XXXX0000	0.00%
Subscriber 1-541	XX-XXXX0000	0.00%
Subscriber 1-542	XX-XXXX0000	0.00%
Subscriber 1-543	XX-XXXX0000	0.00%
Subscriber 1-544	XX-XXXX0000	0.00%
Subscriber 1-545	XX-XXXX0000	0.00%
Subscriber 1-546	XX-XXXX0000	0.00%
Subscriber 1-547	XX-XXXX0000	0.00%
Subscriber 1-548	XX-XXXX0000	0.00%
Subscriber 1-550	XX-XXXX0000	0.00%
Subscriber 1-551	XX-XXXX0000	0.00%
Subscriber 1-552	XX-XXXX0000	0.00%
Subscriber 1-553	XX-XXXX0000	0.00%
Subscriber 1-554	XX-XXXX0000	0.00%
Subscriber 1-555	XX-XXXX0000	0.00%
Subscriber 1-556	XX-XXXX0000	0.00%
Subscriber 1-557	XX-XXXX0000	0.00%
Subscriber 1-558	XX-XXXX0000	0.00%
Subscriber 1-559	XX-XXXX0000	0.03%
Subscriber 1-560	XX-XXXX0000	0.00%
Subscriber 1-561	XX-XXXX0000	0.00%
Subscriber 1-562	XX-XXXX0000	0.00%
Subscriber 1-563	XX-XXXX0000	0.00%
Subscriber 1-564	XX-XXXX0000	0.00%
Subscriber 1-565	XX-XXXX0000	0.00%
Subscriber 1-566	XX-XXXX0000	0.00%
Subscriber 1-567	XX-XXXX0000	0.00%
Subscriber 1-568	XX-XXXX0000	0.00%
Subscriber 1-569	XX-XXXX0000	0.00%
Subscriber 1-570	XX-XXXX0000	0.00%
Subscriber 1-571	XX-XXXX5590	0.01%
Subscriber 1-572	XX-XXXX6854	0.00%
Subscriber 1-573	XX-XXXX6789	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-574	XX-XXXX0053	0.00%
Subscriber 1-576	XX-XXXX5653	0.01%
Subscriber 1-577	XX-XXXX1360	0.00%
Subscriber 1-578	XX-XXXX0000	0.00%
Subscriber 1-579	XX-XXXX6665	0.00%
Subscriber 1-580	XX-XXXX1329	0.00%
Subscriber 1-581	XX-XXXX6872	0.26%
Subscriber 1-582	XX-XXXX5156	0.65%
Subscriber 1-583	XX-XXXX0000	0.00%
Subscriber 1-584	XX-XXXX6883	0.15%
Subscriber 1-585	XX-XXXX6787	0.03%
Subscriber 1-586	XX-XXXX6688	0.10%
Subscriber 1-587	XX-XXXX8953	0.45%
Subscriber 1-588	XX-XXXX6877	0.22%
Subscriber 1-589	XX-XXXX6878	0.02%
Subscriber 1-590	XX-XXXX6868	0.09%
Subscriber 1-591	XX-XXXX5778	0.20%
Subscriber 1-592	XX-XXXX6954	0.04%
Subscriber 1-593	XX-XXXX6953	0.02%
Subscriber 1-594	XX-XXXX1337	0.00%
Subscriber 1-595	XX-XXXX0000	0.00%
Subscriber 1-596	XX-XXXX6871	0.10%
Subscriber 1-598	XX-XXXX6774	0.14%
Subscriber 1-599	XX-XXXX6987	0.18%
Subscriber 1-600	XX-XXXX7066	0.09%
Subscriber 1-601	XX-XXXX6967	0.18%
Subscriber 1-602	XX-XXXX1403	0.00%
Subscriber 1-603	XX-XXXX6988	0.21%
Subscriber 1-604	XX-XXXX6890	0.00%
Subscriber 1-605	XX-XXXX1387	0.00%
Subscriber 1-606	XX-XXXX6888	0.06%
Subscriber 1-607	XX-XXXX0000	0.00%
Subscriber 1-608	XX-XXXX7068	0.06%
Subscriber 1-609	XX-XXXX7065	0.03%
Subscriber 1-611	XX-XXXX6875	0.00%
Subscriber 1-612	XX-XXXX6971	0.02%
Subscriber 1-614	XX-XXXX6977	0.04%
Subscriber 1-615	XX-XXXX1201	0.00%
Subscriber 1-616	XX-XXXX6984	0.06%
Subscriber 1-617	XX-XXXX6983	0.17%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-619	XX-XXXX7081	0.00%
Subscriber 1-620	XX-XXXX6976	0.42%
Subscriber 1-621	XX-XXXX6655	0.18%
Subscriber 1-622	XX-XXXX7086	0.75%
Subscriber 1-623	XX-XXXX6975	0.00%
Subscriber 1-624	XX-XXXX6969	0.09%
Subscriber 1-625	XX-XXXX5354	0.00%
Subscriber 1-626	XX-XXXX6949	0.32%
Subscriber 1-627	XX-XXXX6752	0.17%
Subscriber 1-628	XX-XXXX7150	0.16%
Subscriber 1-629	XX-XXXX0000	0.00%
Subscriber 1-631	XX-XXXX7165	0.20%
Subscriber 1-632	XX-XXXX5252	1.28%
Subscriber 1-633	XX-XXXX7181	0.00%
Subscriber 1-634	XX-XXXX6690	0.22%
Subscriber 1-635	XX-XXXX7169	0.06%
Subscriber 1-636	XX-XXXX7168	0.08%
Subscriber 1-637	XX-XXXX7180	0.14%
Subscriber 1-638	XX-XXXX7055	0.07%
Subscriber 1-639	XX-XXXX7087	0.31%
Subscriber 1-640	XX-XXXX7148	0.04%
Subscriber 1-641	XX-XXXX7090	0.00%
Subscriber 1-642	XX-XXXX7182	0.11%
Subscriber 1-643	XX-XXXX5654	0.00%
Subscriber 1-644	XX-XXXX1479	0.00%
Subscriber 1-645	XX-XXXX0000	0.00%
Subscriber 1-646	XX-XXXX0000	0.00%
Subscriber 1-647	XX-XXXX0000	0.00%
Subscriber 1-648	XX-XXXX5555	0.26%
Subscriber 1-649	XX-XXXX7268	1.27%
Subscriber 1-651	XX-XXXX6887	0.32%
Subscriber 1-652	XX-XXXX6771	0.00%
Subscriber 1-653	XX-XXXX1524	0.00%
Subscriber 1-654	XX-XXXX7074	0.05%
Subscriber 1-655	XX-XXXX7276	0.00%
Subscriber 1-656	XX-XXXX7279	0.00%
Subscriber 1-657	XX-XXXX6870	0.08%
Subscriber 1-658	XX-XXXX0000	0.00%
Subscriber 1-659	XX-XXXX7274	0.30%
Subscriber 1-660	XX-XXXX1046	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-663	XX-XXXX7173	0.25%
Subscriber 1-664	XX-XXXX7283	0.83%
Subscriber 1-665	XX-XXXX1191	0.00%
Subscriber 1-666	XX-XXXX6755	0.00%
Subscriber 1-668	XX-XXXX7172	0.00%
Subscriber 1-669	XX-XXXX7067	0.39%
Subscriber 1-670	XX-XXXX7368	0.40%
Subscriber 1-671	XX-XXXX5370	0.07%
Subscriber 1-672	XX-XXXX7385	0.00%
Subscriber 1-673	XX-XXXX7369	0.04%
Subscriber 1-674	XX-XXXX7384	0.11%
Subscriber 1-675	XX-XXXX7390	0.07%
Subscriber 1-676	XX-XXXX5576	0.14%
Subscriber 1-677	XX-XXXX7448	0.27%
Subscriber 1-678	XX-XXXX7355	0.08%
Subscriber 1-679	XX-XXXX1576	0.00%
Subscriber 1-680	XX-XXXX0000	0.00%
Subscriber 1-681	XX-XXXX7381	0.01%
Subscriber 1-682	XX-XXXX7250	0.19%
Subscriber 1-683	XX-XXXX7477	0.07%
Subscriber 1-684	XX-XXXX1602	0.00%
Subscriber 1-685	XX-XXXX7288	0.08%
Subscriber 1-686	XX-XXXX7482	0.02%
Subscriber 1-687	XX-XXXX8971	0.10%
Subscriber 1-688	XX-XXXX0738	0.00%
Subscriber 1-689	XX-XXXX7486	0.39%
Subscriber 1-693	XX-XXXX7472	0.04%
Subscriber 1-694	XX-XXXX7488	0.00%
Subscriber 1-695	XX-XXXX7487	0.00%
Subscriber 1-696	XX-XXXX7251	0.02%
Subscriber 1-697	XX-XXXX0000	0.00%
Subscriber 1-699	XX-XXXX5057	0.57%
Subscriber 1-700	XX-XXXX6675	1.12%
Subscriber 1-701	XX-XXXX7271	0.00%
Subscriber 1-702	XX-XXXX7187	0.09%
Subscriber 1-704	XX-XXXX7284	0.26%
Subscriber 1-705	XX-XXXX7282	0.39%
Subscriber 1-706	XX-XXXX6566	0.11%
Subscriber 1-707	XX-XXXX1648	0.00%
Subscriber 1-708	XX-XXXX1539	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-709	XX-XXXX8957	0.22%
Subscriber 1-710	XX-XXXX7153	0.00%
Subscriber 1-711	XX-XXXX7583	0.18%
Subscriber 1-712	XX-XXXX0000	0.00%
Subscriber 1-713	XX-XXXX7587	0.16%
Subscriber 1-714	XX-XXXX7651	1.06%
Subscriber 1-715	XX-XXXX7179	0.14%
Subscriber 1-716	XX-XXXX7167	0.50%
Subscriber 1-717	XX-XXXX7648	0.17%
Subscriber 1-718	XX-XXXX0000	0.00%
Subscriber 1-719	XX-XXXX8969	0.06%
Subscriber 1-720	XX-XXXX7579	0.08%
Subscriber 1-721	XX-XXXX7580	0.07%
Subscriber 1-722	XX-XXXX7652	0.02%
Subscriber 1-723	XX-XXXX7366	0.00%
Subscriber 1-724	XX-XXXX6649	0.00%
Subscriber 1-725	XX-XXXX6671	0.20%
Subscriber 1-727	XX-XXXX6785	0.25%
Subscriber 1-729	XX-XXXX5473	0.02%
Subscriber 1-730	XX-XXXX7684	0.59%
