

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan       </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><br/> <input type="checkbox"/> a DFE (specify) ____       </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/><br/> <input type="checkbox"/> an amended return/report       </div> <div> <input type="checkbox"/> the final return/report<br/><br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)       </div> </div>                                                                                                         |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/><br/> <input type="checkbox"/> special extension (enter description)       </div> <div> <input type="checkbox"/> automatic extension       </div> <div> <input type="checkbox"/> the DFVC program       </div> </div>                                                                                                                           |

|                |                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                               |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>UNITED SOFTWARE GROUP INC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                                                                                                                                                      | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> | Effective date of plan<br><u>01/01/2009</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>UNITED SOFTWARE GROUP INC</u><br><br><u>565 METRO PLACE S SUITE 110</u><br><u>DUBLIN, OH 43017</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>27-0007828</u> |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> | Plan Sponsor's telephone number<br><u>614-389-4560</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> | Business code (see instructions)<br><u>541512</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2018 | ANJU VALLABHANENI                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 186                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 186<br><b>6a(2)</b> 182<br><b>6b</b> 0<br><b>6c</b> 4<br><b>6d</b> 186<br><b>6e</b> 0<br><b>6f</b> 186<br><b>6g</b> 11<br><b>6h</b> 0               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2T 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |

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

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

**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) ☐ 0 **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 \_\_\_\_\_

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

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>UNITED SOFTWARE GROUP INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNITED SOFTWARE GROUP INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>27-0007828</b> |

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

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                                       |
| <b>MERRILL LYNCH, PIERCE, FENNER</b>                                                                              | <b>WORLD FINANCIAL CENTER</b><br><b>250 VESEY STREET</b><br><b>NEW YORK, NY 10281</b> |
| <b>13-5674085</b>                                                                                                 |                                                                                       |

|                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                        |
| <b>PAYCHEX SECURITIES CORPORATION</b>                                                                             | <b>225 KENNETH DRIVE</b><br><b>ROCHESTER, NY 14623</b> |
| <b>16-1486352</b>                                                                                                 |                                                        |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>UNITED SOFTWARE GROUP INC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED SOFTWARE GROUP INC</u>                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><u>27-0007828</u>                                                                                                                                                                                                           |                                                                                           |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 0                     |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(1)</b>    | 0                     | 0               |
|          | (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(2)</b>    | 0                     | 0               |
|          | (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(1)</b>    | 7461                  | 820             |
|          | (2) U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(2)</b>    | 0                     |                 |
|          | (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       |                 |
|          | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(3)(A)</b> | 0                     |                 |
|          | (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(3)(B)</b> | 0                     |                 |
|          | (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                       |                 |
|          | (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(4)(A)</b> | 0                     |                 |
|          | (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(B)</b> | 0                     |                 |
|          | (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(5)</b>    | 0                     |                 |
|          | (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(6)</b>    | 0                     |                 |
|          | (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(7)</b>    | 0                     |                 |
|          | (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(8)</b>    | 0                     | 0               |
|          | (9) Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(9)</b>    | 0                     | 0               |
|          | (10) Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(10)</b>   |                       |                 |
|          | (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(11)</b>   | 0                     | 0               |
|          | (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(12)</b>   | 0                     | 0               |
|          | (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(13)</b>   | 213524                | 363794          |
|          | (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(14)</b>   |                       |                 |
|          | (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(15)</b>   | 0                     | 0               |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b> 0        |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b> 0        |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b> 0           |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b> 220985      | 364614          |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b> 0           |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b> 0           |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b> 0           |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b> 0           |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> 0           | 0               |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b> 220985      | 364614          |

**Part II Income and Expense Statement**

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

|          |                                                                                                        | (a) Amount             | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|------------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                        |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> 0      |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> 104642 |           |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> 0      |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>           |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>           | 104642    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                        |           |
| (1)      | Interest:                                                                                              |                        |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> 12     |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b>        |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b>        |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b>        |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> 0      |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b>        |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b>        | 12        |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b>        |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b>        |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> 17390  |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b>        | 17390     |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>           |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b>        |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b>        |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b>        | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b>        |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b>        |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b>        | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 21585     |
| c Other income .....                                                                           | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 143629    |

**Expenses**

|                                                                                     |       |   |   |
|-------------------------------------------------------------------------------------|-------|---|---|
| e Benefit payment and payments to provide benefits:                                 |       |   |   |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 0 |   |
| (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) |   | 0 |
| f Corrective distributions (see instructions) .....                                 | 2f    |   | 0 |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |   | 0 |
| h Interest expense.....                                                             | 2h    |   |   |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |   |   |
| (2) Contract administrator fees .....                                               | 2i(2) | 0 |   |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 0 |   |
| (4) Other .....                                                                     | 2i(4) | 0 |   |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |   | 0 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |   | 0 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 143629 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: RAM ASSOCIATES

(2) EIN: 22-3482445

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

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

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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.)

**UNITED SOFTWARE GROUP INC.  
401 (K) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND INDEPENDENT AUDITORS REPORT**

**December 31, 2017 and 2016**

**RAM ASSOCIATES, CPAS**  
3240 E. State Street Ext.  
Hamilton, NJ 08619  
Ph.: 609 631 9552  
Fax: 888 319 8898  
Web: [www.ramassociates.us](http://www.ramassociates.us)

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**C O N T E N T S**

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CERTIFIED PUBLIC ACCOUNTANTS

**FIRM**FOUNDATION  
INDEPENDENTLY OWNED MEMBER

## INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee of  
United Software Group Inc. 401 (k) Profit Sharing Plan and Trust

### *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of United Software Group Inc. 401 (k) Profit Sharing Plan and Trust ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### *Auditor's Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Merrill Lynch, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from

the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter – Supplemental Schedules***

The supplemental schedules of assets held for investment purposes, as of the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



**Ram Associates**

**Hamilton, NJ 08619  
October 12, 2018**

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31,

|                                              | <u>2017</u>                  | <u>2016</u>                  |
|----------------------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                                |                              |                              |
| Interest-bearing cash                        | \$ 820                       | \$ 7,461                     |
| Investments in Mutual Funds, at fair value   | 363,794                      | 213,524                      |
|                                              | <u>364,614</u>               | <u>220,985</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 364,614</u></u> | <br><u><u>\$ 220,985</u></u> |

The accompanying notes are an integral part of these statements.

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the year ended December 31

|                                                               | <u>2017</u>              | <u>2016</u>              |
|---------------------------------------------------------------|--------------------------|--------------------------|
| <b>Additions</b>                                              |                          |                          |
| Additions to net assets attributed to:                        |                          |                          |
| Contributions                                                 |                          |                          |
| Participants'                                                 | \$ 104,642               | \$ 81,016                |
|                                                               | <u>104,642</u>           | <u>81,016</u>            |
| Investment income                                             |                          |                          |
| Net appreciation (depreciation) in fair value of investments  | 21,585                   | 205                      |
| Interest income and dividends                                 | 17,402                   | 5,963                    |
|                                                               | <u>38,987</u>            | <u>6,168</u>             |
| Total additions/(deduction), net                              | <u>143,629</u>           | <u>87,184</u>            |
| <b>Deductions</b>                                             |                          |                          |
| Deductions from net assets attributed to:                     |                          |                          |
| Benefits paid to participants                                 | -                        | 193,111                  |
| Corrective contributions                                      | -                        | 7,295                    |
| Administrative expenses                                       | -                        | 150                      |
|                                                               | <u>-</u>                 | <u>200,556</u>           |
| Total deductions                                              | <u>-</u>                 | <u>200,556</u>           |
| NET INCREASE / (DECREASE)                                     | 143,629                  | (113,372)                |
| <b>Net assets available for benefits at beginning of year</b> | <u>220,985</u>           | <u>334,357</u>           |
| <b>Net assets available for benefits at end of year</b>       | <u><u>\$ 364,614</u></u> | <u><u>\$ 220,985</u></u> |

The accompanying notes are an intergral part of these statements.

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

### NOTE A - DESCRIPTION OF THE PLAN

The following description of the United Software Group Inc. 401 (k) Profit Sharing Plan and Trust (the "Plan") provides only general information. United Software Group Inc. (the "Company") is the plan sponsor. Employees of United Software Group Inc. are eligible to participate in the Plan. Participants should refer to the Plan agreement and Summary Plan Description for a more complete description of the Plan's provisions.