Subscriber 1-731	XX-XXXX7570	0.01%
Subscriber 1-732	XX-XXXX7571	0.08%
Subscriber 1-733	XX-XXXX7656	0.09%
Subscriber 1-734	XX-XXXX8967	0.10%
Subscriber 1-735	XX-XXXX7682	0.73%
Subscriber 1-736	XX-XXXX7769	0.43%
Subscriber 1-737	XX-XXXX7770	0.00%
Subscriber 1-738	XX-XXXX7581	0.29%
Subscriber 1-739	XX-XXXX7752	0.05%
Subscriber 1-741	XX-XXXX7681	0.01%
Subscriber 1-743	XX-XXXX7784	0.01%
Subscriber 1-744	XX-XXXX7850	0.01%
Subscriber 1-745	XX-XXXX6767	0.23%
Subscriber 1-746	XX-XXXX6577	0.51%
Subscriber 1-747	XX-XXXX7780	0.00%
Subscriber 1-748	XX-XXXX7865	0.09%
Subscriber 1-749	XX-XXXX7478	0.29%
Subscriber 1-750	XX-XXXX7851	0.10%
Subscriber 1-751	XX-XXXX7375	0.31%
Subscriber 1-752	XX-XXXX7677	0.04%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-753	XX-XXXX6970	0.13%
Subscriber 1-754	XX-XXXX7183	0.02%
Subscriber 1-755	XX-XXXX1538	0.00%
Subscriber 1-756	XX-XXXX7886	0.05%
Subscriber 1-757	XX-XXXX7952	0.01%
Subscriber 1-758	XX-XXXX7951	0.14%
Subscriber 1-759	XX-XXXX7948	0.13%
Subscriber 1-760	XX-XXXX7573	0.12%
Subscriber 1-761	XX-XXXX7965	0.34%
Subscriber 1-762	XX-XXXX7953	0.17%
Subscriber 1-763	XX-XXXX0000	0.00%
Subscriber 1-764	XX-XXXX7468	0.03%
Subscriber 1-765	XX-XXXX0000	0.00%
Subscriber 1-766	XX-XXXX7856	0.13%
Subscriber 1-767	XX-XXXX7254	0.04%
Subscriber 1-768	XX-XXXX5189	0.00%
Subscriber 1-770	XX-XXXX8049	0.12%
Subscriber 1-771	XX-XXXX8050	0.00%
Subscriber 1-772	XX-XXXX1811	0.00%
Subscriber 1-773	XX-XXXX0000	0.00%
Subscriber 1-774	XX-XXXX5170	0.05%
Subscriber 1-775	XX-XXXX8968	0.10%
Subscriber 1-776	XX-XXXX7452	0.00%
Subscriber 1-778	XX-XXXX5767	0.17%
Subscriber 1-779	XX-XXXX7278	0.19%
Subscriber 1-781	XX-XXXX7453	0.00%
Subscriber 1-782	XX-XXXX7986	0.01%
Subscriber 1-783	XX-XXXX8067	0.20%
Subscriber 1-785	XX-XXXX8167	0.23%
Subscriber 1-786	XX-XXXX7549	0.00%
Subscriber 1-787	XX-XXXX6968	0.04%
Subscriber 1-788	XX-XXXX8171	0.03%
Subscriber 1-789	XX-XXXX7270	0.20%
Subscriber 1-790	XX-XXXX7874	0.08%
Subscriber 1-791	XX-XXXX8166	0.04%
Subscriber 1-793	XX-XXXX6569	0.00%
Subscriber 1-794	XX-XXXX5687	0.00%
Subscriber 1-795	XX-XXXX8249	0.20%
Subscriber 1-796	XX-XXXX8156	0.02%
Subscriber 1-797	XX-XXXX8251	0.01%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-798	XX-XXXX8165	0.60%
Subscriber 1-799	XX-XXXX8055	0.13%
Subscriber 1-800	XX-XXXX1904	0.00%
Subscriber 1-801	XX-XXXX7174	0.00%
Subscriber 1-802	XX-XXXX8267	0.04%
Subscriber 1-803	XX-XXXX8170	0.00%
Subscriber 1-804	XX-XXXX0000	0.00%
Subscriber 1-806	XX-XXXX1903	0.00%
Subscriber 1-807	XX-XXXX7852	0.25%
Subscriber 1-808	XX-XXXX8265	0.24%
Subscriber 1-809	XX-XXXX7186	0.33%
Subscriber 1-810	XX-XXXX8255	0.16%
Subscriber 1-811	XX-XXXX8066	0.21%
Subscriber 1-812	XX-XXXX8285	0.01%
Subscriber 1-813	XX-XXXX1465	0.00%
Subscriber 1-814	XX-XXXX7957	0.04%
Subscriber 1-815	XX-XXXX8282	0.05%
Subscriber 1-816	XX-XXXX6580	0.17%
Subscriber 1-817	XX-XXXX1674	0.00%
Subscriber 1-818	XX-XXXX1645	0.00%
Subscriber 1-819	XX-XXXX7775	0.21%
Subscriber 1-820	XX-XXXX7686	0.16%
Subscriber 1-821	XX-XXXX8274	0.16%
Subscriber 1-822	XX-XXXX6951	0.14%
Subscriber 1-823	XX-XXXX0000	0.00%
Subscriber 1-824	XX-XXXX7882	0.14%
Subscriber 1-825	XX-XXXX8290	0.00%
Subscriber 1-826	XX-XXXX7977	0.00%
Subscriber 1-827	XX-XXXX7269	0.05%
Subscriber 1-828	XX-XXXX8272	0.10%
Subscriber 1-829	XX-XXXX8354	0.00%
Subscriber 1-830	XX-XXXX7257	0.82%
Subscriber 1-831	XX-XXXX8353	0.41%
Subscriber 1-832	XX-XXXX8351	0.15%
Subscriber 1-833	XX-XXXX8467	0.03%
Subscriber 1-834	XX-XXXX8172	0.08%
Subscriber 1-835	XX-XXXX8474	0.19%
Subscriber 1-836	XX-XXXX8266	0.02%
Subscriber 1-837	XX-XXXX0000	0.00%
Subscriber 1-838	XX-XXXX8480	0.24%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-839	XX-XXXX8376	0.06%
Subscriber 1-840	XX-XXXX8083	0.00%
Subscriber 1-841	XX-XXXX8551	0.05%
Subscriber 1-842	XX-XXXX4884	0.00%
Subscriber 1-843	XX-XXXX8183	0.26%
Subscriber 1-846	XX-XXXX8257	0.06%
Subscriber 1-847	XX-XXXX7373	0.03%
Subscriber 1-848	XX-XXXX8570	0.00%
Subscriber 1-849	XX-XXXX8390	0.21%
Subscriber 1-850	XX-XXXX8579	0.07%
Subscriber 1-851	XX-XXXX8174	0.20%
Subscriber 1-852	XX-XXXX8175	0.01%
Subscriber 1-853	XX-XXXX8177	0.35%
Subscriber 1-854	XX-XXXX8178	0.03%
Subscriber 1-855	XX-XXXX8477	0.03%
Subscriber 1-856	XX-XXXX7449	0.24%
Subscriber 1-857	XX-XXXX1766	0.00%
Subscriber 1-858	XX-XXXX8589	0.00%
Subscriber 1-859	XX-XXXX8151	0.05%
Subscriber 1-860	XX-XXXX8755	0.00%
Subscriber 1-861	XX-XXXX8756	4.99%
Subscriber 1-862	XX-XXXX8690	0.06%
Subscriber 1-863	XX-XXXX8581	0.16%
Subscriber 1-864	XX-XXXX9076	0.11%
Subscriber 1-865	XX-XXXX8748	0.03%
Subscriber 1-866	XX-XXXX1635	0.00%
Subscriber 1-867	XX-XXXX7565	0.01%
Subscriber 1-868	XX-XXXX8076	0.02%
Subscriber 1-869	XX-XXXX8571	0.14%
Subscriber 1-870	XX-XXXX7356	0.07%
Subscriber 1-871	XX-XXXX8288	0.12%
Subscriber 1-872	XX-XXXX7376	0.07%
Subscriber 1-873	XX-XXXX8490	0.33%
Subscriber 1-875	XX-XXXX8580	0.05%
Subscriber 1-876	XX-XXXX8850	0.00%
Subscriber 1-877	XX-XXXX8782	0.01%
Subscriber 1-878	XX-XXXX8587	0.08%
Subscriber 1-879	XX-XXXX7857	0.11%
Subscriber 1-880	XX-XXXX7351	0.47%
Subscriber 1-881	XX-XXXX8949	0.29%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-882	XX-XXXX4872	0.19%
Subscriber 1-883	XX-XXXX7966	0.19%
Subscriber 1-884	XX-XXXX8968	0.04%
Subscriber 1-885	XX-XXXX8468	0.07%
Subscriber 1-886	XX-XXXX8969	0.02%
Subscriber 1-887	XX-XXXX8957	0.10%
Subscriber 1-888	XX-XXXX8975	0.00%
Subscriber 1-889	XX-XXXX8888	0.05%
Subscriber 1-890	XX-XXXX8965	0.20%
Subscriber 1-891	XX-XXXX2103	0.00%
Subscriber 1-892	XX-XXXX8767	0.09%
Subscriber 1-893	XX-XXXX7955	0.00%
Subscriber 1-894	XX-XXXX8952	0.00%
Subscriber 1-895	XX-XXXX8155	0.05%
Subscriber 1-896	XX-XXXX8586	0.10%
Subscriber 1-897	XX-XXXX0000	0.00%
Subscriber 1-898	XX-XXXX8953	0.00%
Subscriber 1-899	XX-XXXX8876	0.09%
Subscriber 1-900	XX-XXXX8990	0.02%
Subscriber 1-901	XX-XXXX8869	0.02%
Subscriber 1-902	XX-XXXX8872	0.00%
Subscriber 1-903	XX-XXXX5167	0.41%
Subscriber 1-904	XX-XXXX8370	0.05%
Subscriber 1-905	XX-XXXX8369	0.04%
Subscriber 1-906	XX-XXXX8169	0.80%
Subscriber 1-907	XX-XXXX8254	0.09%
Subscriber 1-908	XX-XXXX8787	0.19%
Subscriber 1-909	XX-XXXX8883	0.25%
Subscriber 1-910	XX-XXXX9082	1.21%
Subscriber 1-911	XX-XXXX8890	0.00%
Subscriber 1-912	XX-XXXX7983	0.32%
Subscriber 1-913	XX-XXXX1931	0.00%
Subscriber 1-914	XX-XXXX8356	0.01%
Subscriber 1-915	XX-XXXX8848	0.13%
Subscriber 1-916	XX-XXXX8475	0.01%
Subscriber 1-917	XX-XXXX8976	0.33%
Subscriber 1-919	XX-XXXX8053	0.04%
Subscriber 1-920	XX-XXXX6552	0.06%
Subscriber 1-921	XX-XXXX1322	0.00%
Subscriber 1-922	XX-XXXX8788	0.08%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-923	XX-XXXX6574	0.03%
Subscriber 1-924	XX-XXXX8466	0.21%
Subscriber 1-925	XX-XXXX6554	0.02%
Subscriber 1-926	XX-XXXX8856	0.07%
Subscriber 1-927	XX-XXXX9074	0.02%
Subscriber 1-928	XX-XXXX7151	0.01%
Subscriber 1-930	XX-XXXX4872	1.32%
Subscriber 1-931	XX-XXXX8757	0.29%
Subscriber 1-932	XX-XXXX8765	0.00%
Subscriber 1-933	XX-XXXX4850	0.00%
Subscriber 1-934	XX-XXXX8781	0.04%
Subscriber 1-935	XX-XXXX4876	0.54%
Subscriber 1-936	XX-XXXX8482	0.36%
Subscriber 1-937	XX-XXXX4887	0.09%
Subscriber 1-938	XX-XXXX8173	0.07%
Subscriber 1-939	XX-XXXX5484	0.13%
Subscriber 1-940	XX-XXXX8978	0.50%
Subscriber 1-941	XX-XXXX8388	0.06%
Subscriber 1-942	XX-XXXX9050	0.05%
Subscriber 1-943	XX-XXXX8987	0.08%
Subscriber 1-944	XX-XXXX8989	0.11%
Subscriber 1-945	XX-XXXX4866	0.01%
Subscriber 1-946	XX-XXXX8355	0.02%
Subscriber 1-947	XX-XXXX8789	0.10%
Subscriber 1-948	XX-XXXX9079	0.41%
Subscriber 1-949	XX-XXXX4870	0.00%
Subscriber 1-950	XX-XXXX8068	0.00%
Subscriber 1-951	XX-XXXX0000	0.00%
Subscriber 1-952	XX-XXXX7072	0.01%
Subscriber 1-953	XX-XXXX4867	0.10%
Subscriber 1-954	XX-XXXX4879	0.02%
Subscriber 1-956	XX-XXXX8481	0.12%
Subscriber 1-957	XX-XXXX8956	0.00%
Subscriber 1-958	XX-XXXX9084	0.02%
Subscriber 1-959	XX-XXXX9085	0.00%
Subscriber 1-960	XX-XXXX4874	0.19%
Subscriber 1-962	XX-XXXX0000	0.00%
Subscriber 1-964	XX-XXXX4954	0.12%
Subscriber 1-965	XX-XXXX4869	0.00%
Subscriber 1-966	XX-XXXX2101	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-967	XX-XXXX8550	0.13%
Subscriber 1-968	XX-XXXX4957	0.00%
Subscriber 1-969	XX-XXXX4971	0.03%
Subscriber 1-970	XX-XXXX4990	0.14%
Subscriber 1-971	XX-XXXX4979	0.01%
Subscriber 1-972	XX-XXXX4949	0.06%
Subscriber 1-973	XX-XXXX5053	0.07%
Subscriber 1-974	XX-XXXX4984	0.17%
Subscriber 1-975	XX-XXXX4972	0.00%
Subscriber 1-976	XX-XXXX9087	0.01%
Subscriber 1-977	XX-XXXX4986	0.12%
Subscriber 1-978	XX-XXXX8753	0.07%
Subscriber 1-979	XX-XXXX5056	0.02%
Subscriber 1-980	XX-XXXX4969	0.10%
Subscriber 1-981	XX-XXXX8754	0.10%
Subscriber 1-982	XX-XXXX5084	0.12%
Subscriber 1-983	XX-XXXX4884	0.11%
Subscriber 1-984	XX-XXXX8950	0.10%
Subscriber 1-985	XX-XXXX0000	0.00%
Subscriber 1-786	XX-XXXX7549	0.00%
Subscriber 1-694	XX-XXXX7488	0.00%
Subscriber 1-611	XX-XXXX6875	0.00%
Subscriber 1-088	XX-XXXX4850	0.01%
Subscriber 1-695	XX-XXXX7487	0.00%
Subscriber 1-681	XX-XXXX7381	0.01%
Subscriber 1-933	XX-XXXX4850	0.00%
Subscriber 1-829	XX-XXXX8354	0.00%
Subscriber 1-199	XX-XXXX4957	0.00%
Subscriber 1-579	XX-XXXX6665	0.00%
Subscriber 1-801	XX-XXXX7174	0.00%
Subscriber 1-096	XX-XXXX8951	0.14%
Subscriber 1-347	XX-XXXX4967	0.42%
Subscriber 1-959	XX-XXXX9085	0.00%
Subscriber 1-958	XX-XXXX9084	0.02%
Subscriber 1-245	XX-XXXX4977	0.14%
Subscriber 1-329	XX-XXXX5673	0.01%
Subscriber 1-744	XX-XXXX7850	0.01%
Subscriber 1-754	XX-XXXX7183	0.02%
Subscriber 1-222	XX-XXXX5456	0.60%
Subscriber 1-853	XX-XXXX8177	0.35%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 1-978	XX-XXXX8753	0.07%
Subscriber 1-100	XX-XXXX5084	0.06%
Subscriber 1-930	XX-XXXX4872	1.32%
Subscriber 1-716	XX-XXXX7167	0.50%
Subscriber 1-739	XX-XXXX7752	0.05%
Subscriber 2-018	XX-XXXX4650	-0.02%
Subscriber 2-001	XX-XXXX4650	0.00%
Subscriber 2-002	XX-XXXX8176	0.02%
Subscriber 2-003	XX-XXXX8077	0.05%
Subscriber 2-004	XX-XXXX4852	0.05%
Subscriber 2-005	XX-XXXX8471	0.18%
Subscriber 2-006	XX-XXXX8484	0.00%
Subscriber 2-007	XX-XXXX8483	0.07%
Subscriber 2-008	XX-XXXX5787	0.14%
Subscriber 2-009	XX-XXXX8875	0.32%
Subscriber 2-010	XX-XXXX7455	0.07%
Subscriber 2-011	XX-XXXX7878	0.15%
Subscriber 2-012	XX-XXXX5074	0.04%
Subscriber 2-013	XX-XXXX2084	0.00%
Subscriber 2-015	XX-XXXX8569	0.35%
Subscriber 2-016	XX-XXXX6570	0.21%
Subscriber 2-019	XX-XXXX8568	0.23%
Subscriber 2-020	XX-XXXX5050	0.02%
Subscriber 2-021	XX-XXXX8648	0.01%
Subscriber 2-022	XX-XXXX4956	0.03%
Subscriber 2-023	XX-XXXX8484	0.11%
Subscriber 2-024	XX-XXXX2336	0.00%
Subscriber 2-025	XX-XXXX6655	0.00%
Subscriber 2-026	XX-XXXX6757	0.95%
Subscriber 2-027	XX-XXXX8748	0.11%
Subscriber 2-028	XX-XXXX8865	0.17%
Subscriber 2-029	XX-XXXX9081	0.10%
Subscriber 2-030	XX-XXXX8751	0.00%
Subscriber 2-031	XX-XXXX2377	0.00%
Subscriber 2-032	XX-XXXX2373	0.00%
Subscriber 2-033	XX-XXXX8882	0.00%
Subscriber 2-034	XX-XXXX4857	0.00%
Subscriber 2-035	XX-XXXX7755	0.00%
Subscriber 2-036	XX-XXXX6886	0.00%
Subscriber 2-037	XX-XXXX8671	0.14%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-038	XX-XXXX8665	0.08%
Subscriber 2-039	XX-XXXX8676	0.29%
Subscriber 2-040	XX-XXXX5088	0.09%
Subscriber 2-042	XX-XXXX8881	0.01%
Subscriber 2-043	XX-XXXX8384	0.00%
Subscriber 2-044	XX-XXXX8765	0.00%
Subscriber 2-045	XX-XXXX8654	0.01%
Subscriber 2-046	XX-XXXX5172	0.01%
Subscriber 2-047	XX-XXXX9051	0.03%
Subscriber 2-048	XX-XXXX8566	0.00%
Subscriber 2-049	XX-XXXX8983	0.09%
Subscriber 2-050	XX-XXXX4855	0.05%
Subscriber 2-051	XX-XXXX4854	0.25%
Subscriber 2-052	XX-XXXX8488	0.02%
Subscriber 2-053	XX-XXXX9056	0.01%
Subscriber 2-054	XX-XXXX2436	0.00%
Subscriber 2-055	XX-XXXX8773	0.08%
Subscriber 2-056	XX-XXXX2433	0.00%
Subscriber 2-058	XX-XXXX8184	0.19%
Subscriber 2-059	XX-XXXX8877	0.07%
Subscriber 2-060	XX-XXXX7880	0.06%
Subscriber 2-061	XX-XXXX8557	0.01%
Subscriber 2-062	XX-XXXX7184	0.21%
Subscriber 2-063	XX-XXXX5081	0.01%
Subscriber 2-064	XX-XXXX9066	0.13%
Subscriber 2-065	XX-XXXX9066	0.00%
Subscriber 2-066	XX-XXXX8768	0.00%
Subscriber 2-067	XX-XXXX8767	0.18%
Subscriber 2-068	XX-XXXX5071	0.14%
Subscriber 2-069	XX-XXXX7576	0.09%
Subscriber 2-071	XX-XXXX9067	0.00%
Subscriber 2-072	XX-XXXX8056	0.09%
Subscriber 2-073	XX-XXXX8688	0.00%
Subscriber 2-074	XX-XXXX8750	0.00%
Subscriber 2-075	XX-XXXX9069	0.05%
Subscriber 2-076	XX-XXXX8677	0.27%
Subscriber 2-077	XX-XXXX8777	0.29%
Subscriber 2-078	XX-XXXX8989	0.00%
Subscriber 2-079	XX-XXXX8682	0.00%
Subscriber 2-080	XX-XXXX8965	0.05%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-081	XX-XXXX8681	0.02%
Subscriber 2-082	XX-XXXX8782	0.04%
Subscriber 2-083	XX-XXXX9075	0.18%