#### 1. *General*

The United Software Group Inc. 401 (k) Plan and Trust is a defined contribution plan for all employees of the Company. Effective January 1, 2009, employees shall be eligible to participate on the first day of the month following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### 2. *Contributions*

Within each calendar year, participants may voluntarily elect to contribute up to the annual dollar limit, as defined in the Plan ("Salary Deferral"). The Participant's Salary Deferral is subject to annual dollar limits published by the Internal Revenue Service of \$18,000 for years ended 2017 and 2016. The Plan does not allow for the Company to make any matching contributions. There have been no Employer matching contributions during the year. The Company also is permitted to make annual discretionary profit sharing contributions; however, no such profit sharing contributions were made for the years ended 2017 and 2016. The Company's discretionary profit sharing contribution is allocated based on Age Weighted Formula. Participants are also permitted to make rollover contributions ("Rollover Account Balance") to the Plan of distributions from certain other tax-qualified retirement plans in which the Participant has participated. The plan does not accept Roth Elective Deferrals as direct rollovers but as indirect rollovers.

#### 3. *Participant Accounts*

Separate accounts are maintained for each participant's contributions and earnings thereon. The participant may direct that the account be invested in one or more funds, as permitted by the Plan. During the year the participants were entitled to increase, decrease or resume the contributions

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

on a monthly basis.

### 4. *Vesting*

Upon termination of employment, a participant is entitled to 100% of the value of his /her Salary Deferral account balance and Rollover Account balance and qualifying rollover distribution. Vesting of Employer Matching account balance (participant's share of employer matching contributions) is not applicable as the Plan does not allow for matching contributions.

### 5. *Forfeitures*

Forfeitures, resulting from application of the vesting provisions, are maintained separately by the Plan. Forfeitures can only be used to reduce employer-matching contributions in the future. In the event of the Plan termination, any unused forfeiture balances will be allocated to participant accounts.

### 6. *Payment of Benefits*

Prior to the age of 59-1/2, distributions and withdrawal will be subject to 10% federal tax penalty, except where excluded pursuant to Internal Revenue Code. After attaining age 59-1/2, 100 percent of the participant's account may be withdrawn for any reason. Upon termination of employment for any reason, a participant's vested account balance will be distributed to the participant, or designated beneficiary, at his or her option.

### 7. *Loans to Participants*

Loans are available to active participants and employees who have made Rollover Account contributions to the Plan but have not yet satisfied the plan eligibility requirements.

The Plan provides for loans to a maximum of the lesser of (1) \$50,000 or (2) 50% of the participant's vested account balance. The loans are payable over a maximum of five years, unless the loan is used to acquire a principal residence, with interest as specified in the Plan. The loans are secured by one-half of the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan.

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

Interest rates ranged from 4.00% to 6.00% in 2017. Principal and interest are paid ratably through payroll deductions. If a participant has an outstanding loan balance and leaves employment for any reason, then such loan balance is immediately payable.

### NOTE B - SUMMARY OF ACCOUNTING POLICIES

#### 1. *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America as applied to profit sharing plans and in accordance with the terms of the trust agreement.

#### 2. *Use of Estimates in Financial Statements*

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 in determining the reported amounts of net assets and disclosure of contingent assets and liabilities, as of the date of the financial statements, and reported amounts of additions to the net assets and deductions from the net assets during the reporting period. Actual results may differ significantly from those estimates.

#### 3. *Investment Valuation and Income Recognition*

The Plan adopted Financial Accounting Standards Board ASC 820, Fair Value Measurement ("FASB ASC 820"). FASB ASC 820 defines fair value. Establishes a framework for measuring fair value in accordance with generally accepted accounting principles and expands disclosure about fair value measurement. Refer to Note C- Fair Value Measurement for related disclosure.

Participant loans are valued at cost, which approximates fair value.

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is accrued as earned.

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

### 4. *Payment of Benefits*

Benefits are recorded when paid.

### 5. *Administrative Expenses*

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Investment management and recordkeeping service fees are borne by the Plan. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related fees are included in the net appreciation or depreciation of the fair market value of the investments.

### 6. *Notes Receivable from Participants*

Loans from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017.

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

The Company has evaluated subsequent events through October 12, 2018, the date which the financial statements were available to be issued. No reportable subsequent events have occurred through October 12, 2018 which would have a significant effect on the financial statements as of December 31, 2017 except as otherwise disclosed.

## NOTE C – FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> <li>• quoted prices for similar assets or liabilities in active markets;</li> <li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li> <li>• inputs other than quoted prices that are observable for the asset or liability;</li> <li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

The following table sets forth by level, within the FASB ASC 820 fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

|                   | December 31, 2017 |                   |             |             |
|-------------------|-------------------|-------------------|-------------|-------------|
|                   | Total             | Level 1           | Level 2     | Level 3     |
| Mutual Funds      | \$ 363,794        | \$ 363,794        | \$ -        | \$ -        |
| Money Market Fund | 820               | 820               | -           | -           |
| <b>Total</b>      | <b>\$ 364,614</b> | <b>\$ 364,614</b> | <b>\$ -</b> | <b>\$ -</b> |

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

|                   | December 31, 2016 |                   |             |             |
|-------------------|-------------------|-------------------|-------------|-------------|
|                   | Total             | Level 1           | Level 2     | Level 3     |
| Mutual Funds      | \$ 213,524        | \$ 213,524        | \$ -        | \$ -        |
| Money Market Fund | 7,461             | 7,461             | -           | -           |
| <b>Total</b>      | <b>\$ 220,985</b> | <b>\$ 220,985</b> | <b>\$ -</b> | <b>\$ -</b> |

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

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

*Employer Contribution Receivable:* Valued at the amount of contribution required.

*Employee Contribution Receivable:* Valued at the amount of contribution made.

The Plan's investment has appreciated (depreciated) in value by \$21,585 and \$205 in 2017 and 2016, respectively.

### NOTE D - ROLLOVER CONTRIBUTIONS

There were no rollover contributions during the year ended December 31, 2017.

### NOTE E - RELATED PARTY TRANSACTIONS

There were no related party transactions.

### NOTE F - PLAN TERMINATIONS

Although it has not expressed any intent to do so, the Company 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 would be 100 percent vested in their employer contributions.

# **United Software Group Inc., 401(k) Plan and Trust**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2017 and 2016

### **NOTE G - TAX STATUS**

The Plan has adopted the Paychex Prototype Plan ("Paychex Plan"). The Internal Revenue Service has ruled that the Paychex Plan qualifies under Section 401 (a) of the Code and is therefore exempt from Federal income tax under Section 501(a) of the Code. The Paychex Plan has received a favorable determination letter dated, March 31, 2014. The Company and Plan management believe that the Paychex Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt. 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 ("GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the Plan is tax-exempt, the Plan administrator has concluded that as of December 31, 2017 and 2016, there are no uncertain tax 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

### **NOTE H - INFORMATION CERTIFIED BY MERRILL LYNCH.**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and regulations for Reporting and Disclosure under ERISA, the Company has accepted the certifications of Merrill Lynch, the trustees of the Plan, as to the accuracy and completeness of the investment information included in the accompanying financial statements and schedule and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information. Accordingly, the following information was certified by Merrill Lynch for the year ended December 31, 2017. This information was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying financial statements and schedule.

- Market value and number of shares of investments at December 31, 2017.
- Interest and dividend income for the year ended December 31, 2017.

# **United Software Group Inc., 401(k) Plan and Trust**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2017 and 2016

- Net appreciation in fair value of investments for the year ended December 31, 2017.
- All information regarding assets held by the Plan at December 31, 2017 is included in the schedule of Assets (Held at End of year).