Subscriber 2-084	XX-XXXX8890	0.00%
Subscriber 2-085	XX-XXXX8869	0.01%
Subscriber 2-086	XX-XXXX8978	0.00%
Subscriber 2-087	XX-XXXX7867	0.00%
Subscriber 2-088	XX-XXXX9065	0.08%
Subscriber 2-089	XX-XXXX8680	0.03%
Subscriber 2-090	XX-XXXX5283	0.03%
Subscriber 2-091	XX-XXXX8473	0.20%
Subscriber 2-092	XX-XXXX8485	0.41%
Subscriber 2-093	XX-XXXX8955	0.06%
Subscriber 2-094	XX-XXXX8780	0.36%
Subscriber 2-095	XX-XXXX7289	0.31%
Subscriber 2-096	XX-XXXX8480	0.20%
Subscriber 2-097	XX-XXXX5078	0.27%
Subscriber 2-098	XX-XXXX9070	0.05%
Subscriber 2-099	XX-XXXX8975	0.04%
Subscriber 2-100	XX-XXXX7753	0.04%
Subscriber 2-101	XX-XXXX5185	0.20%
Subscriber 2-102	XX-XXXX8483	0.26%
Subscriber 2-103	XX-XXXX5085	0.23%
Subscriber 2-104	XX-XXXX5790	0.03%
Subscriber 2-105	XX-XXXX8657	0.19%
Subscriber 2-106	XX-XXXX8472	0.35%
Subscriber 2-107	XX-XXXX8973	0.11%
Subscriber 2-108	XX-XXXX8071	0.10%
Subscriber 2-109	XX-XXXX8770	0.07%
Subscriber 2-110	XX-XXXX6778	0.79%
Subscriber 2-111	XX-XXXX5089	0.36%
Subscriber 2-112	XX-XXXX8269	0.59%
Subscriber 2-113	XX-XXXX5090	1.51%
Subscriber 2-114	XX-XXXX8779	0.05%
Subscriber 2-115	XX-XXXX0000	0.00%
Subscriber 2-116	XX-XXXX5589	0.50%
Subscriber 2-117	XX-XXXX8951	0.10%
Subscriber 2-118	XX-XXXX6553	0.84%
Subscriber 2-119	XX-XXXX6554	0.24%
Subscriber 2-120	XX-XXXX8585	0.06%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-121	XX-XXXX8775	0.12%
Subscriber 2-122	XX-XXXX8580	0.17%
Subscriber 2-123	XX-XXXX8385	0.15%
Subscriber 2-124	XX-XXXX7256	0.01%
Subscriber 2-125	XX-XXXX0000	0.00%
Subscriber 2-126	XX-XXXX8985	0.01%
Subscriber 2-127	XX-XXXX8753	0.02%
Subscriber 2-128	XX-XXXX8956	0.13%
Subscriber 2-129	XX-XXXX8787	0.32%
Subscriber 2-130	XX-XXXX8977	0.04%
Subscriber 2-131	XX-XXXX5148	0.51%
Subscriber 2-132	XX-XXXX6552	0.07%
Subscriber 2-133	XX-XXXX8552	0.00%
Subscriber 2-134	XX-XXXX9073	0.06%
Subscriber 2-135	XX-XXXX8572	0.03%
Subscriber 2-136	XX-XXXX7066	0.07%
Subscriber 2-137	XX-XXXX7586	0.02%
Subscriber 2-138	XX-XXXX8479	0.13%
Subscriber 2-139	XX-XXXX7153	0.01%
Subscriber 2-140	XX-XXXX4950	0.20%
Subscriber 2-141	XX-XXXX9078	0.00%
Subscriber 2-142	XX-XXXX9077	0.07%
Subscriber 2-143	XX-XXXX8574	0.13%
Subscriber 2-144	XX-XXXX8968	0.08%
Subscriber 2-145	XX-XXXX5288	0.32%
Subscriber 2-146	XX-XXXX8165	0.03%
Subscriber 2-147	XX-XXXX8788	0.02%
Subscriber 2-148	XX-XXXX8383	0.00%
Subscriber 2-149	XX-XXXX8384	0.35%
Subscriber 2-150	XX-XXXX8886	0.13%
Subscriber 2-151	XX-XXXX8970	0.25%
Subscriber 2-152	XX-XXXX5690	0.74%
Subscriber 2-153	XX-XXXX9052	0.27%
Subscriber 2-154	XX-XXXX8884	0.16%
Subscriber 2-155	XX-XXXX8772	0.01%
Subscriber 2-156	XX-XXXX8878	0.02%
Subscriber 2-157	XX-XXXX9053	0.01%
Subscriber 2-158	XX-XXXX8877	0.61%
Subscriber 2-159	XX-XXXX7648	0.10%
Subscriber 2-160	XX-XXXX7590	0.02%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-161	XX-XXXX7589	0.02%
Subscriber 2-162	XX-XXXX8370	0.07%
Subscriber 2-163	XX-XXXX7084	0.17%
Subscriber 2-164	XX-XXXX7655	0.16%
Subscriber 2-165	XX-XXXX7654	0.00%
Subscriber 2-166	XX-XXXX8972	0.04%
Subscriber 2-167	XX-XXXX5155	0.06%
Subscriber 2-168	XX-XXXX5180	0.46%
Subscriber 2-169	XX-XXXX5182	0.53%
Subscriber 2-170	XX-XXXX5181	0.04%
Subscriber 2-171	XX-XXXX5287	0.05%
Subscriber 2-172	XX-XXXX5286	0.00%
Subscriber 2-173	XX-XXXX5179	0.00%
Subscriber 2-174	XX-XXXX8678	0.00%
Subscriber 2-175	XX-XXXX5285	0.05%
Subscriber 2-176	XX-XXXX8672	0.13%
Subscriber 2-177	XX-XXXX5357	0.10%
Subscriber 2-178	XX-XXXX8382	0.02%
Subscriber 2-179	XX-XXXX7552	0.04%
Subscriber 2-180	XX-XXXX5184	0.00%
Subscriber 2-181	XX-XXXX6572	1.41%
Subscriber 2-182	XX-XXXX9054	0.10%
Subscriber 2-183	XX-XXXX5289	0.00%
Subscriber 2-184	XX-XXXX8588	0.00%
Subscriber 2-185	XX-XXXX7078	1.32%
Subscriber 2-186	XX-XXXX7077	0.12%
Subscriber 2-187	XX-XXXX6976	0.20%
Subscriber 2-188	XX-XXXX8573	0.02%
Subscriber 2-189	XX-XXXX7274	0.10%
Subscriber 2-190	XX-XXXX7273	0.00%
Subscriber 2-191	XX-XXXX6985	0.02%
Subscriber 2-192	XX-XXXX5290	0.09%
Subscriber 2-193	XX-XXXX8289	0.13%
Subscriber 2-194	XX-XXXX8782	0.02%
Subscriber 2-195	XX-XXXX8381	0.23%
Subscriber 2-196	XX-XXXX7687	0.20%
Subscriber 2-197	XX-XXXX8883	0.28%
Subscriber 2-198	XX-XXXX4955	0.03%
Subscriber 2-200	XX-XXXX7951	0.31%
Subscriber 2-201	XX-XXXX7950	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-202	XX-XXXX7948	0.27%
Subscriber 2-203	XX-XXXX7954	0.06%
Subscriber 2-204	XX-XXXX8087	0.25%
Subscriber 2-205	XX-XXXX7949	0.02%
Subscriber 2-206	XX-XXXX8567	0.08%
Subscriber 2-207	XX-XXXX9077	0.10%
Subscriber 2-208	XX-XXXX5284	0.10%
Subscriber 2-209	XX-XXXX7980	0.06%
Subscriber 2-210	XX-XXXX9049	0.01%
Subscriber 2-211	XX-XXXX8448	0.88%
Subscriber 2-212	XX-XXXX9066	0.02%
Subscriber 2-213	XX-XXXX7789	0.44%
Subscriber 2-214	XX-XXXX6685	0.69%
Subscriber 2-215	XX-XXXX8749	0.03%
Subscriber 2-216	XX-XXXX8783	0.08%
Subscriber 2-217	XX-XXXX8979	0.03%
Subscriber 2-218	XX-XXXX4987	0.04%
Subscriber 2-219	XX-XXXX6886	0.29%
Subscriber 2-220	XX-XXXX8871	0.03%
Subscriber 2-221	XX-XXXX7689	1.03%
Subscriber 2-222	XX-XXXX8875	0.09%
Subscriber 2-223	XX-XXXX7952	0.03%
Subscriber 2-224	XX-XXXX4977	0.02%
Subscriber 2-225	XX-XXXX8780	0.12%
Subscriber 2-226	XX-XXXX7889	0.20%
Subscriber 2-227	XX-XXXX5671	0.02%
Subscriber 2-228	XX-XXXX5186	0.75%
Subscriber 2-229	XX-XXXX4988	0.12%
Subscriber 2-230	XX-XXXX8548	0.69%
Subscriber 2-231	XX-XXXX5772	0.06%
Subscriber 2-232	XX-XXXX6651	0.56%
Subscriber 2-233	XX-XXXX8883	0.05%
Subscriber 2-234	XX-XXXX8054	5.15%
Subscriber 2-235	XX-XXXX6953	0.06%
Subscriber 2-236	XX-XXXX5384	0.06%
Subscriber 2-237	XX-XXXX7677	4.16%
Subscriber 2-238	XX-XXXX5152	1.15%
Subscriber 2-239	XX-XXXX6672	0.42%
Subscriber 2-240	XX-XXXX7178	0.01%
Subscriber 2-241	XX-XXXX0000	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-242	XX-XXXX8953	0.59%
Subscriber 2-243	XX-XXXX6989	0.01%
Subscriber 2-244	XX-XXXX7190	0.08%
Subscriber 2-245	XX-XXXX5288	0.05%
Subscriber 2-246	XX-XXXX7073	0.01%
Subscriber 2-247	XX-XXXX5752	1.22%
Subscriber 2-248	XX-XXXX5753	1.01%
Subscriber 2-249	XX-XXXX5754	0.19%
Subscriber 2-250	XX-XXXX5755	0.00%
Subscriber 2-251	XX-XXXX6687	13.97%
Subscriber 2-252	XX-XXXX5780	3.10%
Subscriber 2-253	XX-XXXX7649	1.09%
Subscriber 2-254	XX-XXXX7690	0.99%
Subscriber 2-255	XX-XXXX7683	0.19%
Subscriber 2-256	XX-XXXX5270	0.03%