### **NOTE I - RISKS AND UNCERTAINTIES**

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

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES**

| IDENTITY OF ISSUE, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF<br>INVESTMENTS | CURRENT VALUE<br>(DEC 31, 2017) |
|---------------------------------------------------------|-------------------------------|---------------------------------|
| BLACKROCK READY ASSET PRM FUND                          | MONEY FUND                    | \$ 820                          |
| <b>TOTAL FIXED ACCOUNT</b>                              |                               |                                 |
| WESTERN ASSET CORE BOND C                               | MUTUAL FUND                   | 5,755                           |
| BLACKROCK S&P 500 INDEX                                 | MUTUAL FUND                   | 43,790                          |
| FEDERATED INT. LEADERS C FUND                           | MUTUAL FUND                   | 918                             |
| PUTNAM DY. ASSET ALL. BL. FUND CL C                     | MUTUAL FUND                   | 193,507                         |
| PUTNAM DY. ASSET ALL. GR. C                             | MUTUAL FUND                   | 55,510                          |
| FEDERATED KAUFMANN L CAP FD CL C                        | MUTUAL FUND                   | 22,749                          |
| DELAWARE VALUE C FUND                                   | MUTUAL FUND                   | 2,469                           |
| FRANKLIN SMALL CAP GR FUND                              | MUTUAL FUND                   | 1,917                           |
| NUVEEN STARTEGIC INCOME C FUND                          | MUTUAL FUND                   | 16,241                          |
| EATON VANCE SHT. DR. STR. INC C FUND                    | MUTUAL FUND                   | 6,833                           |
| LOOMIS SAYLES CORE PLUS FUND                            | MUTUAL FUND                   | 3,263                           |
| Nuveen NWQ Small-Cap Value FD. CL C                     | MUTUAL FUND                   | 932                             |
| JP MORGAN US SMALL COM. FD. CL C                        | MUTUAL FUND                   | 9,910                           |
| <b>TOTAL COMMON / COLLECTIVE TRUST</b>                  |                               | <b>363,794</b>                  |
| CASH                                                    |                               | 820                             |
| <b>TOTAL ASSETS</b>                                     |                               | <b>\$ 364,614</b>               |

**UNITED SOFTWARE GROUP INC.  
401 (K) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND INDEPENDENT AUDITORS REPORT**

**December 31, 2017 and 2016**

**RAM ASSOCIATES, CPAS**  
3240 E. State Street Ext.  
Hamilton, NJ 08619  
Ph.: 609 631 9552  
Fax: 888 319 8898  
Web: [www.ramassociates.us](http://www.ramassociates.us)

**UNITED SOFTWARE GROUP INC.  
401 (K) PROFIT SHARING PLAN AND TRUST**

**C O N T E N T S**

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CERTIFIED PUBLIC ACCOUNTANTS

**FIRM**FOUNDATION  
INDEPENDENTLY OWNED MEMBER

## INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee of  
United Software Group Inc. 401 (k) Profit Sharing Plan and Trust

### *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of United Software Group Inc. 401 (k) Profit Sharing Plan and Trust ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### *Auditor's Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Merrill Lynch, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from

the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter – Supplemental Schedules***

The supplemental schedules of assets held for investment purposes, as of the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



**Ram Associates**

**Hamilton, NJ 08619  
October 12, 2018**

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31,

|                                              | <u>2017</u>                  | <u>2016</u>                  |
|----------------------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                                |                              |                              |
| Interest-bearing cash                        | \$ 820                       | \$ 7,461                     |
| Investments in Mutual Funds, at fair value   | 363,794                      | 213,524                      |
|                                              | <u>364,614</u>               | <u>220,985</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 364,614</u></u> | <br><u><u>\$ 220,985</u></u> |

The accompanying notes are an integral part of these statements.

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the year ended December 31

|                                                               | <u>2017</u>              | <u>2016</u>              |
|---------------------------------------------------------------|--------------------------|--------------------------|
| <b>Additions</b>                                              |                          |                          |
| Additions to net assets attributed to:                        |                          |                          |
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|                                                               | <u>104,642</u>           | <u>81,016</u>            |
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The accompanying notes are an integral part of these statements.

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December 31, 2017 and 2016

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#### 2. *Contributions*

Within each calendar year, participants may voluntarily elect to contribute up to the annual dollar limit, as defined in the Plan ("Salary Deferral"). The Participant's Salary Deferral is subject to annual dollar limits published by the Internal Revenue Service of \$18,000 for years ended 2017 and 2016. The Plan does not allow for the Company to make any matching contributions. There have been no Employer matching contributions during the year. The Company also is permitted to make annual discretionary profit sharing contributions; however, no such profit sharing contributions were made for the years ended 2017 and 2016. The Company's discretionary profit sharing contribution is allocated based on Age Weighted Formula. Participants are also permitted to make rollover contributions ("Rollover Account Balance") to the Plan of distributions from certain other tax-qualified retirement plans in which the Participant has participated. The plan does not accept Roth Elective Deferrals as direct rollovers but as indirect rollovers.

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# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

on a monthly basis.

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Upon termination of employment, a participant is entitled to 100% of the value of his /her Salary Deferral account balance and Rollover Account balance and qualifying rollover distribution. Vesting of Employer Matching account balance (participant's share of employer matching contributions) is not applicable as the Plan does not allow for matching contributions.

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Forfeitures, resulting from application of the vesting provisions, are maintained separately by the Plan. Forfeitures can only be used to reduce employer-matching contributions in the future. In the event of the Plan termination, any unused forfeiture balances will be allocated to participant accounts.

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# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

Interest rates ranged from 4.00% to 6.00% in 2017. Principal and interest are paid ratably through payroll deductions. If a participant has an outstanding loan balance and leaves employment for any reason, then such loan balance is immediately payable.

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#### 1. *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America as applied to profit sharing plans and in accordance with the terms of the trust agreement.

#### 2. *Use of Estimates in Financial Statements*

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 in determining the reported amounts of net assets and disclosure of contingent assets and liabilities, as of the date of the financial statements, and reported amounts of additions to the net assets and deductions from the net assets during the reporting period. Actual results may differ significantly from those estimates.

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The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is accrued as earned.

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

### 4. *Payment of Benefits*

Benefits are recorded when paid.

### 5. *Administrative Expenses*

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Investment management and recordkeeping service fees are borne by the Plan. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related fees are included in the net appreciation or depreciation of the fair market value of the investments.

### 6. *Notes Receivable from Participants*

Loans from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017.

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

The Company has evaluated subsequent events through October 12, 2018, the date which the financial statements were available to be issued. No reportable subsequent events have occurred through October 12, 2018 which would have a significant effect on the financial statements as of December 31, 2017 except as otherwise disclosed.

## NOTE C – FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

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|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <ul style="list-style-type: none"> <li>• quoted prices for similar assets or liabilities in active markets;</li> <li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li> <li>• inputs other than quoted prices that are observable for the asset or liability;</li> <li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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

The following table sets forth by level, within the FASB ASC 820 fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

|                   | December 31, 2017 |                   |             |             |
|-------------------|-------------------|-------------------|-------------|-------------|
|                   | Total             | Level 1           | Level 2     | Level 3     |
| Mutual Funds      | \$ 363,794        | \$ 363,794        | \$ -        | \$ -        |
| Money Market Fund | 820               | 820               | -           | -           |
| <b>Total</b>      | <b>\$ 364,614</b> | <b>\$ 364,614</b> | <b>\$ -</b> | <b>\$ -</b> |

# United Software Group Inc., 401(k) Plan and Trust

## NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

|                   | December 31, 2016 |                   |             |             |
|-------------------|-------------------|-------------------|-------------|-------------|
|                   | Total             | Level 1           | Level 2     | Level 3     |
| Mutual Funds      | \$ 213,524        | \$ 213,524        | \$ -        | \$ -        |
| Money Market Fund | 7,461             | 7,461             | -           | -           |
| <b>Total</b>      | <b>\$ 220,985</b> | <b>\$ 220,985</b> | <b>\$ -</b> | <b>\$ -</b> |

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

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

*Employer Contribution Receivable:* Valued at the amount of contribution required.

*Employee Contribution Receivable:* Valued at the amount of contribution made.

The Plan's investment has appreciated (depreciated) in value by \$21,585 and \$205 in 2017 and 2016, respectively.

### NOTE D - ROLLOVER CONTRIBUTIONS

There were no rollover contributions during the year ended December 31, 2017.

### NOTE E - RELATED PARTY TRANSACTIONS

There were no related party transactions.