Subscriber 2-257	XX-XXXX7069	0.33%
Subscriber 2-258	XX-XXXX5065	0.02%
Subscriber 2-259	XX-XXXX7586	0.08%
Subscriber 2-260	XX-XXXX7252	0.24%
Subscriber 2-261	XX-XXXX8475	0.05%
Subscriber 2-262	XX-XXXX7880	0.02%
Subscriber 2-263	XX-XXXX7978	0.24%
Subscriber 2-264	XX-XXXX6885	0.02%
Subscriber 2-265	XX-XXXX8556	0.23%
Subscriber 2-266	XX-XXXX8176	0.54%
Subscriber 2-267	XX-XXXX8180	0.10%
Subscriber 2-268	XX-XXXX7251	0.11%
Subscriber 2-269	XX-XXXX8966	0.24%
Subscriber 2-270	XX-XXXX7674	1.15%
Subscriber 2-271	XX-XXXX6671	0.27%
Subscriber 2-272	XX-XXXX8882	0.02%
Subscriber 2-273	XX-XXXX8366	0.00%
Subscriber 2-274	XX-XXXX8590	0.74%
Subscriber 2-275	XX-XXXX7168	0.00%
Subscriber 2-276	XX-XXXX8379	0.37%
Subscriber 2-277	XX-XXXX5371	0.12%
Subscriber 2-278	XX-XXXX8849	0.00%
Subscriber 2-279	XX-XXXX5375	0.04%
Subscriber 2-280	XX-XXXX8190	0.04%
Subscriber 2-281	XX-XXXX8449	0.25%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-282	XX-XXXX8665	0.00%
Subscriber 2-283	XX-XXXX8473	0.00%
Subscriber 2-284	XX-XXXX5274	0.09%
Subscriber 2-285	XX-XXXX5348	0.60%
Subscriber 2-286	XX-XXXX5549	0.12%
Subscriber 2-287	XX-XXXX5665	0.14%
Subscriber 2-288	XX-XXXX7955	0.07%
Subscriber 2-289	XX-XXXX8275	0.03%
Subscriber 2-290	XX-XXXX9081	0.40%
Subscriber 2-291	XX-XXXX8487	0.07%
Subscriber 2-292	XX-XXXX5772	0.00%
Subscriber 2-293	XX-XXXX8588	0.04%
Subscriber 2-294	XX-XXXX8565	0.46%
Subscriber 2-295	XX-XXXX6670	0.39%
Subscriber 2-296	XX-XXXX5351	0.29%
Subscriber 2-297	XX-XXXX8576	0.08%
Subscriber 2-298	XX-XXXX7072	0.10%
Subscriber 2-299	XX-XXXX9055	0.01%
Subscriber 2-300	XX-XXXX8769	0.00%
Subscriber 2-301	XX-XXXX7166	1.09%
Subscriber 2-302	XX-XXXX8471	0.02%
Subscriber 2-303	XX-XXXX7150	0.05%
Subscriber 2-304	XX-XXXX8981	0.02%
Subscriber 2-305	XX-XXXX5157	0.44%
Subscriber 2-306	XX-XXXX9075	0.12%
Subscriber 2-307	XX-XXXX7470	0.00%
Subscriber 2-308	XX-XXXX7557	0.07%
Subscriber 2-309	XX-XXXX8975	0.00%
Subscriber 2-310	XX-XXXX5286	0.05%
Subscriber 2-311	XX-XXXX7765	0.02%
Subscriber 2-312	XX-XXXX8584	0.18%
Subscriber 2-313	XX-XXXX8550	0.04%
Subscriber 2-314	XX-XXXX7779	0.06%
Subscriber 2-315	XX-XXXX5383	0.11%
Subscriber 2-316	XX-XXXX5074	0.04%
Subscriber 2-317	XX-XXXX5288	0.02%
Subscriber 2-318	XX-XXXX0000	0.01%
Subscriber 2-319	XX-XXXX7071	0.14%
Subscriber 2-320	XX-XXXX5782	0.08%
Subscriber 2-321	XX-XXXX5585	0.02%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-322	XX-XXXX5668	0.00%
Subscriber 2-323	XX-XXXX5154	0.19%
Subscriber 2-324	XX-XXXX7070	0.06%
Subscriber 2-325	XX-XXXX7551	0.06%
Subscriber 2-326	XX-XXXX8570	0.03%
Subscriber 2-327	XX-XXXX6885	0.00%
Subscriber 2-328	XX-XXXX6748	0.02%
Subscriber 2-329	XX-XXXX5690	0.01%
Subscriber 2-331	XX-XXXX5748	0.04%
Subscriber 2-332	XX-XXXX8957	0.00%
Subscriber 2-333	XX-XXXX8879	0.02%
Subscriber 2-334	XX-XXXX5649	0.70%
Subscriber 2-335	XX-XXXX8374	0.02%
Subscriber 2-336	XX-XXXX6853	0.05%
Subscriber 2-337	XX-XXXX7082	0.02%
Subscriber 2-338	XX-XXXX7690	0.03%
Subscriber 2-339	XX-XXXX7857	0.00%
Subscriber 2-340	XX-XXXX5573	0.24%
Subscriber 2-341	XX-XXXX7472	0.13%
Subscriber 2-342	XX-XXXX7678	0.01%
Subscriber 2-343	XX-XXXX8652	0.02%
Subscriber 2-344	XX-XXXX6752	0.01%
Subscriber 2-345	XX-XXXX6673	0.05%
Subscriber 2-346	XX-XXXX6766	0.14%
Subscriber 2-347	XX-XXXX8650	0.00%
Subscriber 2-348	XX-XXXX6880	0.03%
Subscriber 2-350	XX-XXXX7865	5.09%
Subscriber 2-351	XX-XXXX7379	0.01%
Subscriber 2-352	XX-XXXX0000	0.00%
Subscriber 2-353	XX-XXXX7590	0.02%
Subscriber 2-354	XX-XXXX8574	0.02%
Subscriber 2-355	XX-XXXX8588	0.02%
Subscriber 2-356	XX-XXXX8848	0.31%
Subscriber 2-357	XX-XXXX7790	0.02%
Subscriber 2-358	XX-XXXX5766	0.04%
Subscriber 2-359	XX-XXXX5779	0.06%
Subscriber 2-360	XX-XXXX7881	0.00%
Subscriber 2-361	XX-XXXX8349	0.05%
Subscriber 2-362	XX-XXXX8981	0.04%
Subscriber 2-363	XX-XXXX9076	0.03%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-364	XX-XXXX7775	0.01%
Subscriber 2-365	XX-XXXX8751	0.02%
Subscriber 2-366	XX-XXXX8790	0.00%
Subscriber 2-367	XX-XXXX7175	0.02%
Subscriber 2-368	XX-XXXX8876	0.00%
Subscriber 2-369	XX-XXXX7890	0.20%
Subscriber 2-370	XX-XXXX5149	0.00%
Subscriber 2-371	XX-XXXX5353	0.00%
Subscriber 2-372	XX-XXXX4848	0.00%
Subscriber 2-373	XX-XXXX4980	0.06%
Subscriber 2-374	XX-XXXX5568	0.00%
Subscriber 2-375	XX-XXXX8969	0.02%
Subscriber 2-376	XX-XXXX7872	0.14%
Subscriber 2-377	XX-XXXX0000	6.14%
Subscriber 2-378	XX-XXXX7471	0.00%
Subscriber 2-379	XX-XXXX5486	0.00%
Subscriber 2-380	XX-XXXX8684	0.00%
Subscriber 2-381	XX-XXXX6955	0.00%
Subscriber 2-382	XX-XXXX0000	0.00%
Subscriber 2-383	XX-XXXX6579	0.01%
Subscriber 2-384	XX-XXXX6653	0.00%
Subscriber 2-385	XX-XXXX5769	0.00%
Subscriber 2-386	XX-XXXX5767	0.00%
Subscriber 2-387	XX-XXXX5757	0.00%
Subscriber 2-388	XX-XXXX0000	0.00%
Subscriber 2-389	XX-XXXX6752	0.00%
Subscriber 2-390	XX-XXXX7270	0.02%
Subscriber 2-391	XX-XXXX7274	0.00%
Subscriber 2-392	XX-XXXX6657	0.02%
Subscriber 2-393	XX-XXXX6967	0.00%
Subscriber 2-394	XX-XXXX7290	0.00%
Subscriber 2-395	XX-XXXX8873	0.06%
Subscriber 2-396	XX-XXXX6581	0.00%
Subscriber 2-397	XX-XXXX6583	0.00%
Subscriber 2-398	XX-XXXX6584	0.01%
Subscriber 2-399	XX-XXXX7351	0.00%
Subscriber 2-400	XX-XXXX6753	0.00%
Subscriber 2-401	XX-XXXX8583	0.00%
Subscriber 2-402	XX-XXXX7178	0.00%
Subscriber 2-403	XX-XXXX9071	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-404	XX-XXXX6778	0.00%
Subscriber 2-405	XX-XXXX7853	0.01%
Subscriber 2-406	XX-XXXX7155	0.00%
Subscriber 2-407	XX-XXXX6565	0.00%
Subscriber 2-408	XX-XXXX6557	0.00%
Subscriber 2-409	XX-XXXX6567	0.00%
Subscriber 2-410	XX-XXXX6556	0.00%
Subscriber 2-411	XX-XXXX8752	0.00%
Subscriber 2-412	XX-XXXX7173	0.00%
Subscriber 2-413	XX-XXXX6671	0.00%
Subscriber 2-414	XX-XXXX5151	0.00%
Subscriber 2-416	XX-XXXX7571	0.00%
Subscriber 2-417	XX-XXXX5286	0.17%
Subscriber 2-418	XX-XXXX7978	0.00%
Subscriber 2-419	XX-XXXX5282	0.00%
Subscriber 2-420	XX-XXXX7373	0.00%
Subscriber 2-421	XX-XXXX7468	0.00%
Subscriber 2-422	XX-XXXX5151	0.00%
Subscriber 2-423	XX-XXXX6650	0.00%
Subscriber 2-424	XX-XXXX7455	0.00%
Subscriber 2-425	XX-XXXX8675	0.00%
Subscriber 2-426	XX-XXXX4849	0.00%
Subscriber 2-427	XX-XXXX7265	0.00%
Subscriber 2-428	XX-XXXX7470	0.00%
Subscriber 2-429	XX-XXXX7187	0.00%
Subscriber 2-430	XX-XXXX5475	0.00%
Subscriber 2-431	XX-XXXX8689	0.00%
Subscriber 2-432	XX-XXXX7266	0.00%
Subscriber 2-433	XX-XXXX7583	0.00%
Subscriber 2-434	XX-XXXX7081	0.00%
Subscriber 2-435	XX-XXXX5386	0.00%
Subscriber 2-436	XX-XXXX7586	0.00%
Subscriber 2-437	XX-XXXX7868	0.00%
Subscriber 2-438	XX-XXXX8054	0.00%
Subscriber 2-439	XX-XXXX5576	0.00%
Subscriber 2-440	XX-XXXX8452	0.00%
Subscriber 2-441	XX-XXXX7152	0.00%
Subscriber 2-442	XX-XXXX5677	0.00%
Subscriber 2-443	XX-XXXX7588	0.00%
Subscriber 2-444	XX-XXXX8573	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-445	XX-XXXX5254	0.00%
Subscriber 2-446	XX-XXXX8278	0.00%
Subscriber 2-447	XX-XXXX7954	0.00%
Subscriber 2-448	XX-XXXX9085	0.00%
Subscriber 2-449	XX-XXXX8782	0.00%
Subscriber 2-450	XX-XXXX9074	0.00%
Subscriber 2-451	XX-XXXX6652	0.00%
Subscriber 2-452	XX-XXXX7968	0.00%
Subscriber 2-453	XX-XXXX7677	0.00%
Subscriber 2-454	XX-XXXX7084	0.00%
Subscriber 2-455	XX-XXXX0000	0.00%
Subscriber 2-456	XX-XXXX9057	0.00%
Subscriber 2-457	XX-XXXX5278	0.00%
Subscriber 2-458	XX-XXXX7185	0.00%
Subscriber 2-459	XX-XXXX0000	0.00%
Subscriber 2-460	XX-XXXX7588	0.00%
Subscriber 2-461	XX-XXXX7584	0.00%
Subscriber 2-462	XX-XXXX9089	0.00%
Subscriber 2-463	XX-XXXX8776	0.00%
Subscriber 2-464	XX-XXXX7687	0.00%
Subscriber 2-465	XX-XXXX5175	0.00%
Subscriber 2-466	XX-XXXX5379	0.00%
Subscriber 2-467	XX-XXXX8448	0.00%
Subscriber 2-468	XX-XXXX5156	0.00%
Subscriber 2-469	XX-XXXX9084	0.00%
Subscriber 2-470	XX-XXXX5372	0.00%
Subscriber 2-471	XX-XXXX0000	0.00%
Subscriber 2-472	XX-XXXX0000	0.00%
Subscriber 2-473	XX-XXXX8774	0.00%
Subscriber 2-474	XX-XXXX6975	0.00%
Subscriber 2-475	XX-XXXX6885	0.00%
Subscriber 2-476	XX-XXXX8854	0.00%
Subscriber 2-477	XX-XXXX0000	0.00%
Subscriber 2-478	XX-XXXX9056	0.00%
Subscriber 2-479	XX-XXXX8475	0.00%
Subscriber 2-480	XX-XXXX8681	0.00%
Subscriber 2-481	XX-XXXX7457	0.00%
Subscriber 2-482	XX-XXXX0000	0.00%
Subscriber 2-483	XX-XXXX8949	0.00%
Subscriber 2-484	XX-XXXX6967	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-485	XX-XXXX7967	0.00%
Subscriber 2-486	XX-XXXX8385	0.00%
Subscriber 2-487	XX-XXXX4877	0.00%
Subscriber 2-488	XX-XXXX8486	0.00%
Subscriber 2-491	XX-XXXX4854	0.00%
Subscriber 2-492	XX-XXXX8568	0.00%
Subscriber 2-493	XX-XXXX8881	0.00%
Subscriber 2-494	XX-XXXX8352	0.00%
Subscriber 2-495	XX-XXXX7551	0.00%
Subscriber 2-496	XX-XXXX8577	0.00%
Subscriber 2-497	XX-XXXX8773	0.00%
Subscriber 2-498	XX-XXXX8774	0.00%
Subscriber 2-499	XX-XXXX8556	0.00%
Subscriber 2-500	XX-XXXX6582	0.00%
Subscriber 2-501	XX-XXXX5152	0.00%
Subscriber 2-502	XX-XXXX8970	0.00%
Subscriber 2-503	XX-XXXX6867	0.00%
Subscriber 2-504	XX-XXXX8570	0.00%
Subscriber 2-505	XX-XXXX8766	0.00%
Subscriber 2-506	XX-XXXX5266	0.00%
Subscriber 2-507	XX-XXXX8572	0.00%
Subscriber 2-508	XX-XXXX8066	0.00%
Subscriber 2-509	XX-XXXX5153	0.00%
Subscriber 2-510	XX-XXXX5154	0.00%
Subscriber 2-511	XX-XXXX5084	0.00%
Subscriber 2-512	XX-XXXX5778	0.00%
Subscriber 2-513	XX-XXXX5786	0.00%
Subscriber 2-514	XX-XXXX5485	0.00%
Subscriber 2-515	XX-XXXX5688	0.00%
Subscriber 2-516	XX-XXXX8880	0.00%
Subscriber 2-517	XX-XXXX7871	0.00%
Subscriber 2-518	XX-XXXX9079	0.00%
Subscriber 2-519	XX-XXXX5686	0.00%
Subscriber 2-520	XX-XXXX5756	0.00%
Subscriber 2-521	XX-XXXX5749	0.00%
Subscriber 2-522	XX-XXXX5765	0.00%
Subscriber 2-523	XX-XXXX5754	0.00%
Subscriber 2-524	XX-XXXX5257	0.00%
Subscriber 2-525	XX-XXXX0000	0.00%
Subscriber 2-526	XX-XXXX7755	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-527	XX-XXXX7752	0.00%
Subscriber 2-528	XX-XXXX6772	0.00%
Subscriber 2-529	XX-XXXX0000	0.00%
Subscriber 2-530	XX-XXXX6950	0.00%
Subscriber 2-531	XX-XXXX6884	0.00%
Subscriber 2-532	XX-XXXX5680	0.00%
Subscriber 2-533	XX-XXXX6781	0.00%
Subscriber 2-534	XX-XXXX7557	0.00%
Subscriber 2-535	XX-XXXX6874	0.00%
Subscriber 2-536	XX-XXXX5254	0.00%
Subscriber 2-537	XX-XXXX6776	0.00%
Subscriber 2-538	XX-XXXX6877	0.00%
Subscriber 2-539	XX-XXXX0000	0.00%
Subscriber 2-540	XX-XXXX7781	0.00%
Subscriber 2-541	XX-XXXX7356	0.00%
Subscriber 2-542	XX-XXXX6749	0.00%
Subscriber 2-543	XX-XXXX5667	0.00%
Subscriber 2-544	XX-XXXX5772	0.00%
Subscriber 2-545	XX-XXXX8678	0.00%
Subscriber 2-546	XX-XXXX8679	0.00%
Subscriber 2-547	XX-XXXX8474	0.00%
Subscriber 2-548	XX-XXXX7385	0.00%
Subscriber 2-549	XX-XXXX5385	0.00%
Subscriber 2-550	XX-XXXX8049	0.00%
Subscriber 2-551	XX-XXXX0000	0.00%
Subscriber 2-552	XX-XXXX6882	0.00%
Subscriber 2-553	XX-XXXX8187	0.00%
Subscriber 2-554	XX-XXXX8772	0.00%
Subscriber 2-555	XX-XXXX8267	0.00%
Subscriber 2-556	XX-XXXX8156	0.00%
Subscriber 2-557	XX-XXXX8168	0.00%
Subscriber 2-558	XX-XXXX7650	0.00%
Subscriber 2-559	XX-XXXX6889	0.00%
Subscriber 2-560	XX-XXXX8653	0.00%
Subscriber 2-561	XX-XXXX4848	0.00%
Subscriber 2-562	XX-XXXX7870	0.00%
Subscriber 2-563	XX-XXXX8854	0.00%
Subscriber 2-564	XX-XXXX5256	0.00%
Subscriber 2-565	XX-XXXX5182	0.00%
Subscriber 2-566	XX-XXXX5472	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-567	XX-XXXX8848	0.00%
Subscriber 2-568	XX-XXXX6690	0.00%
Subscriber 2-569	XX-XXXX8457	0.00%
Subscriber 2-570	XX-XXXX5655	0.00%
Subscriber 2-571	XX-XXXX5749	0.00%
Subscriber 2-572	XX-XXXX5454	0.00%
Subscriber 2-573	XX-XXXX0000	0.00%
Subscriber 2-574	XX-XXXX7469	0.00%
Subscriber 2-575	XX-XXXX8271	0.00%
Subscriber 2-576	XX-XXXX4856	0.00%
Subscriber 2-577	XX-XXXX5274	0.00%
Subscriber 2-578	XX-XXXX6870	0.00%
Subscriber 2-579	XX-XXXX6586	0.00%
Subscriber 2-580	XX-XXXX8748	0.00%
Subscriber 2-581	XX-XXXX7865	0.00%
Subscriber 2-583	XX-XXXX8055	0.00%
Subscriber 2-584	XX-XXXX8687	0.00%
Subscriber 2-585	XX-XXXX0000	0.00%
Subscriber 2-586	XX-XXXX5565	0.00%
Subscriber 2-587	XX-XXXX6778	0.00%
Subscriber 2-588	XX-XXXX0000	0.00%
Subscriber 2-589	XX-XXXX7177	0.00%
Subscriber 2-590	XX-XXXX8189	0.00%
Subscriber 2-591	XX-XXXX8982	0.00%
Subscriber 2-592	XX-XXXX7265	0.00%
Subscriber 2-593	XX-XXXX7272	0.00%
Subscriber 2-594	XX-XXXX7277	0.00%
Subscriber 2-595	XX-XXXX8167	0.00%
Subscriber 2-596	XX-XXXX0000	0.00%
Subscriber 2-597	XX-XXXX0000	0.00%
Subscriber 2-598	XX-XXXX0000	0.00%
Subscriber 2-599	XX-XXXX8979	0.00%
Subscriber 2-600	XX-XXXX0000	0.00%
Subscriber 2-601	XX-XXXX0000	0.00%
Subscriber 2-602	XX-XXXX0000	0.00%
Subscriber 2-603	XX-XXXX0000	0.00%
Subscriber 2-604	XX-XXXX6680	0.00%
Subscriber 2-605	XX-XXXX7174	0.00%
Subscriber 2-606	XX-XXXX5476	0.00%
Subscriber 2-607	XX-XXXX8087	0.00%