### NOTE F - PLAN TERMINATIONS

Although it has not expressed any intent to do so, the Company 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 would be 100 percent vested in their employer contributions.

# **United Software Group Inc., 401(k) Plan and Trust**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2017 and 2016

### **NOTE G - TAX STATUS**

The Plan has adopted the Paychex Prototype Plan ("Paychex Plan"). The Internal Revenue Service has ruled that the Paychex Plan qualifies under Section 401 (a) of the Code and is therefore exempt from Federal income tax under Section 501(a) of the Code. The Paychex Plan has received a favorable determination letter dated, March 31, 2014. The Company and Plan management believe that the Paychex Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt. 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 ("GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the Plan is tax-exempt, the Plan administrator has concluded that as of December 31, 2017 and 2016, there are no uncertain tax 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

### **NOTE H - INFORMATION CERTIFIED BY MERRILL LYNCH.**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and regulations for Reporting and Disclosure under ERISA, the Company has accepted the certifications of Merrill Lynch, the trustees of the Plan, as to the accuracy and completeness of the investment information included in the accompanying financial statements and schedule and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information. Accordingly, the following information was certified by Merrill Lynch for the year ended December 31, 2017. This information was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying financial statements and schedule.

- Market value and number of shares of investments at December 31, 2017.
- Interest and dividend income for the year ended December 31, 2017.

# **United Software Group Inc., 401(k) Plan and Trust**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2017 and 2016

- Net appreciation in fair value of investments for the year ended December 31, 2017.
- All information regarding assets held by the Plan at December 31, 2017 is included in the schedule of Assets (Held at End of year).

### **NOTE I - RISKS AND UNCERTAINTIES**

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

**UNITED SOFTWARE GROUP INC.**  
**401 (K) PROFIT SHARING PLAN AND TRUST**

**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES**

| <b>IDENTITY OF ISSUE, BORROWER,<br/>LESSOR OR SIMILAR PARTY</b> | <b>DESCRIPTION OF<br/>INVESTMENTS</b> | <b>CURRENT VALUE<br/>(DEC 31, 2017)</b> |
|-----------------------------------------------------------------|---------------------------------------|-----------------------------------------|
| BLACKROCK READY ASSET PRM FUND                                  | MONEY FUND                            | \$ 820                                  |
| <b>TOTAL FIXED ACCOUNT</b>                                      |                                       |                                         |
| WESTERN ASSET CORE BOND C                                       | MUTUAL FUND                           | 5,755                                   |
| BLACKROCK S&P 500 INDEX                                         | MUTUAL FUND                           | 43,790                                  |
| FEDERATED INT. LEADERS C FUND                                   | MUTUAL FUND                           | 918                                     |
| PUTNAM DY. ASSET ALL. BL. FUND CL C                             | MUTUAL FUND                           | 193,507                                 |
| PUTNAM DY. ASSET ALL. GR. C                                     | MUTUAL FUND                           | 55,510                                  |
| FEDERATED KAUFMANN L CAP FD CL C                                | MUTUAL FUND                           | 22,749                                  |
| DELAWARE VALUE C FUND                                           | MUTUAL FUND                           | 2,469                                   |
| FRANKLIN SMALL CAP GR FUND                                      | MUTUAL FUND                           | 1,917                                   |
| NUVEEN STARTEGIC INCOME C FUND                                  | MUTUAL FUND                           | 16,241                                  |
| EATON VANCE SHT. DR. STR. INC C FUND                            | MUTUAL FUND                           | 6,833                                   |
| LOOMIS SAYLES CORE PLUS FUND                                    | MUTUAL FUND                           | 3,263                                   |
| Nuveen NWQ Small-Cap Value FD. CL C                             | MUTUAL FUND                           | 932                                     |
| JP MORGAN US SMALL COM. FD. CL C                                | MUTUAL FUND                           | 9,910                                   |
| <b>TOTAL COMMON / COLLECTIVE TRUST</b>                          |                                       | <b>363,794</b>                          |
| CASH                                                            |                                       | 820                                     |
| <b>TOTAL ASSETS</b>                                             |                                       | <b>\$ 364,614</b>                       |