A. Name of Plan TriNet Select 401(k) Plan	B. Three-digit plan number 333
C. Plan Year 01/01/2017 - 12/31/2017	D. Employer Identification Number 13-3867443

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber 2-608	XX-XXXX7151	0.00%
Subscriber 2-609	XX-XXXX8286	0.00%
Subscriber 2-086	XX-XXXX8978	0.00%
Subscriber 2-085	XX-XXXX8869	0.01%
Subscriber 2-021	XX-XXXX8648	0.01%
Subscriber 2-318	XX-XXXX0000	0.01%
Subscriber 2-066	XX-XXXX8768	0.00%
Subscriber 2-155	XX-XXXX8772	0.01%
Subscriber 2-225	XX-XXXX8780	0.12%
Subscriber 2-140	XX-XXXX4950	0.20%
Subscriber 2-260	XX-XXXX7252	0.24%
Subscriber 2-377	XX-XXXX0000	6.14%
Subscriber 2-107	XX-XXXX8973	0.11%

TRINET SELECT 401(k) PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2017 and 2016
(With Independent Auditor's Report Thereon)**

TRINET SELECT 401(k) PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2017	4
Notes to Financial Statements	5 - 13
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14



13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhm-pc.com

Independent Auditor's Report

To the Investment Committee of
TriNet Select 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TriNet Select 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 (DOL) 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 9, which was certified by Reliance Trust Company and Massachusetts Mutual Life Insurance Company, the trustee and custodian of the Plan, respectively, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Reliance Trust Company executed investment transactions from January 1, 2017 to December 31, 2017 and held investments at December 31, 2017 and that Massachusetts Mutual Life Insurance Company held investments at December 31, 2016. The plan administrator has obtained certifications from the trustee as of and for the year ending December 31, 2017 and from the custodian as of December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.



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Disclaimer of Opinion

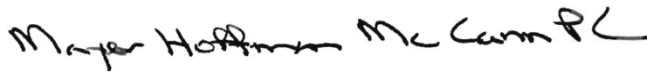
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in black ink, appearing to read "Mayer Hoffman McCann P.C.", is written above the date and location.

October 9, 2018
Clearwater, Florida

TRINET SELECT 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets:		
Investments at fair value:		
Registered investment companies, at fair value	\$ 743,294,789	713,679,733
Self-directed brokerage accounts, at fair value	7,826,097	2,961,443
Guaranteed investment contract, at contract value	65,236,242	58,728,893
Collective investment trust, at fair value	<u>178,514,395</u>	<u>-</u>
Total investments	994,871,523	775,370,069
Receivables:		
Employer contributions	16,100,338	11,675,762
Participant contributions	6,459,305	7,576,011
Notes receivable from participants	<u>6,704,308</u>	<u>5,955,119</u>
Total receivables	29,263,951	25,206,892
Non-interest bearing cash	<u>116,573</u>	<u>86,429</u>
Total assets	1,024,252,047	800,663,390
Excess contributions payable	<u>-</u>	<u>374,857</u>
Total liabilities	<u>-</u>	<u>374,857</u>
Net assets available for benefits	\$ <u><u>1,024,252,047</u></u>	<u><u>800,288,533</u></u>

TRINET SELECT 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2017

Additions to net assets attributed to:

Contributions:

Employers	\$ 47,585,213
Participants	101,097,614
Employee rollovers	<u>34,183,975</u>

Total contributions 182,866,802

Investment income:

Net appreciation in fair value of investments	119,309,321
Interest income from guaranteed investment contract	192,779
Dividend income	28,830,608
Interest income on notes receivable from participants	<u>265,699</u>

Total investment income 148,598,407

Total additions 331,465,209

Deductions from net assets attributed to:

Benefits paid to participants	66,560,387
Administrative expenses	<u>2,895,758</u>

Total deductions 69,456,145

Net increase 262,009,064

Net assets transferred out (38,045,550)

Net assets available for benefits at beginning of year 800,288,533

Net assets available for benefits at end of year \$ 1,024,252,047

TRINET SELECT 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) Description of Plan

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

(a) General and Administration

The Plan was established on March 26, 1997 by Ambrose Employer Group, LLC, as a multiple-employer defined contribution plan that permits participants to make elective deferrals under Internal Revenue Code Section 401(k).

The Plan is a multiple employer defined contribution plan which is offered to the employees of the associated employers of the Sponsor (collectively, the “Employers”). An associated employer is a company that leases its worksite employees from the Company. The Plan covers employees who are not subject to collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

The Plan operates under an agreement with Massachusetts Mutual Life Insurance Company Retirement Services Business (MMRS) to act as recordkeeper of the Plan. MMRS enters into a trust agreement with a related party or third party trustee to hold the investments and execute investment transactions of the Plan during the year. At year end, all investments and related investment activity are certified. Reliance Trust Company (RTC) served as trustee at December 31, 2017 and Massachusetts Mutual Life Insurance Company (Mass) served as the custodian at December 31, 2016. With the structure of the agreement with MMRS, no changes in investment options or transfer of assets are required when the trustee is changed.

During 2016, the Plan Sponsor was changed to TriNet HR IV, LLC (the “Company” or the “Sponsor”). As part of the change in Plan Sponsor, the Plan formally changed its name from the Ambrose Multiple Employer Retirement Savings Plan to the TriNet Select 401(k) Plan.

(b) Mergers and Transfers

The Plan permits mergers and transfers of assets into and out of the Plan, providing that affected participants would receive a benefit immediately after the merger or transfer equal to or greater than the benefit the affected participants would have received immediately before the merger or transfer.

(c) Eligibility

Employees are eligible to participate in the Plan on the business day coinciding with or the next day following the later of (i) the Employee’s first day of employment or (ii) the date on which the Employee attains the age of 20. Participants may enter the Plan on the first day of the calendar month coinciding with or following completion of the eligibility requirement.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(d) Contributions

Participants may elect to contribute up to 100% of their pretax compensation (in multiples of 1%) up to limits allowed by the Internal Revenue Service (IRS). Eligible employees may also elect Roth after-tax contributions and catch up contributions, up to IRS limits. The Employers may, at their discretion, make matching contributions to the Plan as defined by the terms of their respective participation agreements.

The Plan accepts rollover contributions from other qualified plans.

(e) Participant Accounts

Participant accounts are credited with participant contributions and an allocation of the Employers' contributions and plan earnings and expenses. The benefit to which a participant is entitled is equal to the vested value of their account.

(f) Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on the election of participating employers. Unless otherwise specified by a participating employer, a participant becomes 20% vested each year after one year of continuous service, with vesting increasing at a rate of 20% each year, until becoming fully vested after five years.

(g) Investment Options

Plan assets are invested in registered investment companies, guaranteed investment contract, self-directed brokerage accounts and a common collective trust. Contributions made by the Employers are allocated based on the funds selected by the participants for the employee contributions. Upon enrollment in the Plan, a participant may direct employee contributions in any of several available investments. Participants are allowed to execute investment transfers between the Plan's investment options on a daily basis.

(h) Payment of Benefits

At age 59½ and thereafter, active employees can withdraw any portion of their vested balance at any time. Participants, while employed, may make withdrawals against their vested account balance in accordance with the Plan, which generally requires the demonstration of financial hardship.

Upon termination, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. Terminated participants may also elect to maintain their accounts in the Plan.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(1) **Description of Plan - Continued**

(i) **Forfeited Accounts**

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Employers' future matching contributions. Approximately \$1,830,000 of forfeited nonvested accounts was utilized during the year ended December 31, 2017 to pay plan expenses and reduce employer contributions. At December 31, 2017 and 2016, forfeited nonvested accounts available for use totaled approximately \$839,000 and \$1,225,000, respectively.

(j) **Notes Receivable from Participants**

Participants may borrow money from their vested account balance for any reason. The maximum amount available for loans is the lesser of \$50,000 or 50% of the participant's vested account balance. The minimum amount for a loan is \$1,000. The participant shall be charged with any costs associated with processing of the loan.

Loan repayments must have a definite repayment period not to exceed five years unless the loan is for the purchase of a principal residence, in which case the repayment period must not exceed IRS limits. Participant loans, including interest thereon, are taxable to the participant upon default, as well as subject to applicable excise penalties. Loans are collateralized by the balance in the participant's account and bear interest at any reasonable rate (prime plus 1% in 2017 for loans taken by participants through MMRS). The Plan honors rates on notes receivables from participants transferred in from other plans. At December 31, 2017, rates ranged from 3.25% to 8.75%.

(2) **Summary of Significant Accounting Policies**

(a) **Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) **Investment Valuation and Income Recognition**

Investments in registered investment companies are stated at fair value based on quoted market prices. Investments in self-directed brokerage accounts are valued based on the underlying investments held by the Plan at the end of the year.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(b) Investment Valuation and Income Recognition - Continued

Investments in the guaranteed investment contract, the MassMutual Retirement Services (MMRS) Stable Value fund (SVF), operate as a stable asset guaranteed investment contract. The SVF is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Participants do not have beneficial ownership in the specific underlying securities or other assets in the SVF, but do have an interest therein represented by units valued daily by MMRS based on market observable data. Under the terms of the SVF group annuity contract, participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SVF investment option at contract value. This investment qualifies as a fully benefit responsive investment.

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

The Legal & General S&P 500 DC Fund (Fund) is a collective investment trust which is managed by Transamerica Financial Life Insurance Company (TFLIC) and works to replicate applicable indexes such as the S&P 500 index by investing in underlying assets with similar objectives and investment strategies. Investments in the Fund are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the Fund, but do have an interest therein represented by units valued daily. The Fund earns dividends and interest which are automatically reinvested in additional units and participants earn appreciation/ (depreciation) on their units as the underlying investments in the trust are registered investment companies. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

(c) Administrative Expenses

Management fees and operating expenses are paid out of the Plan unless paid by the Company and the Company does not elect to be reimbursed by the Plan as permitted by the plan agreement.

Participants are charged a quarterly recordkeeping fee and a contract asset charge calculated monthly on the combined asset balance of all contract accounts in the Plan as of the 15th day of each month. In addition, there are expense ratios and other costs associated with each investment option. There are also fees that relate to requesting loans and distributions.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Administrative Expenses - Continued

During 2017, the Plan's administrative expenses totaled approximately \$2,896,000 including approximately \$585,000 paid to the Plan Sponsor for services provided to the Plan, approximately \$2,331,000 paid to MMRS for services provided, and approximately \$263,000 for other expenses such as advisory and audit fees. All administrative expenses paid during the year were paid out of the EBA.

(d) Use of Estimates

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

(e) Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(3) Asset Transfers and Mergers

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers in 2017 totaled \$34,233,971. Assets transferred out of the Plan from Employers in 2017 totaled \$72,279,521.

(4) Excess Contributions Payable

Excess contributions payable of \$374,857 as of December 31, 2016 represent payments made in 2017 to participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(5) Income Tax Status

The Plan has adopted a plan document sponsored by MMRS, which obtained its latest opinion letter on March 31, 2014, in which the IRS stated that the plan document, as then designed, was in compliance with the applicable requirements of the IRS. The plan document has been amended since receiving the opinion letter. However, the Company and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. 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 tax 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 tax periods in progress.

(6) Party-in-Interest Transactions

Notes receivable from participants are managed by MMRS. While this activity qualifies as party-in-interest activity as defined in Section 3(14) of ERISA, it is expressly exempted from the prohibited transaction rules. Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with plan participants.

Certain administrative expenses are paid to MMRS and the Plan Sponsor and administrator (Note 2(c)) and as such are considered party-in-interest transactions.

(7) Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts. In the event of termination, the guaranteed investment contract is subject to a market valuation adjustment.

(8) Risks and Uncertainties

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

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(9) **Information Certified by Reliance Trust Company and MassMutual Retirement Services (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC and MMRS, the trustee and custodian of the Plan, respectively, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016;
- Total investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017;
- The Schedule of Assets (Held at End of Year) as of December 31, 2017 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(10) **Fair Value Measurements**

Accounting Standards Codification Topic 820, *Fair Value Measurement* (ASC 820) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements - Continued

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

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

Registered Investment Companies: valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 inputs.

Self-Directed Brokerage Accounts: valued using readily available pricing sources for comparable instruments. Self-directed brokerage accounts are considered Level 2 based on valuation provided by the trustee.

Collective Investment Trust: valued at the net asset value of shares held by the Plan at year end as determined by TFLIC.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

Description	Assets Measured at Fair Value at December 31, 2017	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 743,294,789	743,294,789	-	-
Self-directed brokerage accounts	7,826,097	-	7,826,097	-
	751,120,886	743,294,789	7,826,097	-
Collective investment trust at NAV	178,514,395 (a)			
Total investments at fair value	\$ 929,635,281			

TRINET SELECT 401(k) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

Description	Assets Measured at Fair Value at December 31, 2016	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 713,679,733	713,679,733	-	-
Self-directed brokerage accounts	2,961,443	-	2,961,443	-
	<u>\$ 716,641,176</u>	<u>713,679,733</u>	<u>2,961,443</u>	<u>-</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of the net assets available for benefits.

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2018, the date the financial statements were available to be issued.

TRINET SELECT 401(k) PLAN

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

Employer Identification Number (EIN): 13-3867443

Plan Number: 333

December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
	AmerFund EuroPacific Gr Fund	Registered Investment Company	\$ 21,235,621
	American Funds New Prspctve Fund	Registered Investment Company	22,166,747
	Cohen & Steers Realty Shrs Fund	Registered Investment Company	13,323,873
	MFS Utilities Fund	Registered Investment Company	9,146,043
	PIMCO Low Duration Fund	Registered Investment Company	9,280,461
	Vanguard Infl-Protectd Secs Fund	Registered Investment Company	9,904,202
	Vanguard Interm-Term Treas Fund	Registered Investment Company	11,860,862
	Vanguard Mid Cap Index Fund	Registered Investment Company	76,834,753
	Vanguard Small Cap Index Fund	Registered Investment Company	40,338,714
	Vanguard Wellington Fund	Registered Investment Company	27,876,326
	Wells Fargo Growth Fund	Registered Investment Company	42,352,778
	BlackRock High Yield Bond Fund	Registered Investment Company	13,313,237
	Ivy Science and Technology Fund	Registered Investment Company	17,084,845
	Templeton Global Bond Fund	Registered Investment Company	4,969,490
	JP Morgan Small Cap Growth Fund	Registered Investment Company	17,145,183
	Van Eck Global Hard Assets Fund	Registered Investment Company	3,641,212
	First Eagle Gold Fund	Registered Investment Company	6,072,595
	Vanguard Intrm-Trm Bond Index Fund	Registered Investment Company	9,534,976
	American Funds New World Fund	Registered Investment Company	23,203,192
	BlackRock iShares International Index Fund	Registered Investment Company	25,541,756
	Vanguard Target Retirement 2015	Registered Investment Company	3,705,847
	Vanguard Target Retirement 2020	Registered Investment Company	12,744,435
	Vanguard Target Retirement 2025	Registered Investment Company	25,266,191
	Vanguard Target Retirement 2030	Registered Investment Company	43,726,979
	Vanguard Target Retirement 2035	Registered Investment Company	43,656,267
	Vanguard Target Retirement 2040	Registered Investment Company	52,398,270
	Vanguard Target Retirement 2045	Registered Investment Company	53,137,171
	Vanguard Target Retirement 2050	Registered Investment Company	70,896,649
	Vanguard Target Retirement Income Fund	Registered Investment Company	3,263,801
	Baird Aggregate Bond Fund	Registered Investment Company	15,256,639
	DFA US Small Cap Value Fund	Registered Investment Company	14,415,674
	MassMutual Retirement Services Stable Value Fund	Guaranteed Investment Contract	65,236,242
	Schwab Personal Choice Retirement Account	Self-Directed Brokerage	7,826,097
	Legal & General S&P 500 DC CIT	Collective investment trust	178,514,395
			994,871,523
*	Participant loans	(3.25% - 8.75% - various maturities)	6,704,308
			<u>\$ 1,001,575,831</u>

* Party-in-interest